

**Forum:** General Assembly 3 (SOCHUM)

**Issue:** Measures to improve the availability of public healthcare

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## Introduction

Healthcare should not be treated as a privilege or luxury but rather as a basic human right. Global support for universal health coverage has been slowly gathering momentum over recent years. Japan's Minister of Health, Labor and Welfare, Katsunobu Kato, has stated the exigency of "Health for All". At the global Universal Health Coverage Forum in 2017, Katsunobu talks about "designing a robust health financing mechanism that protects each individual vulnerable person...". Similar to Kato, World Health Organization's director-general, Tedros Adhanom Ghebreyesus, has expressed the importance to "speak up for universal health coverage... [and] health for all". As of right now, the visions and aspirations of these health care leaders are difficult to attain but achievable. What the world's healthcare system lacks now and is in dire need of is international political commitment to promote availability.

Health care helps patients in physical, mental, and emotional ways, and it spans a large range, from outpatient and inpatient treatment, and rehabilitation to long-term care and more. Health insurance is an indemnity and arrangement many health experts have encouraged people to invest in. In most LEDCs (Less Economically Developed Countries) such as Liberia, Malawi, Niger, and Ethiopia, there is a lack of both medical treatments and insurance for their citizens. The reason why there is such a significant disparity in health care availability between developed and developing countries mostly lies in cost and affordability.

The main cause of death due to illness in 2019 is ischemic (coronary) heart disease (CHD), which took up 16 percent of all causes of death by illness. CHD cases are the most prevalent in Turkmenistan, Kyrgyzstan, and Yemen, which are middle-class to relatively less-developed countries. CHD can be treated with surgery if health care is available, but with expensive surgery equipment and limited access to healthcare in these developing countries,

sick people often have trouble reaching the medical treatment and assistance they need. Expensive healthcare costs have also driven millions into extreme poverty.

Covid-19 has been the biggest healthcare issue the world has seen in years. Just months before, the state of many countries was in critical need of large amounts of Covid vaccines. A recent example of attempts to improve the availability of healthcare is how international relations have Covid-19 vaccines shared around the world. In just a few short weeks, the vaccines were tested and distributed, with excess doses from countries donating to COVAX, an organization guaranteeing equitable access to vaccines for every country in the world.

## Definition of Key Terms

### Basic Medical Plan

A basic medical plan encompasses the daily costs of medical treatments any person should have. The basic medical plan policy covers simple medication, standard hospital stays (inpatient), outpatient services, and emergency surgery expenses. The longstanding problem with basic medical plans, however, is that low-income people and citizens, and the governments of LEDCs cannot afford such expenses.

### Claim

Claims are for people to express their rights to belonging, and in healthcare cases, medical records. A claim is what a doctor or a qualified physician submits to a person's medical insurance company for them to be paid. A claim also shows and lists the services, medicine, and treatments that are provided to a patient. The insurance company validates a claim and will issue a payment to the individual insured once approved.

### Epidemiology

Epidemiology is the study of health-related events in certain populations by using scientific and systematic data. It's the method used to find and analyze the causes of health outcomes in many countries. It utilizes the distribution (trends, patterns, and frequency across varied countries and locations) and the factors of health-related data to improve understanding of health outcomes, illnesses, and diseases.

## **Health care**

Health care is service and effort put in to restore and improve physical, mental, and emotional wellbeing. Health care can vary between different services and maintains the health of an individual or a whole community via diagnosis, treatment, vaccines, rehabilitation, and more. Healthcare must be operated by trained and licensed medical professionals.

## **Health insurance**

Insurance, sometimes called a premium, is an amount of money a person pays beforehand to guarantee compensation for a future loss, accident, damage, sickness, or death. In a health-related instance, insurance protects legally-registered residents from unexpected, high medical costs. They also offer free preventative care, regular check-ups, drug prescriptions, and vaccines. As of 2018, 91.5 percent of the world population were able to obtain health insurance coverage.

## **Long-term care**

Long-term care (LTC) is a variety of healthcare services that help individuals with troubles such as old age, chronic illnesses, and disabilities. These individuals are unable to care for themselves and are placed in institutions funded by governments to be taken care of. Activities that are often seen in long-term care homes and institutions are exercises, therapy, group sessions, and classes. A possible factor that feeds into the need for long-term care is the ever-growing number of elderly as a result of advancing medical technology. Elderly people are prone to injuries and are often burdensome to family members in terms of medical expenses. Because of this long-standing issue of the growing elderly population, long-term care has become ever more prevalent, causing healthcare expenditures to sky-rocket in the past decade in many countries.

## **Misuse (of healthcare resources)**

Misuse of healthcare resources can be seen as direct medical errors or abuse of medicinal resources. Direct misuse of healthcare is when medical procedures are carried out unsuccessfully, with thousands of patients dying every year when treated in hospitals and high-rates of surgical errors. Another type of medical use occurs when patients are given the wrong kind of treatments, or when a patient doesn't fully benefit from a certain type of treatment. Overuse of unnecessary or ineffective medical treatments can deplete resources that can be

given to patients that could not afford said treatments. This decreases the availability of healthcare and health resources for individuals with limited income. Related to long-term care, the elderly have tendencies to use treatments that are not useful to them as their health further declines. This leads to waste of equipment, supplies, and treatments. Underuse of appropriate healthcare can be dangerous and highly problematic as well. Not only is it costly, but it reflects a healthcare program's failure for providing the care that works.

### **Out-of-pocket spending**

Out-of-pocket spending refers to the medical payment paid directly from a customer or patient that is not covered by a health insurance plan. On average in 2019, families still spend \$6,015 for out-of-pocket medical payments, which has increased 71% over the past ten years. Out-of-pocket medical spending can lead to self-medication, which is mostly illegal and dangerous. Out-of-pocket spending has also long been a huge factor in health-spending in low and middle-class countries and LEDCs, but even so, reliance on out-of-pocket spending has fortunately been diminishing. Countries are working together on stressing the importance of health insurance to reduce the tendency of out-of-pocket payments.

### **Responsiveness**

Responsiveness is when immediate medical attention is efficiently and methodically carried out, backed up by rehearsed preparedness and precautionary measures. It is how well a healthcare system meets the needs and expectations of a population in a certain region. According to the World Health Organization (WHO), responsiveness is comprised of seven elements: “dignity, confidentiality, autonomy, prompt attention, social support, basic amenities, and choice of provider”.

### **Universal Health Coverage**

Universal Health Coverage (UHC) is an internationally-pursued healthcare system that ensures all residents and citizens of a particular region or country have access to needed and required amounts of health services. UHC is a mission to be achieved by making quality health services accessible and available for all. As stated by the World Health Organization (WHO), the UHC includes “prevention, promotion, treatment, rehabilitation, and palliation”. The three main pillars of the UHC are governance, service delivery, and health financing. The UHC is also fundamental in guaranteeing social protection for health.

## Background Information

### International Collaboration and Commitment

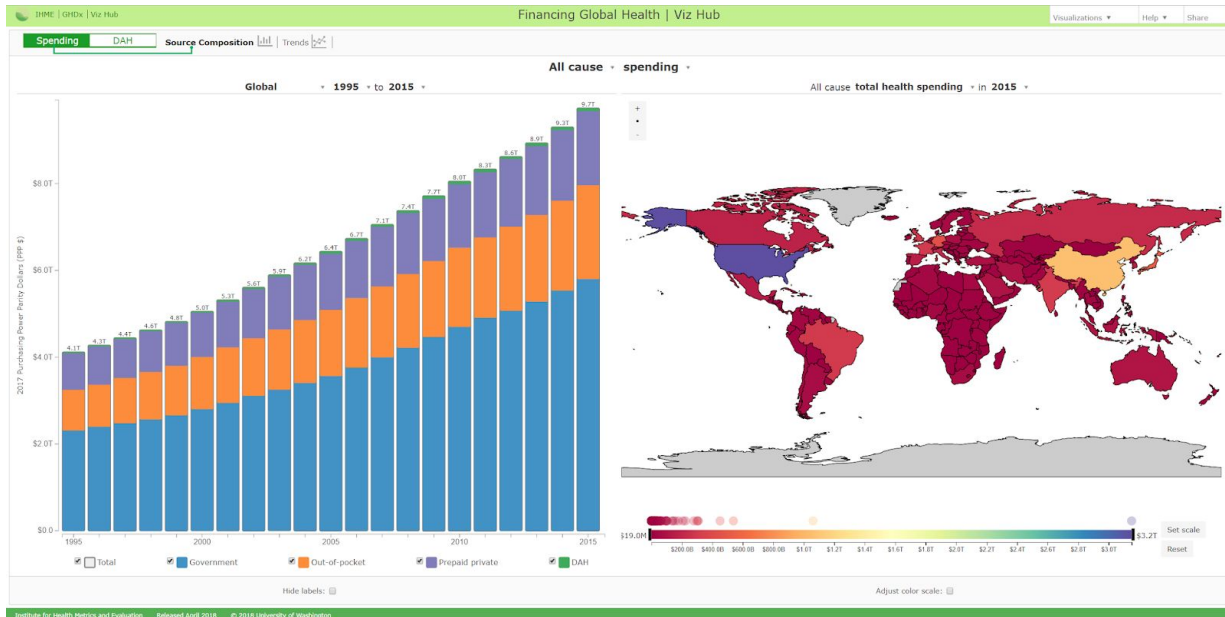
#### *UHC2030*

UHC2030 is a global movement committed to increasing UHC by strengthening health systems around the world. With the Steering Committee as its decision-making body, UHC2030 provides an international platform for collaboration between countries, organizations, and stakeholders. In 2015, all 193 member countries of the United Nations (UN) signed and agreed on the Sustainable Development Goals (SDG). This happened in 2015, and they envisioned an arduous agenda for a safer and healthier world by 2030. All signatories to UHC2030 are committed to supporting the progress of UHC and the efforts of Health Systems Strengthening (HSS). Countries regard the campaigns of UHC2030 with urgency and attentiveness to equity, quality of health delivery, strategies, and leadership.

#### *Financing global healthcare*

The recently-gathered data from WHO has been proposing that a majority of governments around the world are not yet making health one of their top priorities as they should. But there are countries, generally MEDCs, attempting to improve their own healthcare single-handedly. The global commitment to achieve universal healthcare coverage in all countries comes with a lot of financial obstacles. Low-income countries and LEDCs are still unable to fund basic health services for their citizens. To attain nationally and internationally set goals, it is pivotal to know and understand the ways to continue helping the health sector expand.

Health spending grew about 4-5% from the mid-1990s up to 2016. There have been studies conducted on comparable estimates of global health spending now to predict health spending in the future. There are co-funding health care systems, as well as public-private partnerships. Ultimately, financing global health spending is expected to steadily rise over the next decade, albeit at a slow growth rate, with persistent disparities remaining between MEDCs and LEDCs.



**Caption #1: Total amount of global spending on the healthcare from 1995 to 2015, global health spending expected to rise.**

## Major Countries and Organizations Involved

### Australia

Australia’s regionally-administered healthcare system (Medicare) provides affordable and low-cost healthcare for all residents. Australia, like many other countries, has two routes for healthcare: public and private. Both of these programs range from prevention through obligated practice to general population health. The healthcare system is run by all levels of the government (federal, state, territory, and local). At the federal level, the government funds outpatient and inpatient healthcare through the Pharmaceutical Benefits Scheme (PBS) and the Medicare Benefits Schedule (MBS). Australia’s local governments are responsible for preventative health plans, like food safety regulations and disease immunizations.

### Canada

Canada is one of the countries in the world with the best healthcare system, having spent close to \$264 billion on healthcare. Canadian Medicare, Canada’s publicly funded health system, efficiently regulates and funds all of Canada’s ten provinces and three territories. Every

permanent Canadian citizen owns a reasonably-accessible insurance plan, and the federal government gives out free physician services and cash assistance (on a per capita basis). The Public Health Agency of Canada is prompt with emergency preparedness and responsible for spreading health awareness.

### Denmark

By registering in the country and obtaining a CPR number, all Denmark citizens are automatically entitled to and enrolled in free publicly financed healthcare. The Danish government is responsible for monitoring care quality and licensing of legitimate health care experts and professionals. Denmark's Health Law obligates the government to encourage and advance in illness prevention and population health, while also providing access to information for the public and transparency. Denmark's Patient Safety Authority gathers information about medical errors during services to foster systematic learning.

### France

France's healthcare, sometimes called "social security" is not free. Instead, they have budgeted medical expenditures largely financed by the government and by general taxation. France's medical healthcare mandates statutory health insurance (SHI) and covers inpatient services, long-term care, prescription drugs, and more. Healthcare supply is France's national responsibility, and the government (or Ministry of Health) regulates around 75 percent of healthcare-related expenditures. France also has a relatively high doctor-to-resident ratio. Similar to many countries, France also has both state-run hospitals and private clinics. There are about 1,600 clinic centers across France. The Ministry of Social Affairs and Health administers public healthcare.

### Germany

Germany's self-administered health program mandates health insurance, with 86 percent of Germans owning statutory health insurance (SHI). Germany's health benefits are very generous overall, and all legal residents of Germany are entitled to and enrolled in free public healthcare, which supplies mental health services, inpatient, and outpatient coverage. Outpatient care is mostly given by doctors, psychotherapists, and dentists, while inpatient care requires admission to a hospital whether the patient has private or statutory health insurance. Inpatient cases are reimbursed by the German Diagnosis Related Groups (G-DRG). Germany's federal government has large regulatory power when it comes to healthcare, spending 390.6 billion

euros in 2018 (11.7% of its gross domestic product (GDP), a country's economic growth measured by the market value of goods and services).

## Japan

Japan has provided comprehensive coverage to all Japanese citizens since the 1960s. As of late 2019, Japan spends around 8.2% of its GDP on healthcare (roughly the same as Canada), with an adequate ratio of three doctors for every thousand people. Japan's statutory health insurance system (SHIS) provides 98.3% coverage nationwide and offers a high standard of care not only to both registered nationals but also foreigners throughout 47 prefectures. All SHIS provide advantages such as mental health care, primary and specialty care, as well as at-home services (provided by medical institutions). Both Japan's local governments and the national government have collectively adopted reforms in their healthcare systems, including the *Long-term care insurance system* (2000) and the *Regional Healthcare Vision* (2014).

## Netherlands

The Netherlands, known for its excellent, top-rated healthcare system, has managed to harness the market to cover every individual. The Netherlands has a standard universal healthcare structure that mandates insurance (all residents and working individuals in the Netherlands must obtain basic-level health insurance), and its approach to quality healthcare is merging public and private insurances. The government is in charge of the management portion of the universal healthcare system, by monitoring costs, access, and quality to set special healthcare priorities. The government also pays for children's healthcare coverage up to age 18. Uninsured citizens are fined by the CAK, emphasizing Netherlands's earnest efforts in providing health care for all.

## United Kingdom

The United Kingdom's National Health Service (NHS), created in 1948, guarantees care for all and qualifies all UK residents to free public healthcare. Non-residents are given the European Health Insurance Card (EHIS). The NHS is funded by the public's general taxation, and it is one of the government's top responsibilities to manage the NHS well for such a big population. The National Health Service provides palliative care, long-term care, vaccination programs, preventive services, and more. Currently, there is an estimation of 515 private hospitals in the UK that provide health care services. However, in recent years, UK hospitals have become overburdened.



## Sweden

Providing healthcare for 10 million people, Sweden's healthcare system is nationally regulated and one of the best in the entire world. The Health and Medical Services Act obligates Sweden's healthcare system to cover all legal residents. The services offered in Sweden are (but are not limited to) emergency care, inpatient and outpatient services, rehabilitation, and long-term care. Individuals in the greatest need of medical assistance and services take precedence in being treated. 17 percent of Sweden's health-related expenditures feed into primary care. All three levels of the Swedish government take part in roles involved in healthcare. 21 regional bodies are in charge of funding and delivering health services to the population. The municipalities, the administrative divisions, are responsible for the disabled and elderly.

## Switzerland

Switzerland's healthcare system obligates all residents to purchase healthcare insurance. Small private insurers and private nonprofit plans have always supplied health insurance in Switzerland. This mandatory insurance covers at-home services called Spitex, long-term care, hospital inpatient services, mental healthcare, etc. Duties of the Swiss healthcare system are split and shared between Switzerland's cantonal (administrative divisions in Switzerland), federal, and municipal governments. Licensing providers is top-priority, and other measures for increasing availability of healthcare promoting awareness, and containing the ever-growing costs of healthcare. Switzerland has also initiated reforms for better governance, closer coordination, and more transparency to improve healthcare.

## The United States of America

Unlike many other developed countries, the United States of America does not have a universal healthcare system due to conservative ideas that the government should only pay for a limited portion of society. American government organizations also complicate and hinder progress for massive entitlement programs to be ratified and agreed upon. 8.5 percent of the American population were left uninsured in 2018. However, the United States still has other non-universal healthcare programs like Medicaid (Medicare), the Veterans Health Administration, and the Children's Health Insurance. The U.S. healthcare system is a complex of public and private, profit, and non-profit insurance. The government pays the Medicare program fees for low-income American residents, the disabled, and the elderly.

## International Classification of Diseases

The International Classification of Diseases (ICD) is an internationally diagnostic classification for health-related research purposes and medical clinics. Maintained by the World Health Organization, it's a tool used globally for epidemiology and to monitor the causes and effects of injury cases and deaths. It also categorizes diseases and tracks morbidity trends. In the 1800s, creating a uniform medical system became significant, and the IDC now advances in international compatibility in health analysis and collected data.

## Medicaid

In the United States, Medicaid is a state and federal health program that helps with expensive medical costs for certain people with little income. Medicaid works alongside *Medicare*, which is a similar federal program that provides health coverage for people ages 65 and over in many countries across the globe. Medicaid works towards lowering medical expenses and providing full coverage for American families, children, the elderly, and the disabled. To qualify and be eligible for the Medicaid program, beneficiaries are required to be residents of the state they are in (United States) and even sometimes, of a certain age.

## UnitedHealth Group (Incorporated)

The UnitedHealth Group (UHG) is an American for-profit care company based in Minnetonka, Minnesota. As the insurance arm of United Healthcare, it came in second to CVS Health as the second-largest healthcare company by revenue. UHG engages in provision for healthcare coverage (not to the extent of universal coverage yet) and is dedicated to reducing the cost of healthcare and offering individual insurance. UHC also works on shaping and building the health workforce, quality care, and medical sustainability.

## Timeline of Events

Date	Description of event
1883	Chancellor Otto von Bismarck's Health Insurance Act of 1883 established the first social health insurance system in the world (Germany)
April 7th, 1948	Constitution of the World Health Organization (WHO)

July 24th, 1948	The first meeting of the World Health Assembly (WHA)
July 15th, 2008	The Medicare Improvements for Patients and Providers Act (MIPPA) amends the Social Security Act (The United States of America)
April 2nd, 2012	Mexico City Political Declaration on Universal Health Coverage
2014	Patient Protection and Affordable Care Act (ACA)

## Relevant UN Resolutions and Treaties

- Global Health and foreign policy, 12 December 2012 (**A/RES/67/81**)
- Global health and foreign policy: strengthening the management of international health crises, 17 December 2015 (**A/RES/70/183**)
- Global health and foreign policy: health employment and economic growth, 15 December 2016 (**A/RES/71/159**)
- Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, 12 December 2017 (**A/RES/72/139**)
- Global health and foreign policy: an inclusive approach to strengthening health systems, 11 December 2019 (**A/RES/74/20**)
- Global health and foreign policy: strengthening health system resilience through affordable health care for all, 3 December 2020 (**A/75/L.41**)

## Possible Solutions

**Spreading awareness and promotion of universal healthcare care.** UHC makes it a lot easier for patients and people in need of medical assistance to seek the treatment they need and be as healthy as they should be. Not only is health care at a reasonable price a large majority of people can afford, but it also encourages routine checkups at local hospitals to keep citizens healthy. This increases the demand for medical services as well. Through insurance, universal health care also significantly lowers the general health care costs for an entire national economy. But a downside to universal health care in many countries is the lack of negotiation flexibility doctors can have which leads to a significant decline in their profits. Another possible

way is by encouraging countries to join and help accelerate the progress of the global movement UHC2030.

**Reducing misuse, overuse, and abuse of resources in medical care.** One of the major problems in healthcare systems is the depletion and waste of medical resources in unnecessary circumstances. To mitigate this problem, countries should be efficient in regulating how medicines are distributed, where various types of medical equipment go, and how physical treatments are performed. Hospitals and medical establishments should also consider having specialized teams in their institutions to productively identify cases of undertreatment and overtreatment. In addition, implementing interoperability of electronic health records (EHR) in hospitals and clinic systems not only alleviates technical errors but also increases accessibility and portability. However, interoperability and information exchange can be difficult to achieve as there are countries yet to be able to afford these technologies.

**Immediately addressing physician shortages.** In recent years, although numbers are rising, there are shortages of trained and licensed OEM (Original Equipment Manufacturer) physicians in academic medical centers, communities, and public health agencies. There is also insufficiency in the numbers of front-line physicians for priority care. Responding to physician shortages as quickly as possible is crucial and a strategy to do so is by increasing interest in the medical field through advocating for more medical education and training. Recruiting non-physician providers is an alternative solution as well, but less feasible when it comes to legitimacy and thus, quality of care.

**Increasing efficiency in health care.** The lack of adequate health coverage occurs when a patient resides out of the range a hospital can reach in a reasonable duration. This can happen not only in the countryside but even in urban cities. The distance between the hospital and a patient can be a factor in mortality. By increasing the proximity of hospitals, clinics, and medical centers, there will be a drastic improvement in healthcare availability.

**Encouraging international commitment and collaboration.** LEDCs governments should receive help from MEDCs (More Economically Developed Countries) and reach a consensus on what healthcare systems which organizations are responsible for. Along with help from MEDCs, there are recent internationally-proposed foundations, like the UHC2030, which is dedicated to health systems strengthening, HSS, as well as International Finance Facility (IFF).

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