Forum: World Health Organization (WHO)

Issue: Establishing and Improving Sustainable Healthcare Systems in Developing Countries

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Introduction

Healthcare should be a basic requirement in all countries, but countries with economic, financial, or governmental limitations are often troubled in this area as they are unable to provide accessible and affordable medical services. Healthcare is essential to the socioeconomic development of a country, but developing or underdeveloped countries often receive little to no access to adequate healthcare due to varying reasons. With a large emphasis placed on healthcare by the United Nations (UN), combined with Sustainable Development Goal 3 which includes "ensuring healthy lives and promote well-being for all at all ages", it is obvious that the provision of sufficient healthcare is a relevant topic in international affairs. With the emergence of communications, improved technology, better infrastructure and implementations of plans, these are all factors that can improve the quality of healthcare in developing countries.

Definition of Key Terms

Developing Countries

Also known as a Less Developed Country (LDC), the phrase accounts for nations with lower living standards, an underdeveloped industrial base, an emerging or transitional economy, and low Human Development Index (HDI) relative to other nations. Though there is no agreed-upon consensus on what makes a country "developed" and "undeveloped", the general reference points include statistics such as a nation's Gross Domestic Product (GDP) or HDI. These are often countries in need of aid as poor governance hinders them from receiving the necessary help their citizens require.

Healthcare Systems

health systems are dynamic systems that are constantly adapting, and requires consideration of (i) the relationship between the patient and medical professionals; (ii) different levels of health systems ranging from community-based health services to nation-wide services; (iii) the provision of necessary human and material resources, supervision, management infrastructures, etc.

Patient to Physician Ratio

Patient to Physician ratio is the number used to describe the number of patients assigned to a doctor or medical professional. There is no “ideal” patient to physician ratio, but the larger the ratio, this often indicates healthcare centers being understaffed and not receiving enough medical professionals to treat patients.

Medical Training

Reaching competency and receiving a standard level of training from official institutions. Oftentimes hospitals and clinics in rural or underdeveloped areas employ untrained or unprofessional “doctors” out of lack of professional medical personnel, so by allowing more people to receive proper medical training, this could improve the quality of healthcare being provided in underdeveloped countries.

Poverty

Poverty is a key factor in why health systems remain so underdeveloped in certain areas. Poverty attributes to the lack of proper health as people are unable to afford it, and without the right resources, rural areas are unable to create or sustain their own health systems ahd have to rely on donor countries and NGOs. In order to provide good healthcare for people, poverty should be addressed first in order to ensure that poorer communities have ways to access free, or low-cost healthcare.

Background Information

Participatory Approaches

Participatory approaches in healthcare are usually defined as having local communities and healthcare institutions personally engage in the creation or sustenance of health systems in their area, as well as modifying and improving them to suit their specific community needs. However, local staff and communities are often less engaged in the design phase of system improvements in less developed areas. Healthcare providers and patients often are able to bring experience and knowledge to each particular local healthcare system, as well as further understand political, social, economic and cultural factors. However, the majority of health systems are simply created and applied by governments, donor countries and organizations to a wide range of developing areas, with little regard for specific circumstances or differences. What health systems often lack are more participatory approaches to the health systems pertaining to their local area, and when implemented, could result in better use of finances and more achievements of results in tandem with the local community.

Short-term solutions and reductionist approaches

Reductionist approaches brought to health systems improvements often result in short-term goals that often neglect to strengthen local organizations. Examples such as applying global health initiatives from external organizations could result in repeated services, high transaction costs, inefficiencies, and missed opportunities to maximize results.

Lack of Appropriate Resources

The increase of quality healthcare systems is not an easy feat; oftentimes, it requires revision of policies, increased amounts of resources, and adequate human resources, all things that are difficult to obtain in developing countries. This lack of essential resources, is another prime reason why improvement in healthcare remains stagnant in underdeveloped areas. Funding is an obvious factor; developing countries often don’t possess sufficient funds to improve their own healthcare systems, and rely on the help of MEDCs or NGOs to provide aid. Governments also don’t possess sufficient data and information regarding their health systems and are unable to spot areas for improvements or consistent flaws in their programs. Furthermore, combined with the trend of poverty and lack of education in developing countries, human resources, and professional medical help is often lacking in local communities.

Lack of Information

The collection of quality data in developing countries often poses a problem to the success of implemented health systems. Inefficient data collection from project monitoring data, improvement and evaluation data, are usually are applied incorrectly and result in less improvement overall. Efforts to harmonize and organize data from various sources should not be ignored and will require large investments to further data quality and management, including health ministries and agencies.

Lack of Professional Medical Personnel

The numbers of eligible medical providers in resource-poor settings are often lacking, and without proper staff supervision and professional developers, many health systems fail in this aspect. Doctors, nurses, health professionals, and health service providers are the most vital resources in promoting health services to the doorsteps of the people. Since there is an acute shortage of qualified doctors and health professionals, short-term intensive training may be arranged to increase the number of eligible medical personnel in developing countries.

Major Countries and Organizations Involved

The United Nations Development Program (UNDP)

The United Nations Development Program works to reduce poverty, inequalities, and aims to aid countries in developing sustainable policies, institutional capabilities, and leadership to extend development results. The UNDP also specializes in development in countries, and combined with their goal to eradicate poverty, this often greatly aids countries in terms of their health sector development. The Sustainable Development Goals (SDGs) were also created to guide global development through 2030. The UNDP signed a five year Memorandum of Understanding (MoU) with the WHO to help support countries by strengthening their health systems and addressing deteriants of health. The also reinforce strong messages about the relations between overall development and healthcare, and aim to improve both.

Mexico

Mexico's Seguro Popular (SP) was a new form of healthcare aimed at providing financial protection for those not covered by any other public health service. The SP offers free access to

a set of health services, and contributions come from the federal government, state government, and families. Mexico has built a monitoring and evaluation system and publishes benchmark reports on an annual evaluation. Previously, though the people did have access to health facilities run by the state, it cost a high out-of-pocket expenditure.

Vietnam

Vietnam also sustains most of its healthcare with out-of-pocket expenditure. Health reform focuses on social insurance since 1992 and compulsory social health insurance programmes target poorer households and disadvantaged groups The HCFP is entirely funded by public finance and covered around 15 million people by 2009. The insurance services are broad, covering everything from inpatient/outpatient services, laboratory exams, x-rays, etc. but is mainly unspecified.

China

The Chinese aimed to improve their healthcare by starting a co-payment voluntary insurance system subsidized by the central government and provincial governments (NCMS), which saved rural populations from severe poverty due to health expenditure. The programme was open to all rural residents and covered more than 0.83 billion people (94% of the target population). The central government was in charge of upholding the main standard, but variables such as family contribution, local government subsidy and benefit packages were up to local governments to organize and distribute.

Timeline of Events

Date	Description of event
1851	first of the International Sanitary Conferences is held in Paris
1937	Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene held in Bandoeng, The Netherlands East Indies (Indonesia), greatly impacted public healthcare of developing countries in Asia
April 1948	The World Health Organization is established as a sector focused on international public health, and holds its first meeting on July 24 of 1948.

Relevant UN Resolutions and Treaties

- Global health and foreign policy, 12 December 2012 (A/RES/67/81)
- Health as an integral part of development, 29 November 1979 (A/RES/34/58)
- Global health and foreign policy: addressing the health of the most vulnerable for an inclusive society, 14 December 2017 (A/RES/72/L.28)

Possible Solutions

Providing better financial policies towards healthcare to make it more affordable and accessible. In 2000, the World Health Organization pointed out that providing financial protection against costs due to illness was critical to improving the accessibility of health care in developing countries. In recent years, countries such as Kenya, Chana, Thailand, etc. have improved their health systems by appealing to social health insurance to cover larger costs of healthcare for their poorer citizens.

There are several ways to improve healthcare systems through better financial management. One way is to provide financial protection aimed at those who are not covered by

any other public health service with contributions from the federal government and state government. Also, by making medicines access-free, this would reduce issues in regards to the provider payment system and reduce out-of-pocket expenditure from poorer households. Another way is to promote compulsory social health insurance programmes largely funded by public finance for poor households or disadvantaged groups such as the elderly, war victims, etc.

Some negatives would include not having enough services being covered or only being partially covered, as government-provided health insurance would not be able to provide enough for the majority of the poor. Additionally, inpatient care would receive far more attention than outpatient care, which is also a result of health services not being sufficiently covered. Studies have also shown that with government pay and fee-for-fee services, supply-indued demand for healthcare could cause physicians to be inappropriately incentivized to over-treat patients.

Further developing the capabilities of local organizations and changing the relationship between local organizations and international stakeholders. In developing countries, international organizations or stakeholders often intervene to attempt to improve health systems, but collaborations with local organizations and local workforces are key to implementing improved and high-quality healthcare pertaining to each community. A better understanding of regional situations and differences from locals could greatly increase the effectiveness of improving health systems, as they have greater knowledge of their economic, social, financial, cultural factors.

The abilities of local workforces also act as a key factor in the sustainability and effectiveness of health systems, and capacity building should include training in data collection, improvement methods, and professional medical ability. Training more local medical personnel and increasing the number of professional medics locally could be a start for sustainability in communities. Staff supervision and outside professional development can aid local workers, but the main goal for sustainable health systems is to train and educate the local workforce to maintain and operate efficiently in their own health systems.

However, financial capabilities could pose a problem as training staff and medics would require professionals, money, and the creation of training courses. These training opportunities would have to be financed by the government, so the quality and amount of training would greatly depend on the capabilities of the government.

Creating more evidence-based approaches to support data collection to better evaluate health systems and areas of improvement. Important research and evidence-based information are often lacking in underdeveloped settings, so more evidence-based approaches to improving healthcare systems would greatly boost the effectivity of such programs. By optimizing the translation of data for building the evidence base, this could result in the expansion of improvement opportunities regarding the quality of care in these health systems. Moving on from here, work could be focused on the implementation of such improved methods and observing their effectiveness post-implementation, as well as optimizing their effectiveness.

Prioritizing sustainable long-term solutions instead of privileging short-term interests and plans. Short-term solutions currently ongoing include donor countries and organizations emerging in developing countries with aid and support and supplies. Not only does this stifle growth and development in developing countries, but this also causes them to rely heavily upon, if not exclusively on the abilities of such donor countries and fail to invest more in their own healthcare programs. More discussion and progress regarding the need to build in-house research capacity and producing self-sustainable healthcare systems should be occurring in developing countries. By identifying current and emerging health challenges, analyzing policy and data, prioritizing needs and services, encouraging research and training health professionals, these are all ways developing countries can invest in their own health systems to make them more self-sustainable and long-term.

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