

Research Report

Economic and Social Council
Promoting universal health care for all citizens



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Forum	ECOSOC
Issue:	Promoting universal health care for all citizens
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Introduction

“All people get the good quality health services that they need without fear of financial ruin.” *WHO slogan from 2013 in support of Universal Health Care*

[“WHO/World Bank Ministerial-level Meeting on Universal Health Coverage.” *WHO*. N.p., n.d. Web. 28 Aug. 2014.]

Although mankind has travelled to the Moon and has sent sophisticated robots and rovers to Mars and other planets, illustrating the tremendous technological advancements mankind has made, there is still a very large part of the human population living under sub-standard conditions with little or no access to the most basic medical services and treatments.

The problem is articulated in the following excerpt from the WHO Ministerial meeting that took place in Geneva in February 2013:

“A high proportion of the world’s 1.4 billion poor people still do not receive the health services they need. Critical shortages of health workers remain in many settings and sustaining or motivating health workers to deliver quality care requires additional investments and a supportive incentive environment in countries. The availability of essential medicines was, on average, only about 35% in public health facilities across the 27 developing countries with data; in addition, weak procurement and distribution systems as well as irrational use of medicines are leading sources of inefficiencies in the health system. In many countries, funds are still insufficient to enable much progress towards universal coverage, and levels of out-of-pocket payments remain high. The idea is that the vast majority of out-of-pocket health spending – especially in developing countries – is not discretionary but rather is undertaken either to prevent an adverse health event or in response to an adverse health event. In many of the poorest countries where people have the greatest health needs. An

estimated 150 million people suffer financial catastrophe and 100 million are pushed under the poverty line each year because of out-of-pocket spending on health.”

[WHO/World Bank Ministerial-level Meeting on Universal Health Coverage 18-19 February 2013, WHO Headquarters, Geneva, Switzerland. Web.]

Definition of Key Terms

Universal Health Care (UHC)

Access to nationally provide preventative and curative medical services, without discrimination and at affordable rates for all people residing in a given country.

Egalitarian

Believing in the principle that all people are equal and deserve the same treatment and opportunities.

General Overview

Universal Health Care (UHC) means the access to health services for all people on a national level providing both preventative and curative medical care at rates that are affordable for any individual. This is not only part of the social responsibility of governments, but is crucial for a healthy life expectancy, reduction of poverty, and for the overall well being and sustainable development of a country's resources and population. In many countries, access to remote areas and isolated population groups poses a challenge. However, Universal Health Care should cover and accommodate for all citizens of a country, despite such geographic challenges, and be able to provide skilled and committed health workers to all. Furthermore, in countries without UHC, exorbitant private healthcare costs result in segments of the population being driven below the poverty line, exacerbating the social and economic challenges for a country. There is recognition that a healthy, vibrant population provides the basis for a healthy economy and society.

Globally, universal health care exists in many countries, but a healthy debate rages between proponents and opponents as to the merits and disadvantages. Nowhere is this debate more vociferous and impassioned than in the United States of America. Below is a list compiled from various sources indicating the key arguments of both sides.

Arguments in favour

- Increased productivity and health of the general population.
- Reduction in financial pressure and catastrophic bankruptcy due to astronomical health care costs.
- The promotion of equality and fairness due to the equality of health care access.
- Improved profitability and success for small businesses as a result of not having to pay health insurance costs for employees. The value proposition of health care for employees is important and if a small business cannot afford to provide it, they are unable to attract quality employees.
- Because all hospitals are required to treat all patients, they can suffer from challenges of profitability having to make up for the medical costs of those patients that are not covered. Universal health care would eliminate this.
- A single health care system will result in a more streamlined and simple administrative system and would thus be more efficient and cheap.
- People will be able to afford preventative care, as now many patients refuse to go to hospitals until it is absolutely necessary and often when the medical situation has become far more serious.

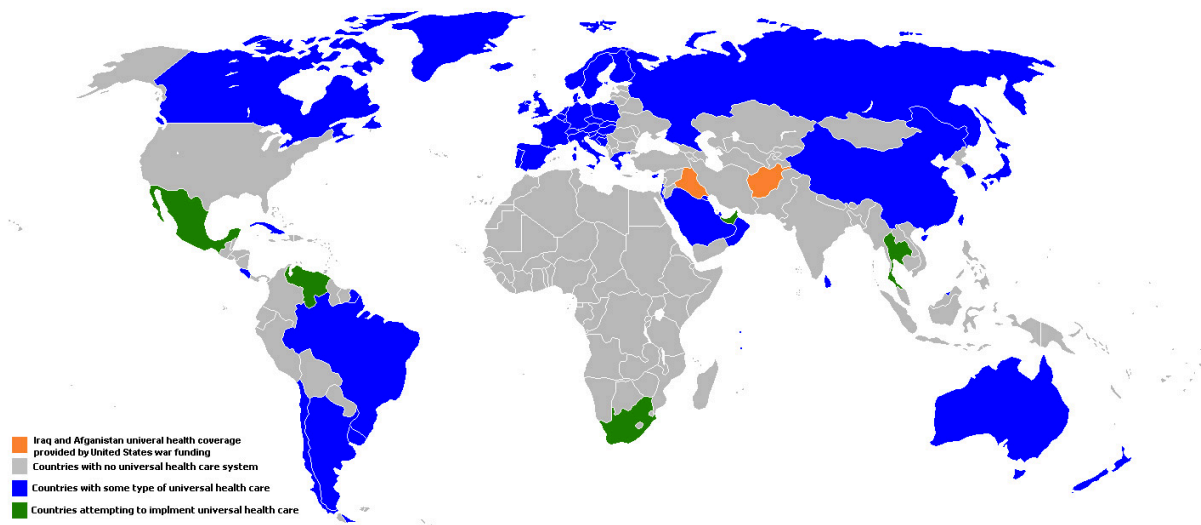
Arguments against

- If everyone has health care and therefore everyone goes to the doctor or the hospital there will be a longer time of wait for the care.
- As the country's government will run this system, there is a high risk of inadequate care due to money wasted on bureaucracy, especially in already poor countries.
- High-income citizens will possibly complain that their money is paying low-income citizens' health care instead of their own.
- Since people will not have to directly pay for their care it is likely that some people may go to the hospital for conditions that don't require hospital care. This will therefore weigh down the system by adding extra burden.

- There will be a lot of rules and procedures that will come with universal health care.
- As the universal health care system obviously needs to be funded, there will be a tax increase.
- Universal health care can be quite expensive to fund and therefore can lead to large debts in certain countries.
- Due to the expensive nature of the universal health care system, governments may need to make cuts in other sectors of the government and therefore weaken these parts.

Major Parties Involved and Their Views

The division of arguments in favor and against universal health care is usually distinguishable along the lines of political ideology; usually those in favor are more liberal/labor, and those against are of a conservative viewpoint.



World Health Coverage

World health coverage, "Thread: Health Care Is Not A Right." *Health Care Is Not A Right*. Web. 22 July 2014.

Europe

Universal Health Coverage in Europe can be broken down into three groups:

1. The expanded European Union Countries, all of which provide basic Health Care to their citizens at little or no cost. Countries such as France, England, and Germany etc. are excellent examples of countries with this kind of coverage.

The example of France

France has one of the best Health Care Coverage systems in the world, which involves all of its citizens being provided with government funded national health insurance. Funds to pay for such a system are provided by the general population through taxation and by companies and organizations through employee benefits, resulting in a very comprehensive system of coverage that is highly egalitarian and of a high standard. Optional supplemental coverage is also available through private insurance for those who choose to pay privately. This Health Care system is ranked #1 by the World Health Organization (WHO).

2. Former Eastern/Soviet block countries and others that are not part of the EU, which had a legacy socialist era Universal Health Care for their citizens and have since attempted to carry on similar coverage with varying degrees of success. E.g.: Albania, Belarus, Russia, Serbia etc.

The example of Belarus

The Belarus Health Care system provides coverage at nominal cost to all of its citizens and is paid for through a system of general taxation. It is administered by the state (Government of Belarus). Although it ranks 53rd in the world wide ranking of health coverage it has special attention given to childcare and maternity with significant effort put into after-care, during infancy and childhood. Only about 7% of Belarus citizens opt for supplemental private health care, which is also available.

3. Non-aligned countries (e.g. Switzerland, Sweden, Norway etc.) that provide excellent universal coverage.

The example of Norway

Norway has a Universal public health care system administered by the government and managed under a national insurance scheme NIS. The system is paid for by taxation and contributions from citizens as part of Norway's philosophy of equality for its citizens regarding the most basic human needs, such as health care. Interestingly, Norway puts the responsibility of providing primary health care services to its citizens on the level of local Municipal Government. More advanced care, on the other hand, is administered on the County or Regional level. One interesting aspect of the Norwegian health care system is the obligatory paternity leave of 9 weeks, fully paid, within the first 3 years of the baby's life.

Arab Countries In The Middle East And North Africa

The 22 Arab countries that span the Middle East/Arabia and North Africa provide comprehensive coverage for their citizens, free of charge or at a nominal fee. However, there are significant barriers and obstacles to access. These fall under the categories of geographic barriers, cultural barriers and organizational barriers. The first of these is related to difficulties of physical access in remote rural areas (differences in health care quality between urban and rural regions). The second one of these is a related to differences in gender, ethnicity, nationality and religion. The third, and final, one is related to bureaucratic complexities and inefficiencies, language barriers and low levels of literacy.

The example of Saudi Arabia

Saudi Arabia has a two-tier health care system. The first is a network of primary health care centers in rural and urban areas; the second is hospitals and specialized care concentrated exclusively in urban areas. The whole system is administered by the Ministry of Health. Despite the high-income level of Saudi Arabia as a result of oil revenues and the high standard of living it provides its citizens, gender inequality and its religious dogma continue to pose problems to the ability to administer an egalitarian universal health care system.

Sub-Saharan Africa

Of the more than 3-dozen countries in sub-Saharan Africa, only Ghana has successfully implemented a national healthcare system. For a continent that has the highest incidence of disease, this is a shocking indictment. On average, up to 50% of health care costs are paid by patients themselves which is, for many poor African nations, a significant part of an individual's or a family's revenue, leading to tremendous inequity in access to health care.

The example of Ghana

In Ghana, the government is the main source of funding for health care. The success of the national health care system in Ghana is partially due to political stability in the post-colonial stage of the country allowing consecutive governments to implement strong and lasting social programs, including health care.

Asia

According to the World Health Organization, ASEAN (Association of Southeast Asian Nations) countries spend an average of around 4% of their GDP (Gross Domestic

Production) on health care, whereas the average of OECD (Organization for Economic Cooperation and Development) countries is of 12%. The developing ASEAN countries, with increasing globalization and money and work flowing into them, are demanding better health care benefits. While universal health care and government programs lag behind in these countries, a rapidly growing private health sector system is adding to the inequality health care coverage for the common citizen.

The example of Indonesia

The government of Indonesia introduced a basic universal health care system in January 2014 for its 125 million citizens. Still in its early stages, this scheme aspires to be fully operational by 2019. In order to fund this scheme, the Indonesian government is also encouraging more private sector investment to raise revenue.

Latin America And The Caribbean

More than 140 million people (1 in 3 of the total population) do not have access to health services in Latin America and the Caribbean. Many of the reasons are comparable to the issues in Arabia and North Africa and Arab countries (cultural, geographical and organizational). This varies greatly, affecting less than 10% of people in Mexico, Chile or Cuba, but more than 60% in El Salvador (primarily due to the remoteness and access issues).

The example of Colombia

Over 80% of the Colombian population has Universal health coverage. This program, implemented in 1991, is subsidized by the government and has dramatically improved access to health care, especially for those living in remote areas or coming from poorer parts of society. Despite these statistics, critics of the Colombian health care system state that the less affluent get dramatically poorer health care and that the system also suffers from runaway costs, insurance fraud and bribery.

UN Involvement, Relevant Resolutions, Treaties and Events

- United Nations resolution on universal health coverage (**12 December 2012**)
- Draft resolution (**A/67/L.36**) Global health and foreign policy

- WHO and the World Bank ministerial-level meeting on universal health coverage (UHC).

This was held at the WHO headquarters, Geneva, Switzerland/ 18–19 February 201

The meeting brought together ministers of finance and health from 27 countries with other high-level stakeholders. In order to;

- explore ways that countries are progressing towards universal health coverage;
- share innovative solutions;
- identify actions the global community can take to support efforts.

Evaluation of Previous Attempts to Resolve the Issue

There have been no structured attempts by the United Nations or any other organization to address the issue of Global Universal Health Care. However, over the last 2 decades, BRICS countries (Brazil, Russian Federation, India, China and South Africa which represent 25% of the world's GDP, 40% of the world's population and 40% of the world's diseases) have all been moving towards Universal Health Coverage, partly as a result of their rising wealth due to globalization. In particular, Brazil, China and India have become the world's leading countries in the manufacturing of vaccines and cheap medicines and have increased their knowledge of medical issues tremendously. These countries are also collaborating amongst themselves, addressing common issues such as tropical diseases, AIDS, and other public health issues.

Possible Solutions

The challenge for the populations of many poor countries is the fact that health care expenses being paid for out of their own pockets is unaffordable and subsequently leads to catastrophic impoverishment if even 1 member of the family of a household falls seriously ill. This is directly correlated with an absence of government spending towards health care, hence the need for some form of universal health coverage or a national health insurance

system. This will result in equitable access and coverage for everyone at an affordable cost and with minimum risk of financial ruin. The three strategies, as suggested by the World Health Report in 2010 are:

1. Raise sufficient funds for health care coverage
2. Reduce out-of-pocket payments to affordable amounts
3. Improve efficiency in the use of medicines, health care and administration in order to avoid unnecessary spending (statistics show that 20-40% of all health spending is wasted through inefficiencies)

Strategies for improving Universal health coverage should include:

- a. Increased coverage of the population
- b. Offer comprehensive and better quality health care
- c. Payment of a greater proportion of the costs by the government

UHC must be home grown. There is no single system that is universally applicable and each country should tailor its system to suit its particular socio-economic makeup.

Improvements in Universal Health Coverage cannot work in isolation and have to be linked to better education and improved income conditions for the population. For example, in the Philippines, the Conditional Cash Transfer program, known as the *Pantawid Pamilya* Program, is a cash grant given to families under the condition that they ensure a good education for family members and healthy living practices.

UHC requires a mandatory funding from government revenues and cannot be successful if it is based on voluntary contributions. This requires specific health financing strategies that are unique to each country's economic, social and cultural makeup.

Unfortunately such mandatory contributions are not easy to implement across the various social statuses and economic groups in a country, therefore requiring pooling of revenues into a centralized bucket.

Poorer countries are unable to meet the funding requirements purely from these sources, requiring efficient use of scarce resources.

Bibliography

"Belarus Health Care System Ranks 53rd in the World." - *Ministry of Foreign Affairs of the Republic of Belarus*. Web. 20 July 2014.

http://www.mfa.gov.by/en/press/news_mfa/ceeff1e3a08833da.html

"BRICS and Global Health." *WHO*. Web. 20 July 2014.

<http://www.who.int/bulletin/volumes/92/6/14-140889/en/>

"Health: Essential for Sustainable Development." *WHO*. Web. 20 July 2014.

http://www.who.int/universal_health_coverage/un_resolution/en/

"Healthcare in Norway." *Expatriate Community for Expats Worldwide*. Web. 20 July 2014.

<http://www.commonwealthfund.org/topics/international-health-policy/countries/norway>

"The Ministry of Health of the Republic of Belarus." *Ministry of Health of the Republic of Belarus*. Web. 20 July 2014.

<http://minzdrav.gov.by/en/>

"Success and Failure in Social Health Insurance in Sub-Saharan Africa: What Lessons Can Be Learnt? - Global Medicine." *Global Medicine*. Web. 20 July 2014.

<http://globalmedicine.nl/issues/issue-13/success-and-failure-in-social-health-insurance-in-sub-saharan-africa-what-lessons-can-be-learnt/>

"The State of Healthcare in Southeast Asia - Edelman." *Edelman Conversations Global Practices*. Web. 20 July 2014.

<http://www.edelman.com/post/the-state-of-healthcare-in-south-east-asia/>

"Toward Universal Health Coverage in Latin American and Caribbean: Measuring Results of Programs to Extend Financial Protection and Access to Health Care for the Poor." *Toward Universal Health Coverage in Latin American and Caribbean: Measuring Results of Programs to Extend Financial Protection and Access to Health Care for the Poor*. Web. 20 July 2014.

http://www.paho.org/hq/index.php?option=com_content&view=article&id=9200:presentations-toward-universal-health-coverage-in-latina-american-and-caribbean-measuring-results-of-programs-to-extend-financial-protection-and-access-to-health-care-for-the-poor&Itemid=40684&lang=en

"United Nations Official Document." *UN News Center*. UN. Web. 20 July 2014.

<http://www.un.org/Docs/journal/En/lateste.pdf>

Universal Health Coverage at the Center of Sustainable Development: Contributions of Sciences, Technology and Innovations to Health Systems Strengthening. Web.

http://www.un.org/en/ecosoc/julyhls/pdf13/concept_paper_uhc_during_ecosoc_amr.pdf

"What Is Universal Health Care? - Definition, Pros and Cons | Education Portal." *Education Portal*. Web. 28 Aug. 2014.

<http://education-portal.com/academy/lesson/what-is-universal-health-care-definition-pros-and-cons.html>



"WHO EMRO | Access and Barriers to Health Care Delivery in Arab Countries: A Review | Volume 18, Issue 12 | EMHJ Volume 18, 2012." *WHO EMRO | Access and Barriers to Health Care Delivery in Arab Countries: A Review | Volume 18, Issue 12 | EMHJ Volume 18, 2012.* Web. 20 July 2014.

<http://www.emro.who.int/emhj-volume-18-2012/issue-12/09.html>

"WHO/World Bank Ministerial-level Meeting on Universal Health Coverage. *WHO.* Web. 20 July 2014.

<http://live.worldbank.org/toward-universal-health-coverage-2030>

Appendix or Appendices

- I. <https://www.debate.org/debates/The-United-States-Government-ought-to-provide-Universal-Healthcare-for-its-Citizens/1/>
- II. http://www.un.org/ga/search/view_doc.asp?symbol=A/67/L.36&referer=http://www.un.org/en/ga/info/draft/index.shtml&Lang=E
- III. <https://www.youtube.com/watch?v=8FjjGMg0qTc>