

Research Report

MUNISH '12



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Forum	Special Committee 2
Issue:	Governmental responsibility to provide healthcare to all citizens
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Introduction

According to the United Nations, the three basic needs are food and water, shelter, and healthcare. And while lack of all three basics make headlines daily, no true development has been made. The situation in most parts of the world is extremely dire and the Millennium Goals deadline has long gone with more people living under the poverty line now than there were in the past. Lack of healthcare is a major problem that results in the sufferings and deaths of millions of people every year. A majority of these deaths occur in poorer countries where healthcare is more present, not only because of lack of money, but also lack of healthcare professionals, lack of knowledge, and sometimes lack of government interest. Health is often sidelined in favour of success; national development is established while individual health dwindles.

In many richer countries, healthcare has been capitalized upon. Rather than the government providing the care, the duty is left to various companies. Furthermore, in most places, healthcare systems are not mandatory. Circumstances such as these make people question the credibility of the government as a healthcare provider in these modern times. With more medical knowledge today than ever in the history of the world, we have more people dying of treatable illnesses. The problem does not only lie in the poverty, but also in the healthcare systems gone amuck.

According to the UN, it is still the governments' duty to ensure the health of its citizens. Increased development technology and globalization have proved to be both a hindrance and help in dealing with many international issues, and this case is no different. Healthcare is one of the few truly international problems in society; there are a myriad of reasons why the state and the healthcare systems are so distraught, and it is an intricate problem, however global solutions must be attainable.

Definition of Key Terms

LEDC

Less economically developed countries, formally referred to as the "Third World"; LEDCS are generally poor, countries with lower standards of living, and less income per person.

MEDC

More economically Developed countries are countries that have high GDPs and GDP per capita. They are wealthy nations with well off populations, and high standards of living.

Policy

A policy is a rule, or a strategy or a modus operandi of any sort for tackling an issue or a set of related issues. It is a stance that is backed up by an action, or more often a series of actions. It acts as a blueprint for how governments should deal with said issue.

Healthcare

Healthcare refers to the basic need that involves systems which ensure people have access to medical expertise including hospitals, doctors, medicine etc.

Human development index (HDI)

The HDI is a measurement to show how successful a country is doing in general taking into account the financial situation and the social situation. It also takes into account the health issues by considering access to drinking water, and doctors per 1000 km, or hospital beds per 100 people. A country's placement on the HDI is generally a good indicator of how good its systems are, particularly its healthcare system.

General Overview

There are various healthcare systems globally. Having a proper healthcare system means that there is infrastructure available to ensure that people have their needs met. There are physical infrastructures necessary; good hospitals, good accesses to hospitals etc., as well as other social infrastructures necessary such as good education and job opportunities for potential doctors. Many things have to be in place for proper healthcare to be available. There are many problems that stand in the way however, particularly in LEDC's. Poverty is an obvious problem, but beyond that, there are more problems;

LEDC problems

Brain drain

The brain drain refers to doctors and other professionals leaving their often destitute and war or poverty stricken countries for MEDCS. This leaves the society in dire need of various expertises. The Brain Drain is a major issue, due to the lack of healthcare since the majority of necessary professionals are taken away by the rich and more stable countries, thus leaving their homelands distraught. This causes a gap in the society as the upper-middle class leaves, damaging the often-weak economy, and also leaving any up-and-comers without people to learn from. This is especially an issue in the medical sector where doctors need personal mentoring from others.

Lack of transport and information

Poverty of potential patients causes major problems; lack of transport to major hospitals is a big one. In bigger cities, doctors and perhaps health insurance may be available, but simply unaffordable but in rural areas, there is little or no access to medical health and professionalism. This means sick people are not easily transported as travel costs are high and transport infrastructure is weak. This causes many diseases to be left untreated. Another problem is the lack of information. In many rural or very traditional areas, people do not have illnesses treated because of everything from spiritualism (people rely on their god or religion to cause and solve the problem) to shame (when for example, women are ashamed of barrenness's and therefore do not share their problems). The lack of information can cause major problems like schizophrenic people being put to death and being left to roam streets considered "mad".

NIC Problems

Development vs. people

Some governments lack a focus in the area of healthcare. The policy of promoting quick economic development, which would theoretically result in development of the people, is most often adopted by government in LEDCS. Whether or not this policy is effective, it often leads to an increase in diseases and a decrease in healthcare attainability. As economic growth is achieved, cities grow and with it, slums grow. Slums are a cesspool of disease and over crowdedness that causes illnesses to spread unnoticed by the rest of society. The overly poor of slum areas are some of the most heavily affected by the lack of healthcare. Economic growth also leads to increased emissions more often than not; this also leads to more pollution-health issues in society. Increasing the public well being and putting development first may be more effective but it is less efficient

Healthcare systems (in MEDCS)

Healthcare systems are operational mostly in the MEDCs. There are various healthcare systems available in different parts of the world. The idea of healthcare works on an



insurance system. Insurance is a system that works off the public good. Individuals pay healthcare companies a specific amount of money monthly, weekly etc. Much like an energy bill. The net amount spent on healthcare a year by an individual is considerably less than it costs to take care of any major disease. The idea is that since only a small fraction of the population gets sick annually, the payments of others are able to pay for people with major illnesses. Healthcare companies or governments supply the insurance. There are various systems for ensuring the healthcare. The insurance system a government has, will affect the



quality and quantity of the healthcare in general. Governments often subsidize insurance companies, and the amount of subsidies reflects the government's investment in healthcare, and often correlates to the quality of the healthcare.

Free (Universal) Healthcare systems

A prime example of this is the British National Health Service. The NHS is a completely free system where people don't pay for insurance and it is completely government subsidized. The benefit is that most people are treated when ill without fear, no matter their wealth. This is often considered the most equalized fair system. The drawback is that it costs an immense amount of continuous government investment. This can often mean a raise of taxes to make up for the government loss. The system is also often criticized as being unorganized and even unfair as rich people must pay the taxes and have the least illnesses (and taxes pay for the healthcare). The system can be unorganized and slow as more people are treated annually. People do not purchase insurance, and they do not pay for their healthcare, it is simply delivered as a government service like public education.

Private compulsory healthcare

This is the healthcare system favoured in various European countries such as The Netherlands. In this system, various companies can compete for clientele, but the government has made getting insurance compulsory for the population. This means that healthcare is heavily guarded and monitored by the government, and is also subsidized by the government to ensure a greater access. A system like this is virtually unattainable unless the population has a healthy average income. This system does ensure healthcare at a more effective, efficient way. The rich as well as the poor get a certain amount of healthcare at various prices and the system is still helping the economy and is market friendly, as it still allows for competition in the healthcare sector.

Private (non-compulsory) healthcare

This system is similar to the compulsory healthcare system, except the health insurance is not mandatory, and there is often less governmental control. The United States of America had this system where people must purchase their own healthcare packages and the healthcare business is left completely to the economy. This means that the healthcare companies try to be as competitive and cost effective as possible. This also means that they are, for example, allowed to deny people healthcare because the costs would be too expensive for the business, or they ask for much more money for a person's healthcare based on their predicted health. This is the most free market system and it is favoured as being less expensive to the government. Many LEDCs have this system because of its lower cost to the government. On the other hand, it does leave a lot of people without healthcare.



Many consider the healthcare unnecessary, but this backfires when they are sick and uninsured, and therefore, turned away by doctors. There is a major problem with this system by not ensuring healthcare for anyone.

Conclusion

All three insurance systems have different ideas of how much responsibility the government should have to ensure healthcare to all. Free healthcare takes the position that it is the duty of the government to ensure healthcare for all, so much that the government should foot the cost. The compulsory health insurance system does recognize that healthcare should be supplied to all, but not necessarily controlled by the government. The Private healthcare system relinquishes the government of almost all direct duties in the healthcare department; while healthcare may still be considered important, it isn't supplied nor heavily monitored by governments.

Future problems

Neither MEDCs nor LEDCs are properly prepared for future sicknesses. Though research systems are in development, and more illnesses can be treated now than ever before, some things are going untreated. The future increase in illness due to GHG exposure is under research. The yearly increase in addition disorders is also a problem, and not many insurance systems consider paying for rehabilitation as part of the healthcare package as governments are focused on prevention rather than treatment. Furthermore, eating disorder treatments and problems caused by obesity (for example) need to be addressed and awareness needs to be raised for such problems in the western world.

Major Parties Involved and Their Views

WHO

World health organization is a UN body that deals with increasing healthcare standards globally, administrating humanitarian aid and generally promoting and educating people on health. They are very invested in creating proactive policies that improve international health.

OECD

Gathers statistics and facts about the health to put today's globalized world in perspective. The OECD gathers a lot of information on various issues in many countries. They aim to harmonize the efforts to improve anything globally.



Timeline of Events

Date	Description of Events
April 7 th 1948	Creation of WHO

UN Involvement, Relevant information, Treaties and Events

This has not been a problem the UN has been highly invested in. however, it has set some basic guidelines for what Primary Healthcare entails in the following:

- The Declaration of Alma-Ata 1978
- International Conference on Primary Health Care 1978

Evolution of Previous Attempt to Solve the Issue

Previously most governments have been involved in humanitarian aid when necessary, but the new approach involves reinforcing the healthcare gradually. More and more countries are instating healthcare bills that rely more heavily on the government. Researchers are looking at more market friendly, economic systems and policies.

Possible Solutions

Any possible solution would have to recognize that each country has a certain degree of national sovereignty, which a resolution would have to recognize. Furthermore, a plausible resolution would consider the fact that there are limits to how much a country has to spend on this issue, and thus elaborately expensive plans will either need backing or it would fail to manifest. Moreover, a resolution must provide both incentive for countries to work and punishments for failures, many countries have put economic development above healthcare improvements, and they need reasons to alter this view.

The resolution must set a standard for what countries must achieve in, perhaps, a given time period, and also standards for what appropriate healthcare is, and cost-effective measures to reach these standards. It may be necessary for the resolution to pick a stance from which to work- a framework for what they believe governments should provide by way of healthcare payments (should healthcare be free, or paid for by the state) this would lead to a clearer resolution. A resolution dealing with this issue may have to consider the idea of humanitarian aid and how that is affected by this resolution and they must also consider the various social groups nationally and globally. There are some countries, which can afford more expensive mechanisms than other, and more should be expected from these countries and different ideas must be laid out for these countries. Also, different countries have different healthcare worries. While some countries may worry about waterborne diseases or lack of information, others worry about drug users and religious fanaticism. Also different social groups, some can afford more than others and ideas must be laid out from both sides. The resolution must be well rounded and consider either one aspect in detail or all aspects acceptably.



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Appendix

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