

# SAIMUN 2017 Research Report

**Committee:** General Assembly 3

**Issue:** Providing basic healthcare for all

**Student Officer:** Tae Hyung Ahn, Deputy Chair

## 1. Description of Issue

Basic health care, the World Health Organization (WHO) clearly defines the term as “a network of health units providing essential healthcare to a population. Basic health services include communicable disease control, environmental sanitation, maintenance of records for statistical purposes, health education of the public, public health nursing and medical care” (Glossary of Terms, 2004). However, the inability to access basic healthcare has resulted in millions suffering in agony and in extreme cases, it had left them dead, mainly due to diseases such as pneumonia and diarrhea which are often considered as easily preventable or curable in More Economically Developed Countries (MEDCs) (10 million children die, 2008). Then what has caused this tragic inability to access basic healthcare?

The answer to such inquiry would be the correlation effect of the scarcity of supply and financial difficulty. This is because firstly, the scarcity in supply caused from the poor allocation of medication would result in critically low availability of medication in certain areas where there would be a sharp rise in price, following the law of supply and demand. Due to such sharp increases in the medication price, many would not be able to afford the medications, reducing the sales. This then discourages the profit-driven pharmaceutical firms from selling their drugs in the country, worsening the scarcity of supply, further increasing the price of the drug. The process repeats, eventually leading to a vicious cycle which would cause a polarization in the quality of basic health care, destroying the basic medical health care system of the country.

In response to this, organizations such as the World Health Organization (WHO), the International Committee of Red Cross (ICRC), Medecins Sans Frontieres (MSF) (Major International Health Organizations, n.d.) and many more have taken actions in various areas all around the globe that are in need of medical aid. And such effort has indeed produced positive results such as significantly reducing the under-five child mortality from 12.7 million per year in 1990 to 5.9 million in 2015 (Child mortality rates plunge, n.d.) but the issue is yet to be fully resolved for many still live in absence of basic health care.

Moreover, even the MEDCs are no strangers to this issue for despite the strong finance and stable supply, the social and class differences as well as pre-existing prejudices within institutions being used to prioritise certain types of individuals or groups over others has left many inaccessible to basic health care.

## 2. Definition of Key Terms

### **Healthcare**

According to a glossary of terms for community healthcare and services for older persons provided by WHO in 2004, health care is defined as “services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring or restoring health.”

### **Insurance mandate system**

In this type of health system, the government requires everyone to have insurance, but does not provide them. Instead, citizens must purchase insurance by themselves. Insurers in the insurance mandate system are not legally allowed to reject people with pre-existing conditions.

## **Sustainable Development Goals (SDGs)**

Consisting of a total 17 crucial goals set and adopted by the United Nations Member States on September 25<sup>th</sup> 2015 to “end poverty, protect the planet and ensure prosperity for all”. (Sustainable Development Goals, n.d.)

## **World Health Organization (WHO)**

Established in April 7<sup>th</sup> 1948, the World Health Organization is a group which maintains and monitors international health under the United Nations’ to help countries fulfill their health-related objectives and support their national health policies and strategies. (Who we are, n.d.)

## **Single payer health system**

A single payer health system means that the government, using the tax collected from the citizens will cover all health related expenses by government hospitals. This ensures that all citizens who seek treatment a hospital funded by the government will receive it, although it may come slower due to the processing that is needed for the funding to reach the hospitals.

## **Two-tier health system**

The two-tier health system varies from country to country, but the general concept is that everyone is required to have insurance, whether provided by the government or bought from private insurance companies, which they can then pay more for additional benefits (although the action of paying more is sometimes not a choice).

## **Universal Health Coverage (UHC)**

Established from the 1948 WHO Constitution, this coverage declares the fact that all UN Member States have agreed to achieve the UHC which includes “ financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” by the year 2030. And to achieve this, the World Health Organization (WHO), along with other NGOs, has globally supported developing

countries in need of medical aid with financial and materialistic aid to establish and sustain the Universal Health Coverage within the country. (Universal health coverage, n.d.)

### 3. Timeline of Key Events

<b>Event</b>	<b>Description</b>
<i>7th April 1948</i> WHO is established	The World Health Organization's constitution comes into effect and the group is formally established. (Constitution of WHO, n.d.)
<i>1958</i> Campaign to eradicate smallpox by vaccination begins	WHO begins the eradication of smallpox by distributing vaccinations worldwide.
<i>6 - 12 September 1978</i> International Conference on Health Care held in Alma-Ata	Jointly organized by the World Health Organization and the United Nations Children's Fund, the conference strongly promoted the significance of basic health care amongst the participating nations.
<i>1979</i> Smallpox 'eradicated' worldwide	WHO's smallpox eradication and vaccination program is declared successful after a committee certifies its non-existence in humans.
<i>8 September 2000</i>	The Millennium Declaration is unanimously adopted by the member states of the UN with three out of the eight Millennium Development Goals regarding the issue of health

<p><i>12 December 2012</i> Adoption of A/RES/67/81</p>	<p>Under the topic of global health and foreign policy, this resolution manages to tackle the health issue from a global perspective.</p>
<p><i>25 September 2015</i> Establishment of Sustainable Development Goals</p>	<p>One of the 17 sustainable development goals, “Good Health and Well-being” directly involves the topic of basic health care, proving its significance to the modern society.</p>

#### 4. Positions of Key Member Nations and Other Bodies on the Issue

**Cuba**

Despite the limited resources from the economical sanctions imposed by the United States of America, the country’s excellence and efficiency in the field of basic health care has been recognized by the Director-General of World Health Organization (WHO), Margaret Chan. Moreover, having trained and deployed more than 124,000 health care professionals to provide care to 154 countries in need of medical aid, Cuba is considered to be one of the most active member of state on this issue of providing basic health care for all. (Erisman, Kirk, 2009)

**Democratic Republic of Congo**

Vulnerable to diseases such as malaria, cholera and having such low availability of healthcare with a shocking figure of 1 physicians for every 10,000 people, The Democratic Republic of Congo is faced with an alarming average population age of 48.7 years and thus requires urgent basic health care support.

**European Union**

With the financial, data, material support from the countries that are recognized for their world-class health care system such as France, Germany and Austria, the European Union has a high-quality basic health care system. Moreover, the union has an unique system named the European Health Insurance Card system which allows the European citizens to receive public health care of another EU member states with ease.

### **Nigeria**

With an average life expectancy of 54 years and is also experiencing the tragedy of infant mortality with 20% of children dying before the age of 5. However, the more serious problem for Nigeria is the “health brain dead” phenomenon where in spite of all the investments from the government to train doctors and nurses within the country, the trained doctors and nurses would eventually leave the country in pursuit of money instead of responding to the medical crisis Nigeria is currently facing.

### **Russia**

Ranking 130<sup>th</sup> out of 191 countries in the WHO’s survey on health care systems, Russia has a health care system far worse than than many developing countries despite being considered as a MEDC. The main cause of such irony would be the lack of investment in health care sectors with only 3.4% of their total spendings invested whereas the WHO has recommended the minimum of 5%. Such deprivation of the financial support from the nation has forced many health cares systems in Russia to start illegal deals to make up for the absence of financial support. However, due to the lack of knowledge towards the legislation, many are unaware of this unethical crime.

### **United States of America**

This country is often considered to be one of the most powerful country but it is not as powerful as it is said when it comes to providing basic health care, ranking as one of the countries with worst health care amongst developed countries. And in response, the United States of America has had made some efforts such as the Affordable Care Act (ACC), but instead of improving the situation, it has worsened it, causing rage and suffering amongst the people. Thus, it is advised

for the country to amend the ACC more effectively or come up with a completely new act to provide “true” basic health care.

### **World Health Organization (WHO)**

Part of WHO’s principles state that it is every government’s responsibility to care for its citizens health and one of its primary goals is to promote healthcare worldwide. It is clear that WHO staunchly supports the act of providing medical assistance to everyone regardless of financial or social status and has operated several missions to actively eradicate disease. The organization also works with lawmakers and governments towards universal healthcare coverage, not only in reality but also in legislature. In addition to its work, WHO promotes and updates important news regarding medical aid too.

## **5. Suggested Solutions**

With the cause of such issue already identified as the financial difficulty and the scarcity in supply at the introduction section, we now have to come up with a “how” to resolve it.

There are solutions such as improving the efficiency in the allocation of the medical resources, monetary and materialistic support or deployment of medical personals from neighbouring countries or NGOs. However, as the saying goes, “Give a man a fish, and you feed him for a day. Teach a man to fish and you feed him for a lifetime”, instead of blindly providing medical aids, it is crucial for the neighbouring countries and the NGOs to guide them to be able to establish an efficient basic health care system of their own.

Nonetheless, the national governments are reminded that no matter how much aid they may receive, without their active responses to this issue, the aids will become redundant and thus is important for them to efficiently collaborate with the organizations that are providing the aid. And

to achieve this, the country of question could opt to impose greater taxes on the people, especially the rich, so as to increase the medical expenditure to be invested on the development of the basic health care system. However, because majority of the countries suffering such issues are developing countries, such solution is impractical and the best they can do under the scarcity in supply and financial difficulty would be educating their people about basic health care and eradicating any form of discrimination in the healthcare system to the best of their ability and resource.

Another factor that has contributed to this tragedy would be the political environment in the country, where it is physically unsafe for doctors and nurses to perform their job. While there is an understanding that any work undertaken in an area of conflict will be dangerous, in order to encourage doctors to continue their profession in these areas where they are needed most, it is necessary for the particular country in need of medical aid to conform to the treaties such as the First, Second, and Fourth Geneva Conventions and for United Nations to effectively deploy the UN Peacekeepers to protect the medical personals.

These are just a few pieces of the whole problem and the circumstances vary wildly from nation to nation as no two countries are the same in every facet. Thus it is important to draw up an effective solution that is applicable to many nations.



## 6. Bibliography

10 million children die from lack of health care. (2008, May 06). Retrieved January 21, 2017, from [http://www.nbcnews.com/id/24482102/ns/health-childrens\\_health/t/million-children-die-lack-health-care/#.WJVhJht97IU](http://www.nbcnews.com/id/24482102/ns/health-childrens_health/t/million-children-die-lack-health-care/#.WJVhJht97IU)

A GLOSSARY OF TERMS FOR COMMUNITY HEALTH CARE AND SERVICES FOR OLDER PERSONS.(2004). Retrieved December 08, 2016 from [http://apps.who.int/iris/bitstream/10665/68896/1/WHO\\_WKC\\_Tech.Ser.\\_04.2.pdf](http://apps.who.int/iris/bitstream/10665/68896/1/WHO_WKC_Tech.Ser._04.2.pdf)

Child mortality rates plunge by more than half since 1990 but global MDG target missed by wide margin. (n.d.). Retrieved January 21, 2017, from <http://www.who.int/mediacentre/news/releases/2015/child-mortality-report/en/>

Constitution of WHO: principles. (n.d.). Retrieved December 11, 2016, from <http://www.who.int/about/mission/en/>

Kirk, J. M., & Erisman, H. M. (2009). *Cuban medical internationalism: origins, evolution, and goals*. New York: Palgrave Macmillan.  
Sustainable development goals. (n.d.). Retrieved December 08, 2016, from <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

The 10 Worst Health Care Systems In The World. (n.d.). Retrieved December 16, 2016, from <http://www.therichest.com/rich-list/poorest-list/the-10-worst-health-care-systems-in-the-world/>

The Major International Health Organizations. (n.d.). Retrieved December 08, 2016, from

<http://www.imva.org/pages/orgfrm.htm>

Universal health coverage. (n.d.). Retrieved December 10, 2016, from

[http://www.who.int/universal\\_health\\_coverage/en/](http://www.who.int/universal_health_coverage/en/)

WHO in 60 years: a chronology of public health milestones . (2008). Retrieved February 1, 2017, from

[http://www.who.int/features/history/WHO\\_60th\\_anniversary\\_chronology.pdf](http://www.who.int/features/history/WHO_60th_anniversary_chronology.pdf)

Who we are, what we do. (n.d.). Retrieved December 10, 2016, from

<http://www.who.int/about/en/>