

Forum: General Assembly 2 (Economic and Financial)
Issue: The question of equal access to public healthcare
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Introduction

Public health is one of the most if not the most crucial system of a nation. Governments hold profound responsibilities of protecting their citizens' health to build a stronger society and to increase the quality of everyone's lives. Services vary from minor to major treatments regarding both physical and mental health such as the delivery of simple vaccinations to treatment of diseases. All health practices are made by public health workers and specialized health care professionals like physicians, dieticians, and dental hygienist. Another form of public health care is the promotion of healthy behaviour advocated by the government and health organizations. Promotions include encouragements to wash hands frequently, control use of condoms to circumscribe sexually transmitted diseases, and advertisements of the negative health impacts of smoking.

Organization and financial facilitation of public health care varies considerably amongst different nations. To assure access to health care, countries establish insurance schemes and adopt taxing systems. Governments collect tax rolls for public ownership of hospitals(United Kingdom), or use tax revenues to fund services(Canada). Additional interventions are made when necessary, to create specific regulations and change current systems. Provisions rely heavily on infinite factors of the country: GDP per capita, social history and beliefs, location, etc. all drive the government to adjust systems differently.

Given these global differences, there exists a huge gap and inequality between developed nations and developing nations. Although developing nations are working to engrain stable public health systems, they struggle to assure healthcare to everyone, regardless of the severity of sickness, and wealth of the individual. Such barriers raise doubts concerning the unequal distribution of service. People claim that some offers are unnecessary, thus unfair to individuals as they still have to pay for others' usage of public health. Whether public health ensures social justice and the question of the true necessity of the policy comes into play when unstable nations face the reality of public health.

Definition of Key Terms

World Health Organization (WHO)

An organization that came into force on April 1948, the WHO is a specialized agency of the United Nations(UN) that coordinates international health to help governments reach their health objectives and support and strengthen their health policies. It works mainly towards health systems, promoting health, communicable and noncommunicable diseases, and more health related elements around the world. Playing a critical role by reporting important statistics, news, and programs to the world, the organization is financed through a voluntary and assessed contributions, and has an ultimate aim to have a fully funded programme budget.

National Health Service (NHS)

The NHS is a publicly funded health care system in four countries of the United Kingdom(UK): England, Northern Ireland, Scotland, and Wales. It is mostly funded by tax, and comprehensive health care is provided to legal residents of the UK.

World Bank

The World Bank provides financial and technical assistance to developing countries around the world. It offers low-interest loans to developing countries to aid them in their development to foster education, employment, infrastructure, public administration, and public health. The bank offers capacity development to the 188 countries it serves, with two main goals to achieve by 2030: to end extreme poverty and to promote shared prosperity by increasing the income growths of the lowest 40% of every country.

Sustainable Development Goals (SDGs)

On September 25th, 2015, countries of the UN created a set of goals to end poverty, protect the planet, and ensure equality amongst all human beings by 2030. Out of the 17 adopted goals, goals 1-6 address issues related to health: poverty, hunger and food security, health, education, gender equality and women's empowerment, and water and sanitation.

Noncommunicable Diseases

These are diseases that cannot be spread from one person to another, and are generally developed slowly over a period of time. The most common diseases are cancer, respiratory diseases, and cardiovascular diseases. People with lower incomes are more likely to be affected by the disease, with about 28 million(about 75% of total deaths) deaths occurring in LEDCs every year.

Communicable Diseases

These are diseases that are infectious and highly contagious, spreading from people and animals to people. These diseases include Malaria, HIV/AIDS and Influenza. Communicable diseases may have a sudden growth in population after natural disasters such as flooding. Hence, LEDCs are prone to these diseases as they lack the facility to be cured instantly before spreading it to others.

Less Economically Developed Countries (LEDC)

LEDCs are developing countries with low incomes and GDP per capita. These countries have limited staple foods and resources, and therefore price always fluctuates and citizens struggle to afford sufficient supply. Because of the different challenges the nations face, they struggle to take serious account of public health policies, hence lacking a proper health care system. As a result, citizens are vulnerable to sickness, have shorter life expectancies, smaller birth weights, greater depressions, and other negative health impacts.

More Economically Developed Countries (MEDC)

MEDCs are developed countries with high incomes and GDP per capita. These countries have stabilized food sources, and people are capable of affording their needs and nourishing themselves. Healthcare systems are organized efficiently by the government, and everyone has equal access to it.

Background Information

The question of equal access to healthcare is a conflict linked by social rights and health. People from different social classes, sexes and ages are offered different degrees of service. Nations with stronger inequalities have more extreme social classes, so discrimination and inequality is more severe. Professional specialists such as physicians and doctors are distributed unequally, ending up mostly in urban, wealthy places. This does not only reject the desperate ones in need of help, but the specialists face language barriers and biases deriving from cultural histories on health care, thus causing conflicts between foreign professionals and national citizens.

Inequalities also lie extraterritorially between developing and developed countries. Although WHO has been supporting developing countries, they still struggle financially in forming a stable system while developing countries have successfully adopted this policy by prioritizing health insurances under the government. Besides monetary problems, there are other factors that also create disparity. Geographical location, language differences, cultural

attitudes, and discrimination serve as barriers of fair universal health care. Not only are the people of LEDCs living unhealthy lives, the countries themselves are restrained from developing with MEDCs.

From this unequal situation are arising many arguments questioning the purpose of public health care. The system is meant to be a significant factor in bringing social justice to the country, but since governments fail to do so, there are doubts about public health care being a true component of social justice, or if it is simply a policy which countries chose to endorse. If the system is meant to bring social justice, then there needs to be assured equal access, which is difficult to ensure with all the underlying differences. But if no such service exists, people's health will be marginalized even more.

Key Issues

Sustainable Development Goals

The UN has set 17 goals to achieve by 2030 to transform the world into a sustainable and developed place with the cooperation of the countries of the UN and health organizations, mainly the WHO. Goals 1 to 6 relate to health, but goals three and four address public healthcare specifically. It is important to acknowledge the background of these substantial goals.

Health

Many people in the world die and suffer from diseases and carelessness of their own and others' health. In sub-Saharan Africa and Southern Asia, 80% of the children die at an age younger than five. With their future generations weak and dying, the countries continue to struggle and develop. Maternal Mortality is also a considerable problem. Many mothers die during childbirth, and only half of the women in developing countries receive the recommended amount of health care they need. Communicable diseases such as malaria and HIV/AIDS are spreading rapidly, devastating populations in developing countries each year. The goal is to maximize country's' capacities by managing national and global health risks and distributing equal access to medicine and healthcare.

Poverty

Poverty extends beyond scarce money and resources to an extent where people endure starvation and malnutrition and lack basic services and education, eventually

leading to discrimination. Families earn barely enough money to offer themselves the most they can a day-they do not have space for them to take their health into care or consideration. Although these people are those in need of public health care, they are excluded from the service because of their social standings. 836 million people are still living in extreme poverty today, and it has a huge stance on the question of equal access to public health. The World Bank has been working with the WHO and UN to provide funding, leadership, and support to countries in need of financial support.

Inequality

The major problem about public health care is making it equally accessible to everyone in the world. The WHO has reported that health gaps are increasing in developing countries due to social determinants of health such as limited access to education, poverty, and devoid health care. It is concluded that inequalities in societal standards lead to different outcomes of health levels, with developed countries with small income differentials having the smallest death rate, while developing countries have a broad range of wealth classes within society and have high death rates.

Non-financial Barriers

Inequality derived from discrimination, social wealth, education, geographical locations are all non-financial barriers affecting equal service of public health care. Racism is one of the biggest non-financial barriers. Concerning income, educational differences, and insurances, African Americans are less likely to receive a range of treatment of any illness. This has created an ongoing and unconscious racial stereotype. Also, when doctors are sent to these countries to give health care, they are marginalized by language barriers and cultural attitudes at different races.

Major Parties Involved and Their Views

WHO (World Health Organization)

The WHO is the greatest universal organization working towards equal access to public healthcare for safe and healthy lives of everyone. It concentrates on helping developing countries to support their nation's health at first hand by sending volunteers and making programs to boost health care. It offers leadership on matters of critical health, provides technical support, creates research agendas, and most importantly, monitor health information and health trends around the world. Its ultimate goal is to bring the countries of the UN under a

solid public health system in which every individual is protected by a force to ensure healthy lives for themselves and the future of the countries and the world.

The United States (U.S.)

The U.S. is the leading nation of public health facilities in the world. This country started the tradition of establishing public health departments within medical institutions, having the best public health training systems in the world. The United States Public Health Service(PHS) manages all public health policies in the countries. While maintaining their public health policies, the U.S. is also trying to intervene in international affairs to help developing nations.

Timeline of Relevant Resolutions, Treaties and Events

Date	Description of Event
1969	Publication of the book <i>Our Bodies, Ourselves</i> The Boston Women's Health Collective published the book <i>Our Bodies, Ourselves</i> , a book meant to educate women on the basic health cares they need. This book emphasized the importance of protecting women's(maternal) health, starting to include a feminine perspective in the inequalities of public health care.
2006	Health Equity Index Developed The Connecticut Association of Directors of Health(CADH) called for the need to form a uniform tool to measure the social determinants of health to explore and lessen health inequalities around the world. It aimed to help communities examine their health care systems based on the Equity Index to identify problems and develop.
2007 - 2010	The Great Recession The world's biggest economic recession cut funds of public health systems, making a negative impact on the Local Health Departments(LHD). Workers were paid short and many lost jobs, causing a shortage in healthcare services.
2008	WHO Commission on Social Determinants of Health The WHO published a report on the health gaps and health inequality around the world, informing people and raising awareness about the need to fight health inequalities between LEDCs and MEDCs.
November 10, 2008	Resolution on Access to Health and Needed Medicines in Africa The African Commission on Human and Peoples' Rights proposed this resolution to stress the unequal rights Africans possess in having access to

medicine and health care in Africa, recognizing that only 38% of essential medicines are available in public health care services. The resolution urged member states to guarantee sufficient supply of needed medicines and access. This resolution instigated other developing nations encountering health inequalities to propose resolutions as well.

May 24, 2014

Resolution on Sustaining Social and Economic Development to Strengthen Health Equity

The WHO proposed a resolution to the World Health Assembly to develop the world by making everyone healthier and for a brighter future. This resolution urged member states and strong organizations to actively stay involved and prioritize public health as a mandatory service and equal right.

**September 25,
2015**

UN Establishment of Sustainable Development Goals

The UN created 17 goals to transform the world into a better place under the cooperation of the nations of the UN in 15 years. Goals 1-6 refer to health problems and inequalities.

Evaluation of Previous Attempts to Resolve the Issue

The issue of public health equity is fairly recent. Although inequality has been prevalent throughout history, the UN and Organizations have made attempts to resolve the issue within the last decade. This is because gaps between developing and developed countries are increasing continuously at a faster rate. To decrease and eliminate huge gaps and inequalities, national organizations have reported resolutions to the UN, and international organizations such as the WHO have cooperated with the UN in planning programs to attempt to resolve the issue.

While previous attempts succeeded in raising awareness of this issue, nothing huge has been accomplished yet. Because of the broad range of extremes in different parts of the world, attempts were complicated and required high standards of funding. Public health care policies have been regulated more efficiently within nations, but the question of equal access to public health needs further collaboration. Countries and organizations have asked member states to prioritize health care and ensure sufficient supply and access to everyone, which was effective as services become more evenly allocated. However, this method does not minimize wealth gaps and social differences in order to make public health care a form of social justice as developing countries still struggle with the increasing gaps within their country.

Above these resolutions, the UN has proposed the Sustainable Development Goals in 2015. This will be an effective solution as the goal is comprehensive of all inequalities that need to be abolished for public health care to be equal.

Possible Solutions

One way to reduce health inequity is to decrease social gaps within nations beforehand. It is social injustice that limits peoples' access to healthcare, so factors such as social, economic, and cultural differences can be moderated first. Once these elements are structured into a fair and equal country, the government only needs to implement sufficient supply and service to the nation.

The government can first identify the specific factors that affect the health of the nation such as education, housing, power relationships, and governance. The next step would be to analyze these factors and explore how they affect peoples' health status regarding all possible kinds of health that can be affected. Then, the government will work with organizations to plan programs to resolve the problems that affect health. These may include: creating public institutions to educate the population on health, creating policies to ensure certain rights, campaigning to alter peoples' perspectives on different issues. Finally, all these steps must come to order with active collaboration. Health funding arrangements that distribute resources efficiently according to need at all times need to be established, and organizations to plan a systematic implementation of constant intervention to stabilize the system. Effective monitoring between health inequalities and social determinants is a crucial factor in shortening unequal access to public health care.

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