



Committee: Special Conference

Issue: Universal Health Coverage as a means of sustainability of health care systems

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INTRODUCTION

“Health is better than wealth”. In an era, when each and every financial system is subject to globalization, when diseases like Ebola are widespread, causing infections of vast populations and when lasting care is needed, Sustainable Development Goals (SDGs), especially the third one, referring to good health and well-being, must be achieved. Thus, Universal Health Coverage is more than just mandatory.

By Universal Health Coverage (UHC) it is meant that everyone can access essential quality health services without facing financial hardships. Many countries, especially the Less Economically Developed Countries (LEDs), strive for the achievement of UHC, as diseases are widespread in those regions and many citizens fall victims to them. Nevertheless, reaching the inclusion of the UHC in a country’s policy requires tremendous effort, as huge funds are required, that developing countries may possibly be unable to raise. Apart from that, UHC demands to be supplementary reviewed and properly updated, according to the respective financial and/or medical situation in the country.

The term “Health Care System” refers to how health care will be structured and economically supported to reach the world’s population. It aims at using all resources a country has to provide its citizens with the greatest quality of health services. The United Nations have approved of this very goal, supporting the essence of UHC to basic human rights. However, it should be stressed out that “health” is no objective term. Its meaning varies depending

on each country's culture, population and humanitarian values. As a result, the "greatest quality of health" may mean something completely different for two countries that do not share the same ideals.

Having those said, the objective of this study guide is to consider how UHC can be established in healthcare systems. As a result, it would be fundamental to research what countries are yet to do so and the house will be asked to find innovative measures, by acknowledging the benefits of the UHC, but perhaps some drawbacks as well, which are perhaps why Universal Health Coverage is not applied in certain countries.



FIGURE 1:The countries highlighted in green have achieved Universal Health Coverage

DEFINITION OF KEY TERMS

Universal Health Coverage

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health



services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship¹.

Health Care System

A healthcare system can be defined as the method by which healthcare is financed, organized, and delivered to a population².

Financial Hardship

Financial Hardship means an unexpected need for cash arising from illness, casualty loss, sudden financial reversal, or other such unforeseeable occurrence which is not covered by insurance and which is determined to qualify as a Financial Hardship by the Administrator³.

Out-Of-Pocket Payment

Out-of-pocket payments (OOPs) are defined as direct payments made by individuals to health care providers at the time of service use.⁴

Insurance

Insurance is an arrangement in which you pay money to a company, and they pay money to you if something unpleasant happens to you, for example if your property is stolen or damaged, or if you get a serious illness.⁵

¹ "What Is Universal Coverage?" *World Health Organization*, World Health Organization, 13 June 2018, www.who.int/health_financing/universal_coverage_definition/en/.

² "Healthcare Systems." *Gale Library of Daily Life: Slavery in America*, Encyclopedia of Bioethics, 2004, www.encyclopedia.com/science/encyclopedias-almanacs-transcripts-and-maps/healthcare-systems.

³ "Definition of Financial Hardship." *Duration Sample Clauses*, www.lawinsider.com/dictionary/financial-hardship.

⁴ "Out-of-Pocket Payments, User Fees and Catastrophic Expenditure." *World Health Organization*, World Health Organization, 6 Apr. 2018, www.who.int/health_financing/topics/financial-protection/out-of-pocket-payments/en/.



Health Benefit Package (HBP)

Health Benefit Package refers to all attainable health services to be set and financed in order to achieve UHC, according to the situation in each different country.

BACKGROUND INFORMATION

At this point, it is fundamental to consider some aspects of both the Universal Health Coverage and the Healthcare systems, in order to connect the two in a productive manner. More specifically, one should focus on the UHC's history and its benefits, what is required to achieve it, how it can be financed and underline the difference between Private and Public Control of Healthcare systems. Finally, a list of all countries currently having Universal Health Coverage will be included.

Universal Health Coverage Historical Background

The notion of taking care of sick and wounded people dates back to the American military history. Disabled American soldiers began to be taken care of in 1637, during the war with the Pequot Indians. In 1776, the Continental Congress provided pensions for disabled soldiers of the Revolutionary War. One can tell that soldiers were only offered the necessary healthcare through laws and charities. In the early 1800s, there have been several attempts to introduce a federally funded program, so as to provide soldiers with the necessary medical care. In 1930, President Hubert Hoover established the Veterans Administration, which administered medical care for veterans. Other European countries became greatly influenced by this establishment and

⁵ Sinclair, John, et al. "Insurance." *English Dictionary for Advanced Learners*, third ed., HarperCollins Publishers, 2001, pp. 814–814. Collins Cobuild. John Sinclair is the Funding Editor-in-Chief and Michela Clari is the Editorial Director



started creating their own national insurance programs, with the first being Germany's in 1883.

It was then, in the early 19th century, when medicine became more and more developed and healthcare became even more substantial as well. More specifically, in the late 19th century, there have been advances in biology and excessive research was made on how diseases work. In 1921, the deadly illness responsible for many children's death was discovered and named Diabetes. With insulin being discovered as well, the disease could finally be ignored and many lives were saved. The mid-20th century introduced antibiotics to the world, which cure certain diseases. It was not long, until in 1960, healthcare determined whether one would live or die. Regardless of whether they noticed it or not, the population started broadening their scope on the future view of UHC.

Universal Health Coverage Benefits

The UHC's adoption in a country's policy features health, economic and political benefits. As for the ones concerning health, UHC means broader access to healthcare, thus the whole living population is healthier, something especially important for poor people, who would otherwise be unable to get the necessary treatment, when diseased. UHC also creates a healthier workforce, as the preventative measures proposed lead to the expensive emergency room being less used. Families are also taught how to respond to their children's needs, so that the children do not get involved in crime, or drugs consumption in the future. Meeting UHC ameliorates the country's economic status as well, as out-of-pocket payments are greatly limited. For instance, Thailand has restricted out-of-pocket payments to 18%, replacing them with taxes. Mexico is another country following the lead of all countries having established UHC and reforms its policy on economics accordingly. Finally, political leaders, who promise to achieve UHC often win the elections and can positively reshape the country's governmental force. However, keeping the promise is not always viable, as the achievement of UHC can lead to unexpected situations, such as



vast numbers of people getting hospitalized, under the impression that they have been infected by diseases that are actually of negligible risk.

Universal Health Coverage Drawbacks

Unfortunately, UHC features some disadvantages as well, which are crucial to be considered, before drafting a resolution on the topic. First of all, it is through UHC that healthy people are forced to pay for others, regardless of what they suffer from. Unfortunately, UHC makes people care less about their health, as they can always access free medical care, for illnesses, such as diabetes ,or heart attacks, which mostly depend on the lifestyle led. Thus, healthy people pay for those who have no interest in how they will prevent getting ill. Other than that, there is a risk that doctors will be overwhelmed by the great number of people asking for medical care. In order to make ends meet, some might resort to reducing the quality of their diagnosis and therapy. Finally, UHC requires a lot of budget to be effective, which perhaps needs to be invested in other issues the country needs to alleviate.

Universal Health Coverage Requirements

Universal Health Coverage is a major step towards the amelioration of healthcare systems, which is why specific parameters need to be considered. First and foremost, the country needs to be able to respond to the most vital of health issues arisen, through informing citizens how to prevent diseases from infecting them, achieving high-quality diagnoses, being capable of eliminating the infectious agent, as well as consoling and encouraging the patient. In order to achieve the above, countries need to be equipped with the latest-technology machines, alongside having experienced and sensitized doctors. Finally, education should also refer to how citizens can act preventively, concerning the prevalent diseases in each country.

Universal Health Coverage Financing



The financial aspect of the UHC achievement is one that may not be theoretical, as each country is on a different financial level, thus each country should adjust the UHC finance, depending on their current financial and political system. In other words, financing the achievement of Universal Health Coverage uncovers some global inequalities, as some developing countries need more resources than the greatly-developed ones.

Regardless of the economic situation in any country, there is a specific measure they should implement. OOPs should, namely, be greatly reduced and replaced with taxation on the social layers that can afford it. As a result, all social layers will be provided with the most important of health services, regardless of whether they can afford it or not.

It is a matter of fact that individual health savings accounts add another difficulty to the process of reaching UHC. Through these, families can save some money, which can be later used to pay for unexpected and emergency hospitalizations. Unfortunately, only contributors can access the money saved, thus they cannot pay for the poor's medical care and UHC is not actually reached.

Finally, health financing mechanisms can be split to two categories, whose efficiency in attaining UHC will be evaluated. The first one refers to Voluntary Health Insurance (VHI), which involves people being free to choose if they will pay some money in regular intervals, in exchange for the insurance company to pay for their healthcare costs. Those are divided to two sub-categories; commercial (for profit) health insurance and community-based (not-for-profit) health insurance, which are handled by private sector companies and non-governmental organizations respectively. Both have a serious drawback. VHI markets tend to exclude coverage from specific medical issues, and/or feature “premiums” for populations, that risk to reduce the markets' benefits. As a result, UHC cannot be established. In fact, countries using VHI as their primary financing mechanism have never been able to touch UHC. On the other hand, Public Compulsory Health Financing Systems feature



general taxation and charges and obligatory donations to health insurance payments. These donations depend on the person's social layer, therefore pave the way for UHC, as the poor pay less than the rich persons, in order to be medically protected. In other words, the Public Compulsory Health Financing Systems are effective, efficient and equitable. They are effective, because enough money is invested in healthcare, while the rich pay more than the poor. They are efficient, because they require lower administration costs than the VHI and because the taxes increase as more people get formally employed. To conclude, they are equitable, because these obligatory taxes are the sole way to redistribute health resources, in a way that poor people will also be subject to the appropriate medical care.

Public and Private Governmental Involvement in Healthcare

Every government is actively involved in its country's health system, as it is the central collector for funds, concerning health. More specifically, the government can get involved either in a Public, or a Private way.

On the one side, Public Involvement refers to two categories. The first is systems exerting great and universal control of all the system's aspects, which is applied in Great Britain, the Scandinavian Countries and the former Soviet Union. The second is systems that limit their control to financing. The advantage both systems present is their ability to guarantee a successful Universal Health Coverage.

On the other side, Private Involvement means that financing depends on each insurance company and resources provider. Smart and successful professionals dominate, as they are free to choose who they will serve and how much they will charge. The United States of America feature this very system, which is one reason they are yet to include Universal Health Coverage in their healthcare system.

List of all countries having Universal Health Coverage

Universal Health Coverage Around The World

Australia	1975	Italy	1978
Austria	1967	Japan	1938
Bahrain	1957	Kuwait	1950
Belgium	1945	Luxembourg	1973
Brunei	1958	Netherlands	1966
Canada	1966	New Zealand	1938
China *	2009	Norway	1912
Cyprus	1980	Portugal	1979
Denmark	1973	Russia *	1996
Finland	1972	Singapore	1993
France	1974	Slovenia	1972
Germany	1941	South Korea	1988
Greece	1983	Spain	1986
Hong Kong	1993	Sweden	1955
Iceland	1990	Switzerland	1994
Ireland	1977	UAE	1971
Israel	1995	U.K.	1948

FIGURE 2: On the left columns are written the countries providing Universal Health Coverage, while on the right is the date when they achieved this provision.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

United States of America (USA)

The United States of America were one of the factors that influenced other European countries to introduce healthcare and, eventually, UHC, yet, America does not have Universal Health Coverage. Strangely enough though, in 2015, the USA spent the most capital in health care and remains a rich industrial country. The first reason for this is the private sector's domination,

which does not support equalities in the domain of healthcare. Although the majority of the American citizens do consider healthcare to be a basic human right, the American culture is more of an idealistic one, that sets “I”, before “We”. As a result, the American healthcare system is greatly limited and, more specifically, to those who have an insurance. Only through monthly insurance fees it is that an American guaranteed to be taken care of when sick. Finally, UHC in USA has long been rejected, as this notion was said to be inspired by the former Soviet Union.

In 2010, The Patient Protection and Affordable Care Act (Obamacare) was voted. According to this Act, healthcare services cannot be denied to insurers, while the process of getting an insurance became easier. As a result, eleven million more people got insured. Yet one thing remains certain. The healthcare debate in America is bound to continue.

Democratic People’s Republic of Korea (DPRK)

The North Korean health system was designed to set the basis for a successful socialism and was said to have been established by 1960. It was supposed to provide diagnosis, hospitalization and preventative advice for free and no village should be left without a doctor. Nevertheless, this system could actually be characterized by a fragile healthcare system that fails to address the appropriate needs of its citizens. This is because the DPRK has an unstable economy. More specifically, in 2009 the DPRK spend the least capital in healthcare. Another prevalent issue in the DPRK is corruption. For instance, doctors tend to charge their patients, or else they refuse to aid them. Even so, the life expectancy of the North Korean has been decreased by a decade. Finally, DPRK faces the issue of propaganda, as the Supreme Leader Kim-Jong-Un tends to visit hospitals, pretending to offer instructions for better-quality healthcare.

FIGURE

3:DPRK's leader enters the hospital's hallway surrounded by nurses, doctors and children, unwilling to let go of him.



France

France's healthcare system has been globally recognized as one of the best healthcare service providers in the world. It includes both private and public hospitals, offering medical care to anyone, regardless of wealth, age, or social layer. France is also concerned on how lower income countries will gain access to UHC. As a result, over the 2010-2013 period, France funded the "Providing for Health Network" (P4H) with 2 million euros. Fortunately, the action seemed to benefit Brazil, Chile, China, Mexico, Rwanda, countries that were suddenly able to invest in the healthcare domain.

Russian Federation

Although the Russian Federation does provide Universal Health Coverage, its healthcare system has suffered great criticism. Russia lacks a

stable organization, namely fundamental medical equipment and medical training. As a result, only 2% of the population claimed satisfied with the medical care in Russia, according to a relevant survey in 2016. In general terms, the Russian Federation is having trouble proposing actual UHC, because of the many inequities in its region, such as the discrimination against the LGBT community, whose rights the Russian Federation has always been skeptical about. However, Russia has made progress in the healthcare it provides. Namely, countering AIDS was and is a process greatly invested in and the number of maternal and infant deaths in Russia has been harshly decreased.

Germany

Germany played a significant role in paving the way for UHC to be globally achieved, as it was the country that first introduced the Social Health Insurance System (SHI), in 1883. Bismarck proposed this new system, as a means of countering the Social Democratic Party's (SDP) influence to the lower social layers, such as the workers. Therefore, the SHI provided free healthcare of quality to those very layers. Eventually, all German were intended to get included. The introduction of the system is also explained by Germany's industrialization and Bismarck's wish to further evolve his country, after the increase of 50% its GDP has met between 1850 and the introduction of the SHI. In 1941, Germany finally established UHC, having set the basis for all countries to do so.

China

China has a long history of actions towards the achievement of UHC, both successful and failed ones. In 1949, when the Chinese Communist Party came into force, a typical Communist healthcare system was created that prioritized decent quality care and preventative measures. Until the 80s, the aforementioned system was extremely successful in delivering appropriate healthcare, thus increasing the life expectancy to 68 years from 45. However, the new reform in 1978 reverted the public governmental involvement in healthcare to private, meaning a further decrease in the quality of healthcare



delivered. It was not until 2003, when China once again shifted its system to a public one and reached UHC in 2009.

Less Economically Developed Countries (LEDCs)

It is truly encouraging to witness many LEDCs' attempt to try and reach UHC, by offering health services to a vaster population and by using adequate technology to prevent any form of fraud in the system. For example, 75% of the population of Rwanda and the Philippines are actively involved in health insurance programs. More countries have taken the first step towards the establishment of UHC, namely Mali, Kenya, India and Nigeria. In such cases, appropriate funding is of outmost importance, which mostly comes from doctors, or donors, In order to alleviate the threat of common viruses, such as malaria, or AIDS. Overall, many LEDCs are trying to reform their system-UHC orientated, each examining in the case on its own merits, depending on their culture, population and financial situation.

World Bank

The World Bank relies on Universal Health Coverage to put an end to extreme poverty and to achieve equality and ,as a result, better quality of life. The World Bank has also done adequate research. Unfortunately, according to their research, only 50% of the population has access to medical care, while one hundred million people confront poverty! In December 2017, the World Bank together with the World Health Organization, the United Nations' Children Fund, the Government of Japan and Japan International Cooperation Agency (JICA) set up a forum with UHC being the main discussion point. The aim was to achieve UHC faster and learn how to respond to epidemics.

International Alliance of Patient's Organization (IAPO)

IAPO is a global alliance that represents all patients, inflicted by a disease in the world. Their goal is a patient-centered healthcare, with the key to achieving that being the UHC. It is through this kind of healthcare, that high-quality medical care can be offered to all patients, as said in the 6th Global Patients Congress. Namely, patients and patient groups realize "that achieving



universal health coverage is a necessary condition to build sustainable and prosperous societies. To achieve this, universal health coverage must be patient centric, and patients' organizations and groups are in a key position to suggest what patient centricity entails in this regard.”⁶

UHC2030

It was 2016 when the International Health Partnership (IHP), founded in 2007, was reformed to respond to the newer situations concerning health. Its successor, namely UHC2030, is an international movement, that promotes collaboration, mostly at international level and wishes to merge politics with the notion of transparency and accountability, in order to achieve UHC. Its members can reach UHC through constructive dialogue and policy reforming, while the progress of theirs will be responsibly supervised.

Center for Strategic and International Studies (CSIS)

The CSIS is a non-profit international policy institution, which was founded in 1962 in Washington and has shown great interest for the achievement of UHC. It, namely, advises low- and middle- income countries how their health system will be properly strengthened and financed. The United States of America's role and policy on the topic is also evaluated and given directions on how the vital good of health will be realized.

World Health Organization (WHO)

As an organization striving for the best quality of health services possible, UHC greatly concerns WHO and its actions. As a result, WHO tries to achieve UHC through funding, namely, through raising and pooling funds, or through determining the HBP.

⁶ “Universal Health Coverage.” *Patient-Centred Healthcare | International Alliance of Patients' Organizations*, www.iapo.org.uk/universal-health-coverage.

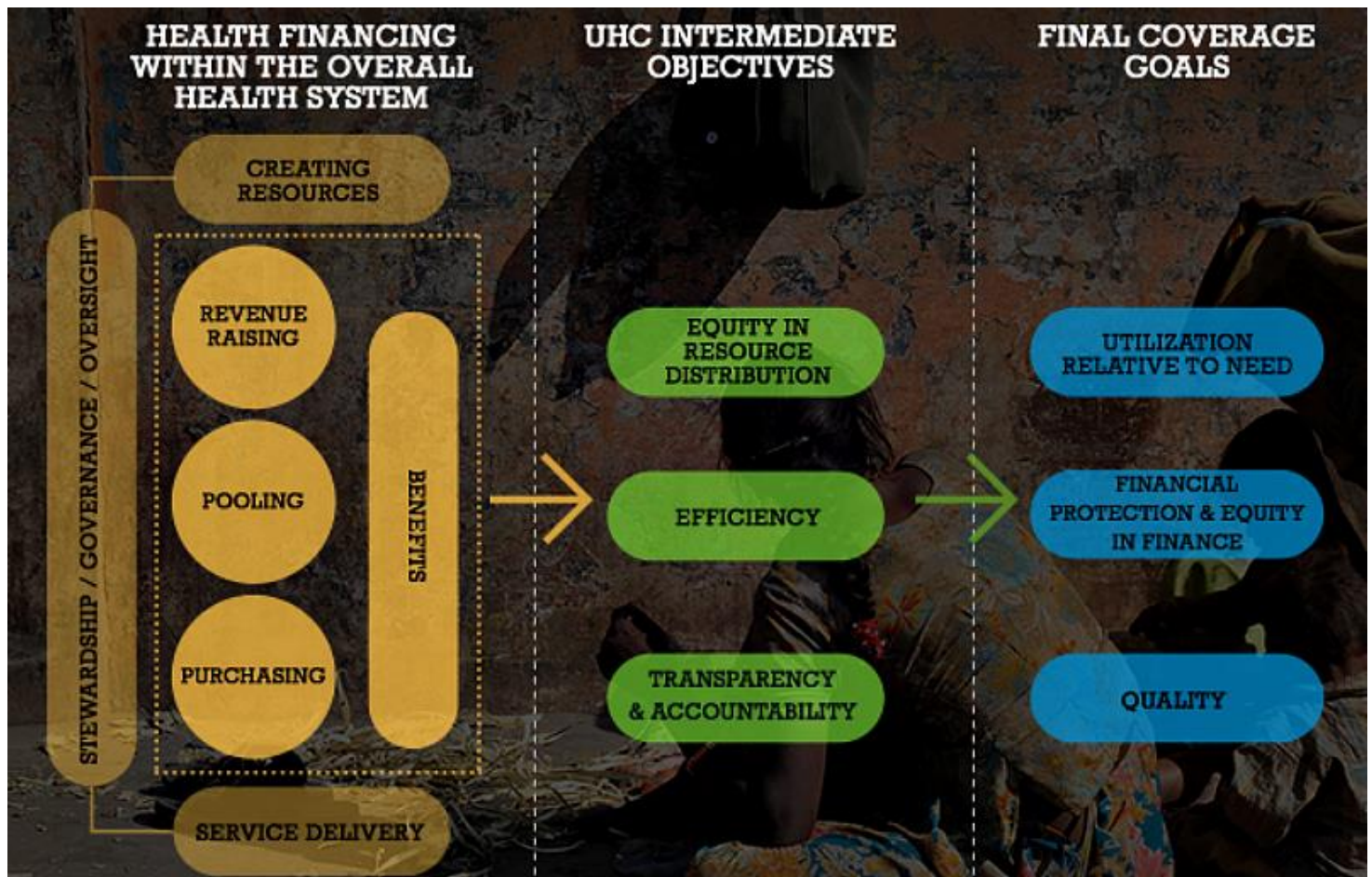


FIGURE 4: Details on WHO's funding strategy

TIMELINE OF EVENTS

Date	Description of Event
1637	American soldiers receive medical care for the first time
1776	The Continental Congress provides pensions for injured

CGS MUN

	soldiers of the Revolutionary War
Early 19th century	Several attempts are made to introduce a federally funded program
Late 19th century	Advances in biology
1883	First social health insurance system, namely in Germany
1912	The era of UHC adoption begins with Norway
1921	The discovery of Insulin
1930	President Hubert Hoover establishes the Veterans Administration
1948	WHO Constitution of 1948: Health declared as a fundamental right
Mid-20th Century	The discovery of antibiotics
1960	Capital invested in healthcare is universally increased
1978	The domain for UHC is set through the Alma-Ata Declaration
2009	DPRK spends the least capital in healthcare
2010	“Obamacare” is voted
2011	UHC Partnership is created
2015	USA spends the most capital in healthcare
2017	Forum on UHC is set

UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

- Sustainable health financing structures and universal coverage (WHA64.9 Agenda item 13.4 24 May 2011): The World Health Assembly urged all Member States to strive for Universal Health Coverage, by



cooperating with other health-financing organizations, when given the chance to, and by promoting transparency and accountability. The Director-General was also requested to cooperate with other UN bodies as well and to offer countries developing their UHC the appropriate technical support.

- **Sustainable health financing, universal coverage and social health insurance (WHA58.33):** The World Health Assembly urged all Member States to ensure that external funds for healthcare are managed in an appropriate way for the health system to be benefited as a whole. Member States were also urged to introduce UHC according to their current financial, sociocultural and political situation. The Director-General was asked to cooperate with the World Bank, aiming to provide information on how funding affects financial stability. Finally, he was asked to provide technical support to Member States, so as for their healthcare system to be enhanced, while relevant data and measures will be considered to maximize the Member State's benefits after UHC has been reached.
- **67/81. Global health and foreign policy (Agenda item 123, 12 December 2012):** This resolution adopted by the General Assembly stresses out the links between healthcare and foreign policies and urged governments to acknowledge the health situation in their country and reshape their policies accordingly. Governments were also encouraged to achieve UHC, as a means of achieving the Millennium Goals. Finally, the Secretary General was asked to track country's actions concerning the establishment of UHC and submit them in form of a report to the General Assembly.

In December 2017, the United Nations General Assembly also voted two resolutions that support Universal Health Coverage. The first



selected the 12th of December to be the Universal Health Coverage Day. The second one noticed the need of partnership, with organizations and movements such as UHC2030 for UHC to be achieved. However, it was made clear that sustaining UHC still requires a lot of action to be done.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

The European Countries are also playing a significant role in the attempt to reach UHC. In 2011, the European Union united with the WHO, creating the Universal Health Coverage Partnership (UHC Partnership). It consists of 28 countries, with 17 more having requested to join. While UHC2030's actions are mainly international, the UHC Partnership focuses on how national policies can be reformed for UHC to be accepted. Information on possible strategies and financing plans is provided as well. Constructive dialogue between the Partnership and countries is the essence, as it is through dialogue that its members can learn to respond to health crises and adjust their policies to the respective situations. The EU and the WHO also need to achieve adequate timing for the very same reason. For instance, the UHC partnership has played an important role in responding to the Ebola Outbreak in 2014. Since 2012, the EU has contributed 51 million dollars to the Partnership. Finally, another 13.2 million dollars were contributed by Luxembourg and Ireland, that joined the UHC Partnership in 2013 and 2017 respectively.

POSSIBLE SOLUTIONS

During the drafting of the resolution, it is essential for all delegates to decide if Universal Health Coverage will be reached, considering all aspects and requirements mentioned, but taking into account the role of several organizations and their country's policy as well. Delegates should make sure to examine, evaluate and possibly reaffirm passed resolutions on the topic. Other than that, it is fundamental to ensure that the quality of achieved UHC is



decent enough. In other words, UHC should be practically achieved, not just theoretically. This can be ensured through collaboration with international institutions and the UN, which can keep track of the quality of UHC and provide relevant feedback to countries, hoping to establish UHC. In addition, UHC needs constant refreshment, which means that the government's actions need to be subject to accountability and transparency. The importance on collaboration between national governments, as a means of ensuring health access to patients without any form of discrimination, should also be remarked. Finally, the house should keep in mind that UHC favors global health equalities and universal access to an officially declared human right.

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