

**Forum:** World Health Organisation (WHO)

**Issue:** Debating Strategies to Provide Equitable Healthcare Services for All

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## Introduction

The pursuit of equitable services for all has become an imperative in today's healthcare landscape. The debate over strategies for achieving this ambitious goal is both timely and critical. As countries grapple with systemic issues and disparities in healthcare access, the need for comprehensive strategies has never been greater. This report navigates the complex intersection of policy, resource allocation, and inclusivity, with the goal of not only correcting existing imbalances but also establishing long-term frameworks that ensure universal access to healthcare services. The fact that a sizable section of the general population either cannot afford necessary healthcare services or experiences financial hardships after receiving medical care is one of the biggest issues facing many nations. Decades of discussion have gone into "Ensuring Universal Healthcare Access," but it is still a topic that is very relevant for MEDC's and LEDC's alike. Non-universal healthcare leads to unequal access to healthcare services, as a person's ability to receive medical care becomes contingent on their financial status or insurance. Administrative inefficiencies are also a common issue, with the complexity of multiple insurance providers and varying policies adding layers of bureaucracy and driving up administrative costs. Moreover, nonuniversal health care can be far more expensive in rural areas, and there can be a lack of qualified doctors overall.

The main individuals affected by a non-universal healthcare system include those who do not have health insurance or have limited coverage health insurance as some cases may delay or refuse necessary medical care due to costs. Low-income families may struggle to make enough to cover basic needs let alone healthcare costs. Undocumented immigrants can face barriers to accessing healthcare services. And

lastly, governments of countries as there can be a lack of resources or funding which is what is currently happening in the UK to the NHS.

## Definition of Key Terms

1. **Equitable:** Treating everyone fairly and in the same way (Cambridge Dictionary)
2. **Contingent:** A group of people representing an organisation or country, or a part of a military force.
3. **MEDC:** Abbreviation for More Economically Developed Countries, used to characterise countries that have high life expectancy, access to essential amenities, access to education and high disposable income.
4. **LEDC:** Abbreviation for Less Economically Developed Countries, used to characterise countries that have low levels of income and face severe structural impediments to sustainable development (United Nations).
5. **Bureaucracy:** A body of government officials who are not elected but form an administrative policy making group.
6. **NHS:** Abbreviation for the National Health Service, based in the United Kingdom that provides free medical treatment for everyone and is paid for by the government.

## Background Information

The World Health Organization (WHO) Constitution (1946) proclaimed that “the highest standards of health should be within reach of all, without distinction of race, religion, political belief, economic or social condition. By using goals like the SDGs (Sustainable Development Goals), specifically Goal 3 Good Health and Wellbeing, there is an international ranking and standard of healthcare that can be implemented and monitored across the globe. Goal 3.8 explicitly states to “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” (UHC). In previous years, there have been countless efforts from numerous organisations such as World Health Organization's Health for All by the Year

2000 (1977) which aimed to attain a state of health by the year 2000 that will enable every individual to lead a productive life in both the economic and social aspects. Even though the initiative's specific goal was not achieved, it made clear how important it is to have high standards for health equity. Some other examples of previous efforts to achieve equitable healthcare are the Health Equity in the European Union Initiative (2000s) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (2002). While not directly related to equitable healthcare, by concentrating on illnesses that disproportionately affect vulnerable populations, the fund helped to address health disparities especially prominent in LEDCs.

### Current Situation

In recent years, as technology advancement continues to connect people all over the world, the goal to make quality healthcare equitable for all is more attainable than ever before, through convenient access to patient histories, AI in surgeries and medicine to increase surgery success and recovery rates. In fact, A 2023 survey by Garter and DocuSign found out that 85% of health equity leaders believe in digitising healthcare tools that lead to increase in patient trust.

#### Healthcare Access and Quality (HAQ) Index 2023

Country	Index Score (0-100)
Singapore	86.9
Germany	81.4
Dominican Republic	70.6
India	66.2
South Africa	59.9
Sierra Leone	48.3
Central African Republic (CAR)	32

The extent to which people are healthy and have access to the resources they need to maintain their wellbeing is gauged by this HAQ Index. Ranked from 0 (worst) to 100 (best), factors involved into the total percentages listed above for each individual country include mortality rates, illness and risk factors, health systems, and health outcomes. According to their health index score, the countries are ranked in terms of their health and health systems globally in 2023. The highest ranked country in the world is Singapore, with an index score of 86.9 and the lowest index score being Central African Republic (32). These countries are just some examples of how access to equitable healthcare differs across the world as of 2023.

### ***Global Standing Now***

The state of healthcare in the world today is characterised by both advancements and difficulties. There are persistent disparities, including unequal access to high-quality healthcare, the effects of the COVID-19 pandemic, and ongoing difficulties with healthcare financing and workforce shortages, despite the fact that many countries have made progress in addressing infectious diseases, improving access to healthcare, and developing medical technologies. With cooperative efforts and long-term healthcare policy, the international community is still working towards attaining universal health coverage, bolstering public health infrastructure, and tackling new health risks.

## **Major Parties Involved and Their Views**

### **Canada**

All Canadian citizens and permanent residents have universal access to essential medical services through Medicare, a publicly funded healthcare programme. Key features include public funding, universal coverage (designed to be inclusive) and private healthcare options available. However, Canada's healthcare system faces issues like extended wait times in clinics and the need for constant investment into healthcare infrastructure and equipment.

## **United Kingdom**

The National Health Service (NHS) is the name of the publicly funded healthcare system in the United Kingdom that provides medical services to all its citizens. Key features include universal access to basic healthcare, specialised services from emergency care to special treatments, prescription medication coverage and developed healthcare administration. However, the NHS faces some challenges including budget constraints, being understaffed and increasing healthcare demands (supply issue).

## **Japan**

The foundation of Japan's healthcare system is built on social health insurance, universal coverage, and a significant emphasis on preventive treatment. It is renowned for being effective, easily accessible, and able to meet the healthcare requirements of an ageing and diverse population. However, because of Japan's vast elderly population, this is leading to increased healthcare demands and usage of hospital equipment, where workforce shortages are becoming a problem, especially in rural areas.

## **United States**

The United States especially has gone through some significant shifts in healthcare system and management in recent years, as private health care is primarily focused on rather than universally accessible (equitable) healthcare. This means that millions of Americans remain uninsured and unable to purchase basic tools like EpiPens, costing around \$300 for just one, leaving many people vulnerable to thousands of dollars in debt to try to pay off mounting hospital fees, along with social and ethnic disparities in terms of access to healthcare.

## **Singapore**

Singapore is currently ranked the best healthcare system in the world according to the HAQ Index (see above) because of multiple features, including the Central Provident Fund (CPF) that all Singaporean citizens contribute a portion of their income to be used for healthcare finances, promoting independence and self-management of financial situations. Singapore also has a mix of public and private healthcare providers,

so there is a choice for those who can't afford private healthcare. However, Singapore faces some issues with an ageing population (much like Japan), leading to rising healthcare costs and the struggle to promote healthy living styles.

## China

China's healthcare system has made significant progress in expanding coverage and improving access to medical services, some key features including universal coverage, access to public hospitals, the choice between Traditional Chinese Medicine (TCM) and Western Medicine as well as a growing healthcare network. However, there are some issues of uneven distribution of resources, as the majority of high-tech equipment is focused in urban areas, preventing rural areas from receiving urgent help efficiently. There is also a question of quality of healthcare service in rural areas, especially with overcrowding of hospitals in congested urban areas.

## UN Involvement, Relevant Resolutions, Treaties and Events

Below are some examples of past resolutions and declarations within UN bodies about equitable healthcare, many more resolutions are to be found using the bibliography down below.

- Universal Declaration of Human Rights, 1948 (**A/RES/217 III**)
  - Adopted in 1948, the UDHR serves as a global framework for promoting and defending human rights, it lays out a common standard of fundamental freedoms and rights for all people, irrespective of their nationality, ethnicity, or other distinctions. It emphasises and tackles issues of justice, freedom, and respect for all people, including access to healthcare.
  - While the UDHR is not legally binding, it has inspired countries all over the world and over 80 human rights treaties. It also creates a basis of the fundamental values. Furthermore, it has had a major influence on the development of international human rights.

- Alma-Ata Declaration, 1978 (**A/56/27**)
  - Alma-Ata, a key public health declaration adopted in 1978, promotes "Health for All" by emphasising basic healthcare as a crucial first step towards attaining universal health coverage. To enhance global health outcomes, it highlights the significance of community engagement, readily available, reasonably priced healthcare, and international cooperation.
  - While this declaration had quite a lot of initial enthusiasm, its impact to declined in the early 1990s.
- International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966) (**A/RES/2200A XXI**)
  - The ICESCR is a United Nations convention outlining and defending peoples' basic rights to culture, economy, and society. It was adopted in 1966 and encompasses a number of rights, including the right to employment, education, health care, and an adequate wage.
  - Whilst not directly addressing pandemic prevention, as this resolution holds health standards to the highest degree, it would indirectly influence nations to combat pandemics as they are a major threat to health worldwide.
- World Health Assembly Resolution on Universal Health Coverage (2012) (**A/RES/74/2**)
  - Member states were urged by this resolution to take steps towards Universal Health Coverage (UHC). It underlined how crucial it is to ensure that no one experiences financial hardships in order to obtain the health treatments they require.
  - This resolution was considered a historic milestone as it enabled all countries to prioritize the resources and legal frameworks to take steps towards UHC.
- World Health Assembly Resolution on Access to Medicines (2017) (**A/RES/70/20**)

- o The necessity for member nations to provide equitable access to basic medications was underlined in this resolution. It acknowledged that one of the most important aspects of healthcare equity involves having sustainable and affordable access to medications.

## **Possible Solutions**

### **Global Collaboration and Aid**

Achieving the goal of equitable access to quality healthcare for all is not just one country's problem, but a global one. Global healthcare equity can be attained through cooperating internationally and expanding healthcare aid. This entails MEDCs supporting the development of healthcare facilities in less developed areas, exchanging medical knowledge, and securing the worldwide supply of necessary drugs and vaccinations. Such cooperative efforts can address health inequities across nations and regions and break the wealth disparity that prevents millions of people from accessing basic medications.

### **Community-Based Healthcare Initiatives**

Major impacts start small, and there is no better place to start than in our local communities. By interacting with communities, learning about their particular healthcare requirements, and offering specialised treatments. We can alleviate local healthcare inequities first. In order to provide basic healthcare services, advance health education, and encourage preventive measures within communities, community health professionals can be extremely important in delivering these factors.

### **Data Collection and Analysis of Vulnerable Populations**

Gather and evaluate medical data from Medical Universities and the WHO in order to find discrepancies in health outcomes between various populations, especially vulnerable populations in LEDCs struggling to access basic healthcare equipment.



Targeted initiatives and policy changes to address certain healthcare disparities can be guided by this information, to figure out the best solution to provide these strategies.

## **Mobile Clinics and Outreach Programmes**

By using outreach initiatives and constructing mobile clinics, we can provide direct access to healthcare services for underprivileged areas. These programmes can reach populations with limited access to traditional healthcare facilities by offering screenings, vaccinations, and basic healthcare services, and can be situated in conflict areas so that civilians cut off from basic healthcare still get the care they need.

## **Culturally & Linguistically Diverse Workforce**

To be able to provide equitable healthcare access for all over the world, educating healthcare professionals to be attentive to the varied needs of the community they serve and to be culturally competent is an important part of understanding the medical and social needs of the communities the workforce is working with, and that the language the workforce is conversing with can be understood and reach out to as many people as possible.

## **Bibliography**

### **Useful Links**

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