Forum: World Health Organization (WHO)

Issue: Addressing the issue of poor health financing in the light of the pandemic

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Introduction:

Health finance is a critical component of health-care systems that can help move us closer to universal health coverage by enhancing service coverage and financial security. Currently, millions of individuals are unable to use services owing to the high cost. Even when they pay out of pocket, many others receive terrible care. Health funding strategies that are carefully conceived and executed can assist to solve these difficulties. Contracting and payment arrangements, for example, might promote better care coordination and quality; timely and sufficient transfer of cash to providers can assure appropriate personnel and medications to treat patients.

The WHO's approach to health funding is centered on the following fundamental functions: (1) Increasing revenue (sources of funds, including government budgets, compulsory or voluntary prepaid insurance schemes, direct out-of-pocket payments by users, and external aid), (2) pooling of resources (the accumulation of prepaid funds on behalf of some or all of the population), and (3) acquisition of services (the payment or allocation of resources to health service providers).

Different societies around the world will be disproportionately and unequally affected by the pandemic. In terms of food insecurity, the health crisis in Central America, sections of the Andes, and Brazil's northeastern area exacerbates and accelerates the growing risk of starvation. Due to climate change, these areas are more vulnerable to declining food production.

Furthermore, due to historically set structural flaws, the developing and poorest countries have a low reaction capacity (social and economic). During the COVID-19

pandemic, these flaws will have a significant influence on their health systems, which will undoubtedly bear the brunt of the consequences.

Definition of Key Terms:

1. **Health finance:** how financial resources by the government are allocated to guarantee that the health-care system can appropriately meet everyone's health-care demands, and is affordable for different groups in society
2. **Health and health care disparities:** Health and health-care disparities between populations are the result of larger inequalities.
3. **Health equity:** individuals reaching their optimum level of health through eliminating health and health-care inequities.
4. **Essential workers:** people that perform a variety of operations and services in industries that are crucial to maintaining critical functions.
5. **Poverty:** a state or condition in which a person or a community lacks the financial means and necessities for a basic standard of living.

Background Information

COVID-19's unequal effects

While the health crisis isn't new, the COVID-19 pandemic's unequal effects have exacerbated the need for stronger healthcare systems and more resources allocated to this market. As a result of an increase in police brutality, in addition to a recent increase in Asian hate crimes have led to the media emphasizing health care inequities. These Health and health-care inequities are not new. They have been recorded for decades and indicate that they are a result of systemic racism and discrimination. Addressing these imbalances could help to minimize the COVID-19 pandemic's unequal effects and prevent future health disparities from increasing.

For vulnerable countries, the health-care crisis and pandemic's societal costs have proven to be extremely severe. The Economic Commission for Latin America and

the Caribbean have cited a major economic crisis with a 1.8–4% drop in gross domestic product and a significant increase in poverty in the area, which may reach roughly 209 million people. These figures have a direct impact on the extent of food insecurity and the demand for health care.

Poverty and healthcare access

Poverty and healthcare access, for example, are interwoven and have a substantial impact on people's health and quality of life. Racial and ethnic minorities are overrepresented among important workers and industries, possibly contributing to COVID-19 racial and ethnic health inequities. "Essential workers" are people that perform a variety of operations and services in industries that are crucial to maintaining critical functions, such as keeping us safe, assuring food availability at markets, and caring for the ill. The vast majority of these workers are members of and live in COVID-19-affected areas. Due to the nature of their profession, essential employees are at a higher risk of contracting COVID-19, and they are disproportionately representative of racial and ethnic minority groups.

Examples of Current Situations Globally

Singapore

Singapore's healthcare system is world-class and does not suffer from health care financing like the rest of the world. However, it is also being stretched to its breaking point. The Singapore COVID multi-ministry task force has continued to implement COVID-19 measures as they believe that the healthcare system faces a "considerable risk of... being overwhelmed".

To accommodate the growing number of Covid-19 patients, hospitals have postponed follow-up visits and elective surgeries, resulting in a backlog that will take months to clear. Furthermore, rather than resorting to tighter regulations, Singapore has chosen to retain its stance, which, according to Professor Teo Yik Ying, dean of the Saw Swee Hock School of Public Health, is one indication of where the country stands.

United States

Health disparities among racial and ethnic minorities in the United States take numerous forms, including greater rates of chronic disease and early death as compared to whites. It's worth noting that this pattern isn't ubiquitous. Some minority groups, such as Hispanic immigrants, fare better than whites in terms of health. However, as time passes in the United States, the "immigration paradox" appears to fade. Disparities in other measures have narrowed, owing to reductions in the health of majority groups rather than improvements among minorities. White girls, for example, have had higher death rates from suicide and alcohol-related disorders.

Mexico

The data from the Mexican Health and Human Services agency suggests that Indigenous peoples in Mexico had a higher risk of death from COVID-19, especially outside the hospital, based on this large sample of COVID-19 patients. These findings imply that during the COVID-19 pandemic in Mexico, Indigenous peoples had less access to care than non-Indigenous people.

Nigeria and Ethiopia

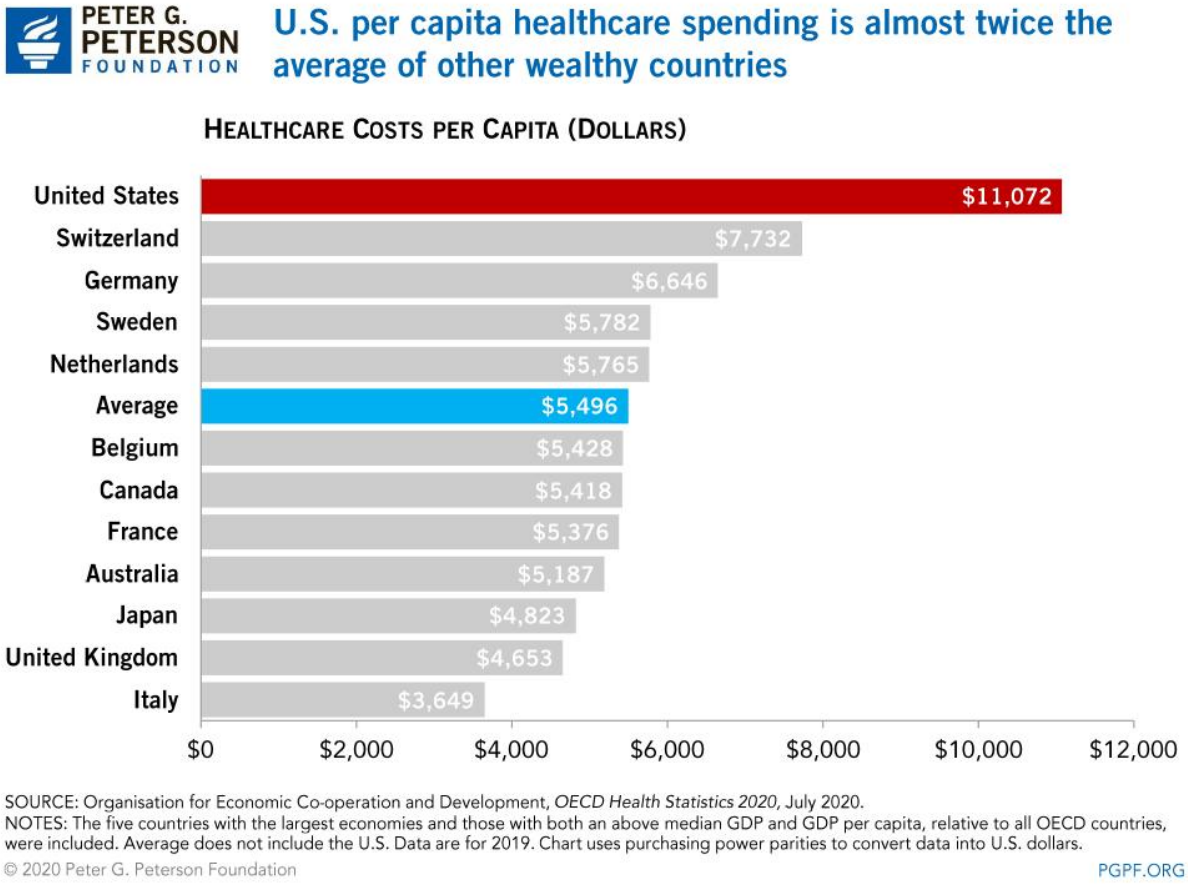
The predicament in Nigeria, an oil-rich country with a population of roughly 50 million people, is concerning. In Nigeria, health inequities affect the distribution of water and hygiene services among the poor, which can have a disproportionate impact on public health outcomes during a pandemic like COVID-19. Ethiopia is another country with horrific health disparities, with 43 million people lacking access to handwashing facilities.

Major Parties Involved and Their Views

United States

Because of the prevalence of activity-based payment systems, limited direct governmental control over available provider capacity, and the structure of governmental financial assistance, the negative financial consequences on health care providers have been more severe in the United States than elsewhere. See bar chart below for a comparison of how the exorbitant healthcare costs in the United States compare with other countries. In response to this,

President Joseph R. Biden and the United States Congress have been working on passing a set of infrastructure bills named the “Build Back Better Act” to alleviate such strains on the health care sector.



United Kingdom

The National Health Service is England's national health-care system, which is free to all British residents. Clinical commissioning groups and particular health care services are funded directly by the NHS. Clinical commissioning groups have contracts with public hospitals, and the majority of reimbursement is based on nationally established rates, and specialists are NHS salaried workers. This allows the United Kingdom healthcare system to be effective, and overcome many of the obstacles in healthcare financing.

World Health Organization (WHO)

COVID-19 was declared an international public health emergency by WHO on January 30, 2020.

As a result of the WHO's handling of the COVID-19 pandemic, the organization has implemented measures to strengthen its ability to combat future epidemics and improve the health of the hundreds of millions of people currently living in severe poverty. Reforms may be hampered, however, by a stiff bureaucracy and an increasingly difficult budget. Meanwhile, the 2020 coronavirus pandemic has emerged as a major issue for the health service, prompting new questions about its effectiveness.

European Union

The European Union (EU) has taken a plethora of measures to overcome healthcare disparity, funding, and affordability.

- make it easier for patients to move from one Member State to another
- allowing competent medical personnel to assist people in other EU nations
- lessen the strain on national health systems caused by the pandemic
- prepare for cross-border patient mobility
- provide the steps for reimbursing medical expenses.
- Encourage national governments to make use of bilateral and regional agreements that already exist.

UN Involvement, Relevant Resolutions, Treaties and Events

Previous United Nations resolutions on healthcare affordability (not necessarily specifically pertaining to COVID-19 itself) includes:

- Graduation of Vanuatu from the least developed country category, 30 November, 2020, A/75/L.14/Rev.1
- United Nations Decade of Healthy Ageing (2021–2030), 8 December 2020, A/75/L.47.

- Global health and foreign policy: strengthening health system resilience through affordable health care for all, 3 December 2020, A/75/L.41.

Prior to the epidemic, millions of people's health had improved significantly. Significant progress has been made in extending life expectancy and reducing some of the leading causes of infant and maternal mortality. However, additional work is needed to completely eradicate a variety of diseases and treat a variety of persistent and new health challenges. Significant progress may be made in helping to save the lives of millions of people by focusing on more effective funding of health systems, greater sanitation and hygiene, and increased access to physicians.

Possible Solutions

- Advocacy: Running advertising and advocacy campaigns that center around raising awareness for the issue of healthcare disparities in various states and regions. While advocating for the resolution of this issue may not seem like a direct resolution, it is an important solution nonetheless, because it allows for the nature and attitude of the general population towards the issue at hand to be more productive.
- Funding: Having states that have a large sum of money donate funds to states that are struggling to support its health care infrastructure. This is important because reallocation of global funds can assist struggling member states financially, especially as it pertains to their health care sector.
- Alternative focus: Have the United Nations (and have delegates write and propose resolutions) on more effective funding of health systems, greater sanitation and hygiene, and increased access to physicians.
- Prevention: The establishment of preventative measures in the future to prevent massive events that concern human health from getting out of control as seen in the COVID-19 pandemic. An example of this could be creating a task force that allows investigators to work with member states to prevent the outbreak of a deadly virus.
- Regulation: Creating sets of regulation that prohibits the exorbitant costs of health care such as price increases by insurance industries.

- Non-governmental organizations (NGOs): Empowering projects executed by NGOs such as Doctors Without Borders in an effort to provide direct aid to member states that are struggling with providing adequate healthcare.

Bibliography

Useful Links

Video on how the WHO works/what the WHO does:

- https://www.who.int/about/what-we-do

The United States' Center for Disease Control (CDC) is a great resource for learning about the way that COVID-19 is currently managed and its shortcomings in its management:

- https://www.cdc.gov/cpr/video/healthequity.htm

An interesting initiative to alleviate the strains of health care expenses which was first created for the SARS outbreak in Singapore. Perhaps, delegates may use this initiative as a foundation for proposals and programs that they create in their resolutions:

- https://www.ncss.gov.sg/our-initiatives/the-courage-fund

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