

LmunA 2023

Research report

Forum: World Health Organisation

Issue: Developing strategies to ensure equal access to healthcare for all members of society, regardless of their political or social views

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Introduction

Healthcare is a critical part of society. It's a basic and fundamental human right which is recognised by many international agencies and is a part of many national constitutions and declarations. The concept that everyone should be able to have access, and receive healthcare regardless of their political convictions, social views, or economic status, is the cornerstone of a just and equal society. However, over the years this has proven challenging.

The issue of how to provide equitable access to healthcare for all members of society, regardless of their political or social beliefs, has assumed increased relevance in today's complicated and sometimes polarised global scene. This issue goes beyond only healthcare; it also reflects the larger society values and priorities that influence healthcare systems.

This study paper aims to investigate this complicated problem by examining the difficulties of healthcare access, the contribution of political and social ideologies to healthcare inequalities, and the methods for bridging these gaps. In order to achieve fair healthcare for everyone, it is essential to look at how political and social ideas connect with healthcare.

Definitions of key terms

Equal access to healthcare

Where everyone has the same possibilities to get timely and adequate healthcare treatments, regardless of their socioeconomic background, political convictions, or social perspectives.

Healthcare Disparities

Systematic variations in the availability of healthcare and health outcomes among communities, frequently influenced by racial, economic, educational, and geographic variables.

Political views

The collection of opinions that people have about politics, the government, and other social concerns.

Social views

Include attitudes, viewpoints, and ideas that people or groups have on societal and cultural issues, such as those involving identity, morality, and social justice, among others.

Healthcare equity

The pursuit of justice and fairness in the industry by eliminating inequalities and catering resources and services to the particular requirements of various populations.

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Healthcare Policy

The body of guidelines produced by governments or other organisations to direct the provision, financing, and accessibility of healthcare.

Healthcare delivery

The process of giving people and communities access to medical care through organisations, personnel, and systems in the healthcare industry.

Public Health

The field of study and practice that focuses on the overall health and well-being of populations, including disease prevention, health promotion, and healthcare system management.

Stakeholders

People, groups, or organisations with a stake in healthcare access and policy, such as governments, hospitals, patients, advocacy organisations, and insurers.

Healthcare Access Barriers

These are roadblocks or difficulties that prohibit or restrict people from getting the healthcare services they require. These barriers can be caused by financial, geographical, cultural, or structural issues.

Healthcare Equity Strategies

Methods and programmes designed to minimise healthcare inequities and guarantee that everyone has fair access to healthcare services.

Universal healthcare

A system that guarantees all citizens of a certain region or nation access to essential medical treatment without hindrance from cost or prejudice.

Healthcare Reform

Systematic alterations to healthcare laws, customs, and institutions with the aim of raising the availability, cost-effectiveness, and standard of care.

Community Health

The physical and mental well-being of a particular region or community, sometimes incorporating volunteer work and community-based healthcare initiatives.

Social Determinants of Health

Aspects outside the healthcare system that have a big impact on a person's health outcomes, include income, education, housing, and social support.

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General overview

Everyone at some point in their life needs healthcare, whether this is for illness, injuries or simply just a check-up. Therefore, healthcare for a very long time is seen as a fundamental human right, as it is essential to personal and societal well-being. The WHO (World Health Organisation) is the global stage where countries come to a consensus on major issues regarding health. However, obtaining healthcare for all has proven to be a challenging and continuous effort in many parts of the world. This is influenced by a number of variables, including but not limited to socioeconomic class, place of residence, race, and extent of education. Political and social beliefs may have an influence on healthcare expenditure, budget allocation, and public support for healthcare programmes, which further complicates the situation.

Understanding how these factors interact with healthcare access and coming up with solutions to ensure that healthcare remains a fundamental right that cuts across political and social divides are crucial as societies struggle with increasingly polarised political environments and diverse social beliefs.

The objective of securing healthcare for everyone is hampered by the reality that social and political considerations frequently play a substantial influence in deciding who gets access to healthcare and who does not. In the United States, where complex interactions between political ideologies and societal viewpoints have made it difficult to achieve universal healthcare access, this phenomenon may be seen in action. The political conflicts over topics like the role of the government in healthcare, the financing of healthcare services, and the scope of insurance coverage have influenced the American healthcare system, which is mainly privatised. Comprehensive healthcare reform initiatives have frequently been hampered by political polarisation, which results in coverage gaps and variable levels of access depending on criteria like income and occupation. Social perspectives on who is ultimately responsible for providing healthcare—individuals or society as a whole—additionally muddle the picture. This illustration highlights the need for considerate, inclusive, and evidence-based policy measures to bridge the gap and guarantee healthcare for all by showing how deeply ingrained social and political variables can function as roadblocks to fair healthcare access.

Major parties involved

World Health Organisation

The WHO is a specialised organisation of the UN in charge of global public health. Its main responsibilities include acting as a thought leader on issues related to global health, setting norms and standards, assisting developing nations with technical needs, and keeping an eye on health trends. The WHO is extremely important to the discussion of equitable access to healthcare since it actively promotes this as a worldwide objective. It is an important international stakeholder in this issue because it offers advice and experience to member states as they establish healthcare policies and strategies to guarantee fair access to healthcare services.

European Union (EU)

The EU is a political and economic body consisting of 27 member states in Europe. The union creates and exercises a wide range of public policies for all involved, including healthcare. The EU does these by-passing laws and setting norms pertaining to healthcare. In addition, it also has a role in coordinating and funding healthcare across member states. It is applicable at both the regional and global levels since it aids member nations in resolving healthcare inequalities and encourages the sharing of best practices to increase healthcare accessibility.

France

France's healthcare system is seen as one of the best in the world. As a member of the EU, they are very involved with actively trying to resolve and coordinate problems regarding health. The experience France has in adopting healthcare practices and policies that seek to guarantee equitable access to healthcare services for all its population makes it relevant in this context. Other nations and international organisations pursuing comparable objectives might learn a lot from France's approach to universal healthcare and its methods for decreasing inequities.

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Timeline of Key Events

1948	Universal Declaration of Human Rights
1966	International Covenant on Economic, Social, and Cultural Rights
1978	Alma-Ata Declaration on Primary Health Care
2005	International Health Regulations
2006	Convention on the Rights of Persons with Disabilities
2012	UN Sustainable Development Goals passed.
2020	Covid pandemic

Previous attempts to solve the issue

International Covenant on Economic, Social, and Cultural Rights (ICESCR): In 1966 this covenant was established by the United Nations, specifically affirming that all should be entitled to the best forms of bodily and physical health. In article 12, the right was further defined to include the provision of healthy living environments, access to healthcare services, and the prevention and treatment of illnesses.

Convention on the Rights of Persons with Disabilities (CRPD): The CRPD, which was adopted in 2006, has provisions relating to the right to health for people with disabilities. According to Article 25, everyone has the right to the best possible health without hindrance. The significance of healthcare accessibility for people with impairments might be emphasised by delegates.

Alma-Ata Declaration on Primary Health Care: This proclamation from 1978 emphasises the value of basic healthcare as a strategy to ensure everyone's health. It is particularly pertinent to talks on guaranteeing equal access to healthcare since it places an emphasis on community-based and equitable healthcare services.

Sustainable Development Goals (SDGs): Goal 3.8 was created to ensure healthy lives and promote well-being for all at all ages. This target focuses on obtaining universal healthcare for all, including financial risk protection, access to quality healthcare and for medicine and vaccines to be priced reasonably, so to stay affordable.

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International Health Regulations (IHR): These rules, which were approved by the World Health Assembly, offer a framework for nations to avoid, identify, and address risks to the global public health. As stated in the IHR, delegates might stress the value of international collaboration in tackling health inequities.

Possible solutions

Healthcare Education and Outreach Programs: Develop extensive community outreach and education programmes for healthcare. These initiatives should work to increase public understanding of healthcare rights, services that are accessible, and the value of routine check-ups and preventative treatment. Underserved populations, marginalised groups, and people with a range of political and social perspectives can all be the focus of outreach initiatives. Healthcare education and outreach can enable people to make knowledgeable decisions about their health by raising health literacy and actively involving communities. By ensuring that everyone, regardless of background, has the information and tools to access and manage the healthcare system successfully, this strategy can help eliminate inequities.

Healthcare Financing Reforms: Reforms to healthcare finance should be put in place to ease individual financial burdens and advance equal access. This may entail taking steps to increase insurance coverage, lower out-of-pocket costs, and implement sliding scale prices for healthcare services based on an individual's income. Access to healthcare is significantly hampered by financial constraints. Governments may lessen the financial burden on disadvantaged people and guarantee that healthcare stays accessible for everybody, regardless of their political or social beliefs, by restructuring healthcare finance.

Community-Based Health Clinics: Create and support neighbourhood health centres, especially in underserved and isolated locations. Primary care, preventative care, mental health treatments, and social assistance are just a few of the things that these clinics ought to provide. Geographical and financial obstacles to accessing healthcare can be addressed through community-based health clinics. They promote trust and involvement with the healthcare system by giving people of all political and socioeconomic persuasions a comfortable and accessible environment. These clinics can meet both current healthcare demands and long-term health results by providing complete services.

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Further reading

World Health Organisation (WHO) - The official website of WHO provides valuable resources, reports, and data related to global health and healthcare access. <https://www.who.int>

“Addressing health inequalities in the European Union” – a 2020 review on the health inequalities in the EU. Especially helpful for all delegates representing an EU country. [https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/646182/EPRS_IDA\(2020\)646182_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2020/646182/EPRS_IDA(2020)646182_EN.pdf)

“Universal Health Coverage: A Political Struggle and Governance Challenge” – An essay about the struggle that comes with providing universal healthcare.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4627521/>

Kaiser Family Foundation - A non-profit organisation that offers research and analysis on healthcare issues, including access and disparities. <https://www.kff.org>

The Commonwealth Fund - An organisation that conducts research and provides insights into healthcare policy, with a focus on improving access and quality.

<https://www.commonwealthfund.org>

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