Introduction

Universal health coverage is defined as ensuring that everyone, worldwide, has access to required health services, and of adequate quality i.e. to be effective. It should also not expose the consumer to financial hardship. Therefore, universal health coverage has set off to become a crucial goal for health objectives in most countries and a major aspiration for the World Health Organisation. According to the World Health Organization, every year 100 million people are pushed into poverty due to the amount they are forced to pay for exorbitant medicines and healthcare treatments.

There is absolutely no doubt that healthcare shortages have greatly devastating effects, especially in less economically developed countries (LEDCs). Nowadays, poverty, hunger and conflicts have taken control over our world, causing the rise of many serious issues, including climate change, terrorism, hunger and most importantly, access to hygiene and healthcare. However, research conducted by the World Health Organization has proven that around 400 million people worldwide are suffering from the lack of access to their basic rights and needs. All these drawbacks affect the society in diverse ways, and developing countries are affected more than developed countries since they do not only suffer from the lack of access to healthcare, but also from hunger, economic corruption and even political instabilities.

Attempting to achieve universal health coverage isn’t just a priority to LEDCs and developing countries, but also to places such as prisons and primary sector related jobs which are prone to forcing victims to live and work in unhygienic conditions, with very limited access to healthcare. For example, prisons are a high-risk environment for the transmission of Human Immunodeficiency Virus (HIV), this is due to drug use, needle sharing, tattooing with unsterile and unprofessional equipment, overcrowding and rape. Yet, still a prisoner’s wellbeing and health is often neglected and overlooked.

According to the UN, 6 million children die before their sixth birthday each year and of those, 16,000 children die each day from preventable diseases such as measles and tuberculosis. The Declaration of Human Rights has claimed that everyone is guaranteed to a system of health protection; moreover, everyone has the right to the health care they need, and to living conditions that enable us to
be healthy, such as adequate food, housing, and a healthy environment. The Declaration of Human Rights also ensures that health care must be provided as a public good for all, financed publicly and equitably. This means that hospitals, clinics, medicines, and doctors’ services must be accessible, available and of good quality for everyone where and when needed. However, this is currently not the case as hundreds upon hundreds of women die each day during pregnancy or child-birth related diseases. This is mainly because only 56% of child births are professionally carried out by actual doctors, this is primarily due to the lack of training for healthcare professions in the region. Actively, there are only 170 medical schools within the 47 countries of sub-Saharan Africa, and of these, 6 have no medical schools at all. Ethiopia only has 0.022 physicians per 1000 people as stated by the World Bank, compared to that of the UK, 2.8 per 1000 people. This insufficiency also causes various other problems to arise, such as virtually no postnatal care, which is essentially the care given to a mother during and six weeks after birth.

**Definition of Key Terms**

**Gross Domestic Product (GDP)**

GDP is the measure of all goods and services that a nation produces in a specific period of time. It indicates “the economic performance of a country.”

**Poverty**

Poverty refers to the inferiority of quality or the scarcity of materialistic resources, primarily wealth. However, it is a multifaceted concept which may encompass social, economic and even political elements.

**Egalitarian**

A principle or belief that everyone is equal in terms of their rights and opportunities. Most MEDCs are trying to achieve this, particularly regarding men and women as well as income inequalities within the social pyramid construct.

**Primary Care**

Primary healthcare is referring to professionals that are usually the first point of contact for a patient, usually via a consultation. It is the largest part of the healthcare sector in which people are most familiar with, such individuals within this area are general practitioners or general nurses. However patients may be referred to personnel within the secondary or tertiary healthcare sector dependant upon the nature of the condition.
Secondary Care

This includes acute care; crucial care needed for a brief time but for a serious condition or illness such as pregnancies. Most of these secondary care procedures transpire within the emergency part of a hospital and are carried out by professionals which are more specialized than GPs. Depending on the nation's healthcare system, patients may be obliged to acquire a referral from a general practitioner before they would be allowed to access secondary care.

Tertiary Care

Tertiary healthcare is conventionally cited as specialised consultive care and involves advanced professional treatments and services such as neurosurgery and plastic surgery. Quaternary care is an extension of this but entails highly specialised and very uncommon procedures such as experimental medicine.

Background Information

Providing access to health services for all people on a national level whilst also stipulating both preventative and curative medical care at rates that are affordable for everyone is not only part of the social responsibility of governments, but is essential for a healthy life. In many countries, this may be difficult as the access to remote areas and isolated populations poses a challenge. This catastrophe also exists in several developed countries such as the people of the Channel Islands in the UK. However, Universal Health Care should be expected to cover this and be able to accommodate for all of a country’s populace, despite such geographic challenges as well as provide sufficiently skilled
professionals for them. Furthermore, in countries without Universal Health Coverage, extortionate private healthcare costs consequence in divisions of the population living below the poverty line or having to cope with having no healthcare at all. The USA is a prominent example of this where around 44 million of their citizens have no healthcare insurance at all.

“Healthcare, a basic human right, has now become a luxury only the wealthy can afford,” the health policy advisor of Oxfam stated. This is the sad truth about today that has cost millions of lives. Oxfam is an international, charitable organisation which aims to overcome poverty. Lack of healthcare can result in devastating consequences as people may not be able to cure their potentially fatal diseases, 1.7 billion people specifically are in serious need of medical care as they require treatment for their Neglected Tropical Diseases, every year, 2 million people are diagnosed with HIV and 214 million with malaria, however they can not afford or get access to the necessary treatment.

Specifically within Articles 12, 24 and 25, the Declaration of Human Rights has apprehended the issue of healthcare however there are still approximately 1.2 billion people living in extreme poverty (less than one dollar per day) according to the World Health Organisation. Poverty may intensify already lethal diseases as it forces people to live in environments often without proper shelter, clean water and proper sanitation facilities.

On the other hand, not all lack of healthcare is due to living in poverty or the lack of accessibility to proper healthcare. 1 in 4 people in the United States refuse to buy health insurance as they cannot afford the substantially high prices. Globally, 800 thousand people commit suicide every year because they do not get the help needed with their illness.

Healthcare Financing

Most countries offer healthcare that is available to the majority of their population for free or for an infinitesimal price, regardless of their income. There are 5 main types of ways for financing healthcare systems: general taxation, social health insurance, donations to health charities, private insurance and out of pocket payments. The majority of countries have a unique blend of all 5 types but this does vary within countries and changes with time. For comparison purposes, the amount a nation spends on healthcare is usually expressed as a percentage of their GDP.

**General Taxation**

An alternative term for this is ‘publicly-funded healthcare’, this is because the resources for the healthcare system is provided by the public, through taxes. This is the most common type of healthcare finance and a prime example of this is the UK, it has implemented system called the National Health Service (NHS) which was ranked the best in the world in 2017 and is virtually
only funded by tax generated revenue from its citizens - 80%. In 2017/2018 it was reported that approximately £110 billion was spent on the NHS. Despite being called a ‘free healthcare system’, the NHS in England does in fact actually require its patients to pay for services such as prescriptions, dental care etc. In the entirety of 2017/2018, £1.6 billion was collected in the form of patient charges.

**Social Healthcare Insurance**

Social Health Insurance is a method of financing but also managing health care based on ‘risk pooling’. It collects and calculates both the health risks of the people and the government. As a result, it protects people against financial and health encumbrance and is a relatively fair method of funding health care. It may be one of the most desirable approaches, but not many LEDCs have succeeded with it and therefore most countries rely primarily on tax-funded healthcare.

**Major Countries and Organizations Involved**

World Health Organisation (WHO)

The World Health Organization was founded on 7th April 1948, they play an important role in combating diseases, ensuring access to water and sanitation for everyone. They have already undergone numerous programs and have worked with policy makers and governments. The constitution of the World Health Organisation has already been signed by 61 countries, and since its establishment, it has been a large contributor to the eradication of smallpox, and is currently trying to help exterminate ebola, HIV, malaria and tuberculosis. They are also currently trying to eradicate the transmission of water related and carrying diseases. With enough help from NGOs like these, it would allow for more LEDCs to reduce the amount of finances they spend on trying to eradicate such breakouts, and devote more into the development of a universal healthcare system which will better benefit the country in the long-term.

D- Tree International

The main cause of deaths in rural areas and countries are diseases that can be easily prevented with the necessary healthcare, however due to the lack of professional doctors and nurses, these deaths will continue to transpire. D- Tree International hopes to bring healthcare workers in these LEDCs accurate and effective treatment via easy to use electronic software to give step by step diagnosis and treatment for each patient. This is a very effective and innovative idea which hasn’t been thought of previously and can potentially help save millions of lives due to its simple nature therefore benefiting countries financially.
Bill & Melinda Gates Foundation (BMGF)

The BMGF is a private foundation which was founded by Bill and Melinda Gates. It was launched in 2000 and is currently the largest private foundation in the United States. It presently holds about 51 billion dollars which they are willing to devote into their projects and also give out to larger organisations in order to help them with their projects. The foundation has many aims to help the world, including enhance healthcare in rural areas, reduce poverty, and in the US, to expand educational opportunities. The foundation is controlled by its three representatives: Bill Gates and his wife Melinda Gates as well as Warren Buffett. They are actively involved in many crises in which they are trying to help resolve. For example, they are currently working with various other partners to provide effective and cheap drugs and heavily investing in the research and development of vaccines, increasing the amount of medical resources available for distribution.

International Federation of Red Cross and Red Crescent Societies (IFRC)

The IFRC is one of the most well-known non governmental organizations (NGOs) of all time as they currently contain about 17 million volunteers which have helped various countries in various ways. They have supplied loads of resources such as food, clean water and healthcare products to most nations in Africa, where they are mostly active due to the various problems that they suffer from. An example of this is when they helped Zimbabwe in September 2017 with the devastating outbreak of cholera which affected over 8500 people. In response to this, the IFRC sent out more than 1000 volunteers to supply the nation with emergency services which fortunately controlled and successfully eliminated the disease in just a matter of months.

United States of America

Unlike most other advanced industrialised countries, the USA does not have a universal healthcare system and therefore relies on private businesses and organisations such as ‘Medicare’ and ‘Medicaid’. The life expectancy for the USA is 78 years old which ranks quite low when compared to other industrialised Organisation for Economic Co-operation and Development (OECD) countries, 22nd out of 35. Research conducted by the ‘Commonwealth Fund’ has described the healthcare system in the USA to be the most expensive and worst performing out of 11 developed countries, in terms of the efficiency and access.

United Kingdom

The UK established the National Health Service (NHS) in 1948 as a major social reform post World War 2. It currently consists of around 1.7 million employees within the bodies of this organisation;
NHS England, NHS Scotland and NHS Wales. The fundamental principle of the NHS were that the services ought to be free at delivery, however patients must pay for prescription charges, dental treatment and optical treatment at their own expense. 98.8% of the £120 billion NHS funding derives from general tax generated income, and equated approximately £1,980 per person in 2008. The NHS has provided many benefits to the nation: a universally accessible healthcare service, opened up many job opportunities seeing as it is the 5th largest employer in the world and has totally abolished medical bills which has in turn reduced wealth and social poverty. Many sources have described this organisation to be a total success.

Timeline of Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of event</th>
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<tbody>
<tr>
<td>1946</td>
<td>Creation of the World Health Organisation (WHO)</td>
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<td>1948</td>
<td>The universal declaration of Human Rights</td>
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<td>1949</td>
<td>The Geneva Conventions</td>
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<tr>
<td>1963</td>
<td>Clean Air act was introduced, this was a programme introduced to clean up the pollution in the air and maintain hygienic air</td>
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<tr>
<td>1979</td>
<td>The American Medical Association (AMA) published health standards for prisons</td>
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<td>1991</td>
<td>Cholera epidemics in Latin America</td>
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<td>1999</td>
<td>Protocol on water and health on the protection and use of transboundary watercourses</td>
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<tr>
<td>2005</td>
<td>World Health Assembly (WHA) adopts new international health regulations</td>
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Relevant UN Treaties and Events

- Global Health and Foreign Policy, 14th March 2013 (A/RES/67/81)
- Prevention and Control of Non-communicable Diseases, 19th May 2011 (A/66/83)
- Global strategy for the prevention and control of noncommunicable diseases, 22nd March 2000 (A/53/14)
- Health as an Integral Part of Development, 29th November 1979 (A/RES/34/58)
Promoting the Health of Refugees and Migrants, 31st May 2017 (WHA70.15)

Previous Attempts to solve the Issue

The ‘Patient Protection and Affordable Care Act’ or more commonly referred to as ObamaCare is a federal statute which was implemented by Barack Obama in 2010. It has assisted many middle and low income families in helping with funding their healthcare and getting more coverage for their money in the USA where a universal healthcare system is non-existent. 20 million Americans have been able to successfully acquire healthcare insurance via the ObamaCare service and senior citizens (aged 65+) have been able to save money on their Medicare treatment and prescriptions. Consumers may also receive free birth control, cholesterol tests as well as other subsidised services. The application of ObamaCare within the USA directly links in with attempts to achieve a universal healthcare system as financial hardships upon consumers have been heavily suppressed.

So far there have been no operable attempts by the United Nations or any other such organisation in addressing the issue of Global Universal Health Care. However, over the last 20 years, BRICS countries (Brazil, Russia, India, China and South Africa) which represent a quarter of the world’s GDP and almost half of the global population have all been moving towards Universal Health Coverage, partly as a result of their rising national wealth and globalisation. Brazil, China and India specifically have become the world’s leading countries in the production of vaccines and affordable medicines and have increased global knowledge of medical issues immensely.

The Universal Health Care (UHC) by the WHO has been leading policy dialogues on health systems in over 115 countries since its establishment in 2011. Health experts from the WHO and national ministries of health are also part of the partnership to ensure that development strategies to build and sustain the health capacities of countries. The UHC Partnership is a resource to achieve the UHC2030, which is a movement that strives for the strengthening and implementation of facilities and policies to help realize the UHC by 2030.

The UHC Partnership has helped improve Egypt’s healthcare system by guiding it to follow the primary care based model, which focuses on community-based care. In the new package of health services, there was a better system designed for maternal care, immunization and family planning. What followed was large decreases in infant and maternal mortality, whose numbers had previously been rampaging. However, the authorities realized that only 58% of the population could benefit from these reformed services due to the limitations of the current health insurance. Thus, efforts to create a universal health care system started. In July of 2019, a trial of the system was launched in Port Said. Four more phases will take place until the whole country will be insured by 2032. By now, 6000 surgeries
have taken place, with over 560,000 citizens registered. The facilities include neurology, cardiology, specialized internal organ units and transplant facilities. This will continue to grow over the years as the facilities grow and existing general hospitals and medical centers are modernized to coordinate with the visions of the UHC.

Possible Solutions

Due to this issue being so complex, there could be a wide variety of different, unique solutions that would be able to tackle this issue from many aspects. For most developing countries, external assistance from either NGOs or foreign investors will be required as they do not have sufficient funds to do it by themselves. As NGOs have limitations and cannot be responsible for implementing the UHC in LEDCs, funding from other nations and organizations are required. This may be done through the form of funding programs, such as the $24 billion committed by the World Bank and the Global fund to accelerate the UHC program in Africa. Japan will be supporting the World Bank and will be monitoring the progress of the strive for UHC in Africa. Although collaborative measures like these mean that the burden on African economies are lessened, the participation of foreign bodies may decrease independence and increase reliance. When taking out external loans, the LEDC may put themselves in lots of debt and will have to pay interest.

Predominantly, the main reasons why people in developed countries do not have health insurance is due to the extortionate prices which may lead to extreme poverty if even one member of the family of a household falls seriously ill. This is a direct correlation with a deficiency of government spending towards health care. It has been reported that 1 in 5 Americans go without health insurance as they either can't afford it or do not have access to it. One way in which countries can overcome this is to dedicate more of the taxpayer’s money into the healthcare sector. Not only will this solution allow for a lower price on healthcare services, but will also endeavour to increase healthcare professionals salaries as many of them feel overworked and underpaid, this can be seen inordinately within the UK with the countless protests that happen to raise wages of junior doctors.

Moreover, an additional way to combat this issue is to enhance the quality and efficiency of medicines, as statistics show around 20% - 40% of all healthcare spending is wasted on inefficient treatments. Efficiency of medicines has been described as when the same medical work is performed but with fewer resources. The decreased spending on resources will lessen the government’s burden when striving for health coverage. Another way to achieve universal health coverage is for countries within the same region, or with the same interests to start collaborating and fund together a program that caters to the medical necessities of their population.
It is obvious that all nations need to work together to find effective solutions to quickly implement, because innocent lives are being taken away, just for being born in a specific country or financial status.

**Guiding Questions**

1. Is Universal Healthcare Coverage sustainable?
2. What additional resources are needed to make Universal Healthcare Coverage achievable?
3. Should any other services be included in Universal Healthcare Coverage?
4. Which is the most economically effective method of financing Universal Healthcare Coverage?
5. How would your delegations populace be impacted if Universal Healthcare Coverage was implemented?
6. What is your delegations current stance on healthcare in their country?

**Bibliography**


Appendix or Appendices


This is the official United Nations website on health, and all the issues surrounding it. After just a brief read, it will give you a good understanding of the topic.


This website gives thorough information on prison living conditions and the treatment of inmates as well as how the OHCHR is helping to attempt to solve these problems.


This website gives many viable solutions on improving access to healthcare which will give you an idea on how to effectively tackle this issue.