Forum: World Health Assembly

Issue: Establishing Primary Health Care towards Universal Health Coverage

Student Officer: Jiwon Chae

Position: Deputy President of the World Health Assembly

---------------------------------------------------------------------------------------------------------------------

Introduction

The Declaration of Alma-Ata was a health care system established in 1978, with the goal of achieving health for all by the year 2000. However, the system was faltered and now we are approaching the year 2020 where 5.4 million children died before reaching their fifth birthday, mostly from preventable diseases such as malaria, Lower Respiratory Infections (LRI), and Chronic Obstructive Pulmonary Disease (COPD). A total of 2.5 million children died in the first month of life. Re-establishing Primary health care towards universal health coverage is essential as it reaffirms the fundamental human right to physical, mental and social health, which is the highest level of sustainable development goal.

In less economically developed regions (LEDC's), such as Africa, children are not provided with adequate health care. More than 90% of the estimated 300–500 million malaria cases that occur worldwide are mainly in children under five years of age. The right to health is the economic, social, and cultural right to a universal minimum standard of health to which all individuals are entitled. However, according to the Public Broadcasting Service, more than 44 million people in the world are not provided with sufficient health care. The concept of the right to health was approved through the Universal Declaration of Human Rights. However, there is a need for all member states to discuss which institutions are responsible for providing this right, the definition of “health”, and the minimum entitlements within the right. We must remind ourselves about the purpose of this system, and revive the failed health coverage system for all humans.
Re-establishing a refined health coverage will improve the overall health of the world. When implemented, it will ensure that the younger generations are safe from lethal diseases. It is the single most powerful concept that we as a world can offer. Providing universal health care is the utmost concept that will lead to greater equality in ways that matter to each and every person on this planet, especially in a world full of social inequalities.

**Definitions of Key Terms**

**Primary Health Care**
Primary Healthcare is a holistic approach to a whole lifetime of medical care for each person. From birth to death each health incident is logged, treated and managed by a licensed medical professional.

**Universal Health Coverage**
Universal health coverage is a concept that all people and communities can use the promotive, preventive, curative health services they need of sufficient quality, while also making sure it is economically sustainable.

**Determinants of Health**
Determinants of health are factors that impact the health status and inequality in health. Examples of these factors include; age, gender, ethnicity, behavior, lifestyles, and living environment. When we consider the determinants of health, we will be able to identify which factor is most critical to unhealthy or healthy individuals.

**Impact Assessment**
Impact assessment helps us to judge the potential effect the policy or activity will have on certain places. It is to estimate the consequences and outcomes. In this case, we could do an impact assessment on the implementation of health coverage in Africa and North America, to see the different outcomes depending on the region.
Tool Kit
Tool Kit is an information resource of all the assessments and other activities. They are raw data that help us for quantifying potential health impacts, a compilation of literature on health determinants or a template for organizing a health impact assessment.

Well-Being Assessment
Opposed to health impact assessment, the Well-being assessment tends to look more into the physical and mental state of individuals and their living quality rather than medical factors. It gives an overview of the impact quality of life has on an individual's physical and mental state.

Background Information

Why is the Universal Health Coverage needed?

It is important to realize the importance of Universal Health Coverage. As stated previously, it reaffirms our fundamental human rights not just physically but mentally and socially, especially in an era where the basic rights of an individual are not granted. In the Universal Declaration of Human Rights in 1948, Article 25 specifically states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services."

Re-establishing primary health care towards universal health coverage will give every individual the fundamental right they deserve as stated in the UDHR. Furthermore, we must strive for this goal because it enables those in conditions of vulnerability to access quality comprehensive health services and live healthy which is the cornerstone of preventing an increasing amount of death of the younger generations. Lastly, it is important to realize that this supports the Global Goal of this year’s conference which is: To ensure the health and well-being of all.

Primary Health Care (PHC) can be seen in nations like the United Kingdom, and involves powerful infrastructure development for the community and by the community. PHC actively involves a wide range of stakeholders in the community, to address the health care needs of all. Upon examination it becomes increasingly clear that Universal Health Care is the
only follow through to establishing primary healthcare, as once the needs of a community are assessed, pressure is created to meet those needs. Establishing PHC in the community makes societies poised to address the rapidly changing threats to health in a community, thereby saving lives, containing global epidemics, and reducing healthcare costs by reducing the number of persons admitted to hospital unnecessarily. Having a community based medical professional means that quick and personalised access to healthcare, freeing hospitals for emergency treatment and major health problems.

**Universal Health Coverage in different regions**

There has been a sudden increase in countries in the Asia-Pacific area that have adopted Universal Health Care (UHC). Six major countries including Bangladesh, Cambodia, Indonesia, Mongolia, Thailand and Vietnam in Asia-Pacific has all adopted policies that include more or less explicit UHC goals, such as full population coverage by health financing schemes. Although there is no set of methods or systems that a country must follow to implement UHC, it is still important to highlight how countries in Asia-Pacific areas achieve this goal. To accomplish this, new roles and/or new institutions such as Asia Pacific Council of AIDS Service Organizations were created within the health system; establishing systems of monitoring and evaluation; and putting in place mechanisms to facilitate collaboration and ensure greater accountability. This methodology has helped the countries in Asia-Pacific to establish new policies for the health system as data shows that the health service coverage index for Central and East Asia was the highest (70%, and 75% respectively) amongst other regions according to the Report for Pacific Health Ministers. On the other hand, countries in African regions are still struggling to implement and improve the healthcare system. Although Africa has been growing economically, as African Development Bank reported Africa to be the world's second-fastest-growing economy, and estimates that average growth will rebound to 3.4% in 2017, while growth is expected to increase by 4.3% in 2018, which has helped reduce poverty, the population is still expanding day by day as the population of Africa is estimated to be doubled by the year 2050. Many countries in Africa are not able to deal effectively with epidemics and the growing burden of chronic diseases, such as diabetes as they do have advanced technology, a sufficient amount of professionally trained doctors, and types of equipment for PHC. Therefore, African countries have adopted UHC as one of their national health strategies. However, the implementation of UHC has been relatively slow due to the lack
of knowledge and financial hardship. To speed up the process, African countries like Kenya formed a knowledge-sharing partnership with Thailand to seek knowledge and aid in building an efficient health system, since Thailand has been able to achieve UHC in just a year.

Health Financing and Other Elements of UHC

First, it is important to understand that UHC is all about health financing but involves other elements like health service delivery systems, the health workforce, health facilities and communications networks, health technologies, information systems, quality assurance mechanisms, and governance and legislation. However, health financing has become an issue as the domestic public revenues of the nations fall. Over the past decade, over 37 countries mainly from the Asian region has health financial reforms to move towards Universal Health Care. Therefore, external funding has been crucial for nations as a source of health financing. All countries strive to improve equity in the use of health services, service quality and financial protection for their populations, and therefore establishing UHC is relevant. However as the external source of health financing has decreased and countries such as Japan, the Republic of Korea, Australia, Singapore, and New Zealand, are facing mounting pressures to address the financial sustainability of their health systems, including cost control measures and adoption of new medicines and technologies. Secondly, the nations’ government’s change in the law is heavily impacting the progress towards Universal Health Care. Secondly, the government’s change in law and policies can impact the progress towards establishing Universal Health Care. According to Health Systems Global, Health policy and systems research (HPSR) has tended to shy away from exploring how improved legal-regulatory conditions might accelerate progress toward universal health coverage. The success of establishing UHC also depends on governance. This is mainly because its policies can be critical to decide if the nation should spend or invest money into a level of expertise, accountability, and good public administration which is necessary for establishing UHC. It is important to look into the government's policies and make sure that it is supporting the establishment of UHC.

Alma-Ata Declaration

As stated previously in the introduction, the health care system was first introduced in 1978 during the Alma-Ata declaration. The declaration stated that they aim to achieve health for
all by the year 2000. However, even after about 20 years from the desired date, there are still 44 million people without sufficient health care. With insufficient health care, we are experiencing devastating deaths of children ranging from 5-8-year-olds, because they are not provided with effective treatment. Just in the United States of American alone, more than 20 million children lack sufficient access to essential health care. The right of health is considered a part of universal human rights and must be implemented equally in every region in our world. Unfortunately, social inequalities prevent us from having health for all, as Globally, 50% of children under five who die of pneumonia, diarrhea, measles, HIV, tuberculosis, and malaria are in Africa, according to the World Health Organization. It is up to us to bring the faltered back to make sure every individual reserves the right to use health services they need of sufficient quality regardless of where they live.

**Emerging Issues**

New deadly diseases are surfacing our world every day. According to the World Health Organization, in the past 20 years, a total of 30 new diseases have emerged. There have been more than 50 outbreaks of diseases, meaning new diseases emerging in new areas just in the year 2019. Another emerging issue is how we can ensure that coverage of informal sectors, so the Universal Health Coverage is truly universal. ILO & WTO indicate that up to 65% of the total population in low- and middle-income countries (LMICs) work in the informal sector. In Kenya, informal sector workers constitute about 80% of the total workforce. However, in some nations, health coverage is not being provided protection is usually provided to the poor and to workers in the formal employment sector but not to those who fall between those groups, which are the people in the informal sector. This is because of the relative difficulty of identifying their financial status and enrolling them and in financing their coverage in an efficient and equitable way. Lastly, nations are starting to face problem with “supply-side readiness”, which is the ability to have all the materials and professionally ready to implement Universal Health Care. Countries in Africa are suffering from a lack of supplies and professionals to enable the implementation of UHC. According to the United Nations, less than 2% of drugs consumed in Africa are produced on the continent, meaning that many sick patients do not have access to locally produced drugs and may not afford to buy the imported ones. This shows how the lack of “supply-side readiness” is an emerging issue as it does not allow us to cure preventable diseases because we lack the equipment.
PAHO Conference

This issue was further discussed by the Pan American Health Organization (an international public health agency working to improve health and living standards of the people of the Americas) in December of 2017 during regional movement for universal health at the high-level Regional Forum on Universal Health in the 21st Century: 40 Years of Alma-Ata in Ecuador. Over 200 political figures were present in the conference from 30 different regions with the aim of identifying obstacles and cooperating to help countries reach the goal of health for all by 2030. Doctors and Professors worked together to determine ways to promote the participation of society in health policy-making, as well as looking into different perspectives on this issue by collecting data/samples from population groups, including indigenous people, Afro-descendants, LGBT persons, youth, persons with special needs, and migrants. This has affected the quality of UHC by being able to identify which population group is the most vulnerable and which factors contribute to making an individual vulnerable.

Major Countries and Organization

Thailand

Thailand is one of the few countries to meet universal health coverage by 2002 because of its efficient health care system. However, it is important to note that one-fourth of citizens in Thailand were uninsured in the year 2000. The health coverage for Thailand was introduced in 2001, and it is regarded as “one of the most ambitious healthcare reforms ever undertaken in a developing country” in the book Millions Saved: New Cases of Proven Success in Global Health. This was prosecuted by changing the whole system of the hospital in Thailand. Instead of following the traditional procedure of the hospital system where the patient had to pay a fee to visit the doctor, the government paid hospitals, including salaries for staff, and financially incentivized medical professionals to serve unpopular rural areas. This has helped those who are underprivileged and assured that everyone has the right to health; an essential part of human rights. Thailand is still in the process of making their health coverage system more
efficient. They are working towards getting more healthcare services at less cost as taxes are increasing year by year. This is through introducing new drugs with advanced technologies. Thailand has also divided its health into 3 sections: Civil service welfare system for civil servants and their families, social security for private employees and the universal coverage scheme, which is theoretically available to all other Thai nationals. The division of 3 sections helped the UHC system to make sure every individual is getting health coverage.

**The United States of America**

Health coverage in the United States of America is still a major problem. They are facing 3 major issues which are: Underperforming primary care, administrative inefficiency, and a lack of insurance coverage. Firstly, having insurance is equivalent to a public-health intervention. It prevents individuals from reaching out and getting the help they need because they are entitled to pay for such services. A total of 27 million people in the USA are not insured, simply because they are reluctant and unable to pay money for the coverage. Also, the doctor’s time is wasted due to coordination with the insurance policies and rules, which leaves less time to treat patients in critical condition. As a result, this has made the health system disorganized and inefficient according to the U.S Institute of Medicine. Lastly, the United States of America is not focusing on social services like visiting, better housing and subsidized healthy food. This, in turn, is distancing them from working on the primary causes of chronic diseases. Reviewing the health coverage system in the United States is a mandatory action we must take for global well-being, as the U.S has one of the largest populations.

**Pan American Health Organization**

Pan American Health Organization is an international public health agency working to improve the health and living standards of the people of the Americas. In December of 2017, a regional movement for universal health at the high-level Regional Forum on Universal Health in the 21st Century: (40 Years of Alma-Ata in Ecuador) was held by PAHO. Over 200 political figures were present in the conference from 30 different regions with the aim of identifying obstacles and cooperating to help countries reach the goal of health for all by 2030. Doctors and Professors worked together to determine ways to promote the participation of society in health
policy-making, as well as looking into different perspectives on this issue by collecting data/samples from different types of populations.

**World Health Organization**

The World Health Organization was established in April of 1948. There is more than 7000 staff working for WHO in 150 country offices in 6 different regions. The mission of WHO is to coordinate the situation of international health with the United Nations. WHO works towards combating diseases like influenza and HIV or noncommunicable diseases such as heart attacks or lung cancer. Some of the greatest achievements of WHO include assisting governments in strengthening health services; establishing and maintaining administrative and technical services, such as epidemiological and statistical services; stimulating the eradication of diseases; improving nutrition, housing, sanitation, and working conditions. Although it may seem like WHO solely focuses on health, it also correlates with other globals goals such as; Decent Work and Economic Growth, Clean Water and Sanitation, and Reduced Inequalities.

**Timeline of Events**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 22nd, 1946</td>
<td>The rights to health was again recognized as a human right in the 1966 International Covenant on Economic, Social and Cultural Rights.</td>
</tr>
<tr>
<td>September 6th-12th, 1978</td>
<td>The Declaration of Alma-Ata, set out primary health care as a way to achieve health for all by the year 2000.</td>
</tr>
<tr>
<td>December 2017</td>
<td>It was a regional movement for universal health at the high-level Regional Forum on Universal Health in the 21st Century: 40 Years of Alma-Ata in Ecuador.</td>
</tr>
</tbody>
</table>
December 12th, 2012

This resolution urged governments to move towards providing all people with access to affordable, quality health-care services.

October 25th, 2018

The Astana Declaration renewed the global pledge to achieve universal health coverage by 2030.

Relevant UN Treaties and Events

- Right to Health in 1966
- Declaration of Alma-Ata, 6th-12th September, 1978
- PAHO Conference for Universal Health Coverage in December, 2017
- United Nations’ Resolution on Universal Health Coverage 12th December, 2012

Previous Attempts to Solve This Issue

Failure of Declaration of Alma-Ata (1978)

Although countries like Thailand have been successful in achieving Universal Health Coverage, there is still an immense amount of countries that are struggling to take action to implement UHC. A major attempt to solve this issue is: Establishing Primary health care towards universal health coverage, was the Alma-Ata Declaration of 1978. As mentioned previously, the Alma-Ata Declaration aimed to achieve health for all by the year 2000. However, Primary Health Care was not achieved, mainly because of insufficient training and equipment for healthcare workers at all levels which was due to the refusal of experts and politicians in developed countries to accept the principle that communities should plan and implement their own healthcare services. Any future attempts looking to resolve this issue must make sure that their nation’s government and medical experts are willing to cooperate to implement their own health care services.
**Thailand’s Ways of Achieving UHC**

A great example that shows the importance of the role of a nation's government is Thailand’s success with its Health Coverage system. Instead of following the traditional procedure of the hospital system where the patient had to pay a fee to visit the doctor, the government paid hospitals, including salaries for staff, and financially incentivized medical professionals to serve unpopular rural areas. This made sure that even the poor and unprivileged had access to health coverage. Universal Health Care means every individual regardless of their financial status have access to health coverage, and this act by the government of Thailand is what helped them achieve Universal Health Coverage in such a short period of time, as after UHC was initiated (2001–2011) life expectancy at birth rose from 71.8 to 74.2 years compared with an increase of only 70.3 to 71.8 years during the decade before (1991–2001) for Thailand.

**The Astana Declaration**

The underlying issue for countries struggling to implement Primary Health Care is that they are suffering from shortages of materials and professionals needed to establish PHC. According to the World Health Report in 2006, 57 identified countries, mostly in SSA, had less than 23 health professionals, including doctors, nurses, and midwives per 10,000 people. The Astana Declaration renewed the global pledge to achieve universal health coverage by 2030. The Astana Declaration has taken the reasons for the failure of the Alma-Ata Declaration into considerations. The major reasons for failure for Alma-Ata Declaration were lack of cooperation from the government and political figures to implement a new efficiently structured health system and an insufficient amount of trained professionals and equipment to establish Primary Health Care. The new method this newly made declaration has come up with include but are not limited to: renew political commitment to primary health care from Governments, non-governmental organizations, professional organizations, academia, and global health and development organizations. By cooperating with the nation’s government and non-profit organizations, the nations will be able to have a sufficient amount of professionals and equipment available to the fast-growing population.
Possible Resolutions

Importance of Government

The most immediate solution to resolve this issue will be to encourage the nation’s government to cooperate with the World Health Organization, which will help the government come up with an efficient structure for their health system. The method that the government could implement would be to form a partnership with private sectors, which would help the nation improve on the provision of services, job creation and training the health workforce, maintenance of employee health, research and development of solutions, development, and implementation of technology and innovations across the continuum of care, data generation, and analysis and sharing. It is also essential that governments are able to retain medical professionals and deploy them to rural areas, ensuring universal primary healthcare for all.

Cooperating with Private Sectors

The report from the African Development Bank signifies the importance and power that private sectors hold in medical fields. According to the report, there has been a total health expenditure of $16.7 billion in Sub-Saharan Africa in 2005, about 50% were captured by private providers. However, the problems that may emerge is that private sectors could face availability risk if it cannot provide the service promised. Another problem can be that the private and public partners could come into conflict when deciding on a set of policies and standards as the two partners may have very different ideas. This may distant the private sectors from working with the government to form a Public-Private Partnership.

Power of Advanced Technology

Another possible resolution to solve this issue could be to use technology. Achieving health for all by 2030 as stated in the newly announced Astana Declaration can be done through the use of advanced technology. An example of how technology is used to help resolve this issue involves “Telehealth”. Telehealth is helping eliminate waiting times and reducing transportation costs. It also plays an essential role in improving access to care for patients in
emerging countries and village areas. However, we must note that technology is not always perfect and that errors in the use of technology could result in serious consequences to the health of individuals. It is important to make sure how we can utilize technology safely and what measures we can take to make this possible. Through the partnership with advanced technology, nations can provide citizens with high-quality health care as well as serve the most vulnerable and hard-to-reach communities. Technologies not only help us directly but indirectly such as analyzing and processing data for more effective decision making.

**Nations Working Together**

Lastly, nations can also help each other to achieve Universal Health Care. Recently, especially in regions of Asian and Africa, there has been a recognition of the significance of partnerships amongst the nations. The two regions have been cooperating to share their own knowledge with each other to achieve UHC. For example, Thailand, a nation that had achieved UHC in the year 2002, has been cooperating with Kenya to help them achieve UHC. As the Kenyan government as aimed to achieve UHC by 2022, Thailand’s Health Intervention and Technology Assessment Programme have been used by Kenya in order to train themselves. This partnership enables Kenya to take much-needed steps towards achieving UHC sustainably, and also make it possible for nations to share knowledge to achieve health for all worldwide. Collective Unity can help us improve UHC as countries are able to save time and money by being aided by other nations that have been successful with the mission. It also helps us socially as the nations are working together and accomplishing a social goal of the United Nations which is: “Moving Together to Build a Healthier World”.

**Guiding Questions**

1. What services should be included in universal health coverage?
2. How can countries cooperate with each other to develop Universal Health Care in economically less developed areas?
3. What is the situation of Universal health coverage in your country?
4. What initiatives has your country taken to Establishing Primary health care towards universal health coverage?
5. How can the World Health Organization and your country’s government form a partnership in order to Establish Primary health care towards universal health coverage?

6. What is the impact of UHC on the population?

7. How can developing countries cooperate with countries that have implemented to help themselves Establish Primary health care towards universal health coverage?

8. What are some campaigns or organizations that are relevant to Primary health care and universal health coverage?

9. Why is primary health care important for the future?

10. How will you ensure that the most vulnerable people have access to universal health care, especially in areas that are less economically developed?

Appendices

1. https://www.paho.org/hq/index.php?option=com_content&view=article&id=9742:universal-health-coverage-documents-references&Itemid=40690&lang=en (Universal Health Coverage - Documents and references) This website is useful because there are primary documents related to UHC which have been published by the Pan American Health Organization.

2. https://www.who.int/health-topics/universal-health-coverage#tab=tab_1. (UHC Topics) This website is useful because it includes different UHC health topics as well as data/fact sheet, WHA 72 Resolution document, WHO programs and activities, and progress in countries.

3. https://www.weforum.org/agenda/2019/09/governments-need-to-lead-towards-achieving-universal-health-coverage-but-they-won-t-succeed-if-they-act-alone/ (Forums about UHC) This link and website “WeForum” in general has very useful and reliable forums written by experts specifically on Universal Health Care.

Bibliography


