

Committee: World Health Organization

Topic: The issue of increasing worldwide medical welfare

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Introduction

Health is considered a crucial factor for the happiness, and well-being of people. Better health is also an important factor to the progress in fields such as economics, and learning, since healthy people have longer life spans, and they are more productive in working and studying.

The WHO(World Health Organization) has worked on 'Health and development ', which is focused on better health conditions for the reduction of poverty. The 'Health and development' aims for higher qualities in the investment of health, and builds a cornerstone between governments to do so. Moreover, 'Health and development' works to meet the needs of groups suffering from poverty. The WHO is also working with donors, so that the help in the fields of health is ensured to be acceptable, effective, and is aimed at the most crucial health problems.

During 2017, the World Bank and the WHO announced a new report, saying that almost half of the population of the world have difficulties in reaching for indispensable health services. Moreover, each year, more households are being forced into poverty, because of the expensive medical fees that they have to pay by themselves. In the same year, the Tracking Universal Health Coverage had mentioned that 800 million people have to spend 10 percent of their household budgets on medical fees. This can be a burden to approximately 100 million people, especially people in rural areas, and citizens in LEDCs with less health care accessibility, such as Liberia and Myanmar, and has led them to live using only \$1.90, or less each day.

Definition of Key Terms

Welfare

A statutory procedure or social effort designed to promote the basic physical and material well-being of people in need

Insurance

a practice or arrangement by which a company or government agency provides a guarantee of compensation for specified loss, damage, illness, or death in return for payment of a premium.

Healthcare

the organized provision of medical care to individuals or a community.

Telehealth

Telehealth is the distribution of health-related services and information via electronic information and telecommunication technologies.

Readmission

the process or fact of being admitted to a place or organization again.

Inner cities

the area near the center of a city, especially when associated with social and economic problems.

Background Information

The lack of medical welfare is made due to several reasons, but the main factors that cause the lack of medical welfare between citizens in a nation, or between certain nations are:

First, the lack of health insurance and financial resources. Some minority groups, such as several racial, traditional, and socioeconomic groups do not have sufficient health insurance, in contrast to most of the other population. These people mostly choose to postpone the healthcare, and go without the medication and necessary healthcare they should have received. Moreover, the lack of finance in some households can be a barrier in reaching for the healthcare they need. To continue, racial and traditional groups are sometimes given a health insurance plan that limits the amount of services, and the number of providers they are able to use.

Second, age. People who are considered elderly (starting from 65 years old) do not have a fixed income, and they often cannot afford to pay for their healthcare. In addition, older people have difficulties in using transport, or they go through a lack of mobility, which would affect their access to healthcare. Moreover, the elderly do not know how to use the internet, or do not have internet access, making it hard for them to reach for healthcare information online. For example, in the USA, 15% of the elderly do not have the approach ability to the internet, which means that these people would not be able to benefit from the helpful information, which can be found on the internet.

Third, Legal and structural obstacles. The former is caused towards immigrant people who have low income. For example, in the USA, immigrants who have not been a resident in the USA for at least 5 years are not provided with medical aids. The latter is caused due to the lack of transport to reach for places that provide healthcare, which would reduce the possibility of a person to make and keep their healthcare schedule successfully.

Fourth, the lack of healthcare providers. Areas in a nation, such as inner cities, agricultural areas, or LEDCs (Less Economically Developed Countries), the number of healthcare facilities are limited, and there is a limited number of healthcare staffs. For example, in Congo, there is an insufficient amount of medical supplies in medical centers, and only one doctor for every 10 thousand people is available.

Possible solutions

RPM (remote patient monitoring)

RPM would be an effective way to expand medical capacities for people in remote areas with hard situations to reach for actual medical facilities. RPM uses electrical devices to collect health data and other medical forms, and transfers it electronically to health care providers in a remote area. This is beneficial for people in such ways: their healthcare data would be kept on track by professional medical care providers as soon as they have sent their medical forms, which would reduce the readmission fees and rates. Moreover, this method would be able to help older, and disabled people to reach for medical services, without having to go to remote hospitals.

Mobile clinics

People in remote areas, elderly people, and disabled people have difficulties in going to hospitals, medical camps, and other places that provide essential health care services.

Therefore, mobile clinics are needed, in order for them to receive needed health care. Mobile clinics include care services, in forms of portable vans, containing all the necessary technology needed.

Student-run clinics

Student-run clinics are often located in rural areas, and areas suffering from poverty to provide them with free, and health care that is easy to access. However, student-run clinics have limited types of health care, which means that they can not provide more complex care, such as MRI scans and surgeries. For instance, the student-run clinics are able to provide care for more simple diseases, such as high blood pressure, and diabetes.

Major parties involved

The Dominion of Canada

Canada did not have a lot of support for their citizens in medical fields until July 1st 1968. On December 8th 1966, 177 people voted for the pass of The National Medical Insurance Act in the House of Commons, winning 2 people who were against it. The act contained information that in any province, the federal government would pay for about half of the medical costs, under 4 conditions: being universal, publicly administered, portable, and comprehensive. Then, by 1971, plans were established by provinces, and they had met the conditions.

The Swiss Confederation

In 1994, the government adopted the Health Insurance law, which was based on an individual coverage figure. The law was targeted to introduce universal coverage and aids for households with low-income, to ensure high standards of health care, and to contain the growing costs of the health system. The law was put into action during 1996, and it has led to health insurance coverage almost perfectly.

The Republic of Liberia

Liberia has recently gone through 2 civil wars, the first during 1989 to 1996, and the second, during 1999 to 2003. During the war, 80 percent of the clinics in the country were damaged, leading to the destruction of the healthcare system. As a result, people in agricultural areas had only little access to modern medical care. During 2011, the ministry came up with a National Health Policy and Plan(2011~2021), containing a goal to provide all citizens in Liberia with reasonable, reachable, and sustainable health care services. However, the ministry did not achieve a lot of the goals during 2014, because of the Ebola crisis, which struck the whole country.

Republic of the Union of Myanmar

Myanmar is the second worst country worldwide in the fields of giving health care, scoring 0.138/1 on the WHO health systems performance index. The government provides citizens with free healthcare, but a large amount of medical fees are paid by the citizens. The average expectation of life is 50 years, and for every million citizens, there are only 6 doctors who are available. However, in July 2015, a trial health insurance system was launched, and a lot of international donors are helping in the development of healthcare in the country. Progress in healthcare in Myanmar is expected through these works.

Democratic Republic of Congo

Most of the medical centers in the nation are poorly equipped with medical materials, and they are in short of medical supplies as well. There is only one doctor available per 10 thousand people in the nation, according to WHO. The average lifespan of the citizens is 48.7 years. The nation has recently set up a HRH(Human Resources for Health) strategic plan called PNDRHS(Plan National de Developpment des Ressources Humaines Pour la Sante), starting from 2011 to 2020. The goal is to strengthen the quantities and setting up systems for intersectoral coordination for both central and dispersed levels.

Timeline Of Events

1883	Germany made 'Otto Von Bismarck's Sickness Insurance law'(A law that provided health insurance for workers), and this was the origin of the first global social health insurance system.
1912	Beginning with Norway, universal healthcare adoption was made a state policy.
1946	The National Health Service Act was launched in the UK. This created the NHS(National Health Service), which provided a majority of healthcare for the people in the country.
1966	The Dutch Sickness Fund Act(Ziekenfondwet, ZFW) was launched in the Netherlands, providing healthcare insurance to the people, which helped overcome severe health issues.
1979	Serviço Nacional de Saúde (SNS) in Portugal was launched, and this was a national healthcare service, which provided universal free healthcare

	throughout the country.
2008	Congress in the USA passed MIPPA(Medicare Improvements for Patients and Providers Act), which provided organizations, which helped serve people with low incomes to access health care services better, with their needs
2010	The Affordable Care Act(ACA) was passed in the US. ACA started with 3 goals: first, making health insurance more affordable for more people. Second, expanding the Medicaid program to help adults, who have incomes below 138% of the federal poverty level. Third, supporting medicare delivery ways, to reduce the costs of general healthcare.

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