

**Forum:** General Assembly 3 (Social, Cultural, and Humanitarian)  
**Issue:** Promoting basic healthcare for all  
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**Position:** Head Chair

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## Introduction

When it comes to the question of promoting basic healthcare for all, one of the first questions one might ask is “What exactly is ‘basic’ healthcare?” The answer to that question is extremely important to answer in order to be able to deal with the issue. However, there are no official United Nations (UN) definition for a “basic” healthcare. Many international organizations throw around that phrase without ever defining what it represents. When delegates strive to solve this issue, they should definitely use this fact to their advantage and redefine “basic” healthcare in their favor.

The second part to the question of promoting basic healthcare for all is the “for all” section. One of the major aspects of this issue, concerns the discriminatory nature of a lot of health institutions within a government. The issue at hand, cannot be considered tackled if basic healthcare is only provided to those privileged few. According to the Office of the United Nations High Commissioner for Human Rights (OHCHR), the health services, goods and facilities must be provided to all without any discrimination. It should also be noted that a country’s financial situation does not absolve its obligations to attempt to respect, protect, and fulfill the right to health for its citizens.

In this report, we will go over the numerous aspects of healthcare, as well as several targeted healthcare that will need to be addressed in order to fulfill the right to health.

## Definition of Key Terms

### Health

According to the definition of the World Health Organization (WHO), health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition has not been amended since the 1940s and most United Nations (UN) related documents adopt this definition. The entirety of this chair report will also be using this official definition.

### Healthcare

Healthcare may be defined as the coordinated provision of services such as the maintenance of health, prevention of diseases, and treatment of illnesses.

## Right to Health

The right to health, also known as *the right to the enjoyment of the highest attainable standard of physical and mental health*, is a fundamental human right. It was first articulated in the World Health Organization Constitution of 1946, and was subsequently recognized as a human right in the International Covenant on Economic, Social and Cultural Rights of 1966 (ICESCR). One can also find references to the right to health within the Universal Declaration of Human Rights (UDHR).

The right to health is essential to the issue at hand due to several reasons. This right contains entitlements such as “the right to a system of health protection, providing equality of opportunity for everyone to enjoy the highest attainable level of health,” “the right to prevention, treatment, and control of diseases,” and timely access to basic health services. From these entitlements, one can understand how the issue ties with the right to health.

### International Statistical Classification of Diseases and Related Health Problems (ICD-10)

ICD-10 refers to the *International Statistical Classification of Diseases and Related Health Problems Tenth Revision*. It serves as a reference to medical classification and is drafted by the World Health Organization. Similar to the Diagnostic and Statistical Manual of Mental Disorders (DSM), the ICD-10 aims to facilitate the identification and diagnosis of international diseases. It is used by many epidemiologists and healthcare managers to identify the adequate amount/quality of services needed.

### Universal Coverage (UC)/ Universal Health Coverage (UHC)

Since the term “basic healthcare” proves to be extremely subjective, delegates may find the Universal Health Coverage a more concrete goal to work towards. According to the World Health Organization, Universal Health Coverage refers to the condition where the entirety of a given population has access to “promotive, preventive, curative, rehabilitative, and palliative health services” and that these services are “of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.” The term is based on the WHO Constitution of 1948, which articulated health as a fundamental human right. If we break down the definition of the Universal Health Coverage, we would be able to identify three defining factors for achieving this status:

1. Fairness in access to these services – “everyone who needs these services should get them, not only those who can pay for them.”
2. Acceptable quality – health services should be sufficient in improving the health of the subjects.
3. Protection from financial harm – the cost of these services shall not place people in financial turmoil.

## Background Information

### Health: a fundamental human right

Health has always been a very ambiguous term. Only since 1966, have people started to articulate its meaning. The International Covenant on Economic, Social, and Cultural Rights was the first document ever to refer to health as a right. This document changed the whole dynamics of the issue by redefining the term and indirectly establishing the legal obligations of Member States' in regards to the provision of health.

### Healthcare provision: a non-discriminatory practice

As briefly mentioned in the introduction section, the second part of the issue at hand requires the promotion of basic healthcare for all. According to the World Health Organization (WHO), universal health coverage implies that “all people, without discrimination, have access, to nationally determined sets of the needed promotive, preventative, curative and rehabilitative basic health services and essential, safe, affordable, effective and quality medicines.”

Once broken down, the issue at hand is fairly clear to understand with obvious objectives. In the following sections, specific concerns over these objectives will be raised such as the provision of targeted health care towards women and children.

## Key Issues

### Incompetency or lack of hospitals

One of the underlying causes for the lack of healthcare promotion is the incompetency or lack of hospitals. Where countries have strength in quantity, they lack in quality. The issue of hospital inefficiency may be boiled down to two major aspects: low patient-to-bed ratio and a skewed patient-to-employee ratio.

#### *Overcrowding: low patient-to-bed ratio*

Often times, the distribution of healthcare is impeded by the lack of space in the Emergency Department (ED). This particular issue is not exclusive to developing countries. In a United Kingdom National Health Service (NHS) research, figures revealed that nine out of every ten hospitals are suffering from severe overcrowding to a point where they are deemed unsafe. Desperate patients can be seen waiting for hours on make shift stretchers for the next available bed. The result of this overcrowding issue is not simply inconvenience, but the quality of care

provided also suffers. In extreme cases, patients' safety and well-being are being endangered and the cost of providing care increases.

### ***Understaffing: skewed patient-to-employee ratio***

Understaffing with a skewed patient-to-employee ratio is the second detrimental issue that governments need to tackle before attempting to enhance the promotion of basic healthcare. Healthcare promotions should not be implemented unless the country is physically capable of expanding their capacity. Hospitals are extremely complex and high-stress environments that require sufficient personnel to run safely. According to a McKinsey & Company article written by Carrus, Corbett, and Khandelwal, "patients must often wait hours before being seen by a doctor and far longer before being transferred to a hospital bed."

## **Targeted Healthcare**

There are specific groups such as women, children and people with disabilities that face discrimination every day in regard to the provision of primary healthcare. Since, the WHO constitution declared health as a fundamental human right, minority groups cannot be overseen. Member states should adopt positive actions to ensure that these groups enjoy equity in access to these services. However, one must be sensitive when adopting these measures in order to avoid positive discrimination with affirmative action. Solutions to this particular issue may include reforming public policy into one that pays specific attention to providing healthcare based on need rather than the ostensibly neutral policies that benefit the majority groups.

### ***Women's healthcare***

Women's healthcare is considered a targeted healthcare due to many reasons. For one, women suffer many of the same health concerns as men. In addition to these concerns, women experience more physiological health concerns compared to men. Despite these additional needs, women do not enjoy the same access to healthcare compared to men due to the prevalence of poverty and gender bias in the medical system. Discrimination on the grounds of gender have limited the power of women in their very own sexual lives. Due to the fact that healthcare should be provided based on need, women's health should definitely be weighted more.

According to the ICESCR and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), "discrimination against women in health-care services" should be eliminated. The CEDAW specifically called for specific care for "women in rural areas." Another major issue that delegates can address is women's reproductive health. It is a state's responsibility to enable women the choice over their sexuality, reproductive health, and free from coercion and lack of information.

### ***Children's/ Adolescent's healthcare***

Children and adolescent healthcare is of particular concern. Children face distinct health problems with regards to their physical health while adolescents face distinct health challenges with regards to reproductive, sexual and mental health issues. Both the ICESCR and the Convention on the Rights of the Child (CRC) affirm the obligations of the Member States to reduce child/infant mortality rates and combat malnutrition and diseases. Additional care must be taken for mother-to-child transmissions of Human Immunodeficiency Virus (HIV) infections. According to the World Health Organization, a baby born to a mother who is HIV-positive has a “25 to 35 per cent chance of becoming infected during pregnancy, childbirth or breastfeeding” Member States should take preventive measures to reduce the chance of such transmission through establishing a universal medical protocol for testing for HIV during pregnancy. Like women, governments should treat children and adolescents without discrimination and should pay attention to their specific needs.

Although adolescents are generally the healthiest demographic, they are especially prone to mental health problems, sexual violence/exploitation, and risky behavior. Adolescent girls are particularly vulnerable to unwanted pregnancies and therefore would rely more on healthcare that pay attention to privacy and confidentiality. Delegates should keep in mind that receivers of healthcare should also feel safe using these health services. Due to an increased chance of exposure to sexual violence, adolescents are logically more prone to sexually transmitted diseases (STDs) such as HIV/AIDS.

## Major Parties Involved and Their Views

### United States of American

Healthcare has always been a controversial topic within the United States. Who should be responsible for paying for these health services? How should these services be paid? While it is generally consensus that healthcare should be provided by the government, in the United States healthcare is largely owned privately. Arguments against government sponsored healthcare include the rigid and non-flexible service the sponsorship would bring as well as the sharp tax increase that will be necessary to fund for these health services.

### Japan

Japan can be seen as a role model in the global community's progress of universal health coverage. Japan provides healthcare services such as prenatal care, infectious disease control, and normal checkups to all citizens. The patients using the healthcare services pays up to 30% of the actual cost of the health service and the government pays the remaining 70%. This national policy reflects exactly the goals set out by the World Health Organization and achieves provision of the right to health.

According to the right to health, healthcare does not have to be free but rather healthcare should be affordable and accessible without causing any financial strain on its users. With the government subsidizing up to 70% of the health care system, Japan has been a leading country in providing universal health care.

### World Health Organization (WHO)

The World Health Organization was established on 7 April, 1948, the date their constitution came into force. It originated with the idea of having a global organization that was mainly concerned with health. As situations change and social dynamics change, the World Health Organization found itself expanding their goals. Their mandate is to “direct and coordinate international health within the United Nations’ system.” The World Health Organization splits their work into distinct areas such as health systems, promoting health through the life-course, non-communicable diseases, communicable diseases, corporate services, preparedness, surveillance and response. The most tangible work the World Health Organization does is conduct research and shape the research agenda in order to stimulate the generation and disseminating such knowledge. They also set norms and standards for Member States to implement. In addition to articulating sensitive and thoughtful policy options for individual Member States, the World Health Organization also provides technical research and support to facilitate change and expand institutional capacity.

### United Nations International Children’s Emergency Fund (UNICEF)

The United Nations International Children’s Emergency Fund is a United Nations Programme located in New York that provides for humanitarian aid to specifically children and mothers. It was originally established after World War II by the United Nations to provide food, healthcare and other forms of aid to starving and ill European children. In 1953, UNICEF officially becomes a part of the UN. In 1959, the United Nations General Assembly adopted the Declaration of the Rights of the Child, which grants children the rights to education, protections, shelter, nutrition and most importantly, healthcare. When discussing the issue of promoting basic healthcare for all, one must take into account of women, children and persons with disabilities and therefore the UNICEF will work towards ensuring their rights to health are fulfilled by their respective governments.

## Timeline of Relevant Resolutions, Treaties and Events

Date	Description of event
	<b>Signing of the Constitution of the World Health Organization</b>
July 22, 1946	The constitution of the World Health Organization was adopted and signed on July 22, 1946 at the International Health Conference held in New York. This

constitution was the first to articulate “*health*” as a fundamental human right.

### **Adoption of the International Covenant on Economic, Social and Cultural Rights**

December 16, 1966

The International Covenant on Economic, Social and Cultural Rights treaty was adopted by the General Assembly (GA) on December 16, 1966 and was enforced on the first month of 1976. The treaty commits the signed members to work towards the right to health among other economic, social, and cultural rights.

### **Adoption of the General Assembly Resolution 81 on the 67<sup>th</sup> Session**

December 12, 2012

The resolution of the 67<sup>th</sup> session of the General Assembly #81 is the first resolution that talked about health in a global context. Prior to the adoption of this resolution, the United Nations Secretary General (UNSG) published a note regarding the same topic on global health and foreign policy.

### **Adoption of the General Assembly Resolution 70**

25 September, 2015

This recent resolution outlines the agenda and goals of working towards universal health coverage by the year 2030. It doesn't focus only on promoting basic healthcare but goes into some depth regarding the issue at hand.

## **Relevant UN Treaties and Events**

- International Covenant on Economic, Social and Cultural Rights, 16 December 1966 (**A/Treaty Series/Vol993**)
- Note by the Secretary-General: Global health and foreign policy, 16 September 2012 (**A/67/377**)
- Global health and foreign policy, 12 December 2012 (**A/RES/67/81**)
- Transforming our world: the 2030 Agenda for Sustainable Development, 25 September 2015 (**A/RES/70/1**)

## **Evaluation of Previous Attempts to Resolve the Issue**

It would be unfair to say that previous attempts to promote basic healthcare for all was ineffective. However, it is general consensus that the progress made has been at a very slow pace. National policies are extremely important in facilitating the provision of basic healthcare for all. One of the main problems identified is the debate over the funding methods of governmental healthcare systems, and another one of the main problems is the debate over who should be providing this healthcare.

The first dissent is generated from the numerous options a country can implement for funding for a universal healthcare system. Governments struggle to reach a consensus between single-player and multi-player funding. This impediment has slowed down the overall process of healthcare provision.

The second point of debate is on the question of who should provide for these healthcare services? Should the government simply insure and pay the private sectors to provide for these healthcare? Or should the government itself be the one to provide to provide for these services? Arguments for the former argues that there will be limited flexibility and quality if the government assumes the role of the healthcare distributor, while arguments for the latter present the concern of driving the costs of provision up unnecessarily by allowing the private business to provide.

## Possible Solutions

As stated in the previous section, the articulation of national policies is essential towards the development of a strong and steady healthcare system. Articulate legal policies are essential in order to move towards promoting basic healthcare for all. Possible enhancements of previous attempts should include policies not only regarding the provision of universal healthcare but also the financing of healthcare. There are several different approaches for financing healthcare. In 2012, the World Health Organization published a plan of action called “Health Systems Financing: The Path to Universal Health Coverage” The plan of action presented eleven specific actions that can be taken. Listed in the report are practical actions such as “support countries to regularly assess where they stand in terms of UC and how their health financing system functions” and “help countries develop or modify health financing strategies for UC, with subsequent implementation, monitoring, evaluation and revision as necessary.”

In addition to focusing on funding for these healthcare systems, member states should also provide extra attention to groups that would require targeted healthcare. These groups include women, children, adolescents, and persons with disabilities. Many of these groups not only face discrimination that might stand in the way of their health but also face discrimination in the healthcare industry. Raising awareness about the legal consequences of discrimination may be a first step towards a fairer health system. In addition, awareness about the reasoning behind why these group require extra help might incite sympathy and understanding within the general public.

Another possible solution is international cooperation and synergy. In order to achieve global coverage, free flow of advice and experience may prove to be invaluable when it comes to developing policies. By designating an organization to identify the key gaps between countries close to universal coverage and countries that are barely providing healthcare, countries may work in detail by addressing these gaps directly.



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