





Committee: Economic and Social Council (ECOSOC)

Issue: The question of ensuring healthcare and insurance systems for all

Student Officer: Begüm Uğurlu - Vice President

I. Introduction

Health is the most important matter each individual has so healthcare services are essential for every citizen. High-quality healthcare improves the quality of life and protects not only the person himself, but society as a whole, from any kind of diseases and illnesses. Health insurance facilitates access to the necessary healthcare and other services that follow it and is, of course, associated



with improved health, productivity, and lower death rates.

"Picture 1: Protest for Health Care Services"

Unfortunately, neither proper healthcare nor any kind of services associated with it can be properly accessed by millions around the world, because of a simple yet major factor, and its original cause: lack of insurance and expensive healthcare. In not only Less Economically Developed Countries (LEDCs), but also the world's most developed countries, many people lack health insurance and proper access to healthcare services due to their expensive prices. Despite recent developments, it is estimated that more than 28 million individuals still lack health care coverage and are at life-threatening risk.

The United Nations (UN) has taken great steps towards improving the living standards of many people by providing them easy access to health insurance and encouraging Member States to develop new insurance models and health services for their citizens as well as improve both their legislation, and health and insurance policies. Today, even though many European countries are with Universal Health Care (UHC) set by the UN and World Health Organization (WHO), many LEDCs especially in Africa and Latin America lack UHC. The United States (US) has not yet reached the standard of UHC but is now expected to make necessary improvements to its healthcare and insurance system since the COVID-19 pandemic has exposed major flaws in the current health system of the US. Member States are encouraged to follow the Sustainable Development Goals (SDGs) which include a goal of ensuring global health systems, and universal healthcare and insurance for all is a major step that needs to be taken immediately for the sake of millions.





This year's theme "Resilience amidst Uncertainty" can even be referred to as a policy followed by many member states in regards to national health care. COVID-19 pandemic has brought uncertainty and chaos to many states as well as damaging the health care systems significantly; however, the important thing for member states and the United Nations is to pursue their goal of providing healthcare for all regardless of the current state the world as a whole is in.

II. Involved Countries and Organizations

European Union (EU)

The European Union supports and assists the local EU governments as a part of its mission to perfect national health policies. It is in order to create a pool of resources, achieve common objectives and standards and reduce challenges. The primary focuses of the EU health policy include protecting and improving health, regulating any serious health threats that involve multiple EU countries, and providing equal access to modern and sufficient healthcare for all in Europe. The EU can adopt health legislation under the Treaty on the Functioning of the European Union.

United States of America (USA)

In 2010, Then-President Barack Obama signed the Affordable Care Act into law, which aimed to expand health insurance coverage to all Americans and to reduce healthcare spending and costs. The United States has a third-party payer healthcare system, so a health insurance plan repays doctors for the bulk of the cost of healthcare services they provide. In the US, a mixed system of private and public insurance is used. There are two major public programs: Medicaid, for low-income and disabled people, and Medicare, for people over 65 or younger people having certain diseases, disabilities, or kidney disease. 48% of Americans are enrolled in private health insurance through their employer. Most importantly the US has not yet reached the standard of UHC and is now expected to make the necessary improvements -or more appropriately, "innovations"- to its healthcare and insurance system since the COVID-19 pandemic has exposed major flaws in the current US health system. President Biden and Vice President Harris believe that healthcare is a right and therefore have opened a special enrollment for citizens to sign up for health insurance as well as reducing health care costs.

World Bank

Providing affordable, quality health services to the community, especially to women, children, adolescents, people dealing with mental health issues, and disabled people is a long-term investment in human capital - a major focus of the World Bank. In 2015, the World Bank Group (WBG) and its partners





established the Global Financing Facility (GFF), a multi-stakeholder initiative (partnerships between governments/civil society/private sector) designated to help countries in order to improve maternal, child and adolescent health services. UHC is the key for WBG to achieve twin goals of ending extreme poverty and increasing equity, being the driving force behind all of the WBG's health and nutrition investments.

World Health Organization (WHO)

Universal health coverage (UHC) aims to provide all people access to the health services they need, regardless of time and place, without any financial hardship. WHO recognizes achieving UHC as a strategic priority aiming for 1 billion more people to benefit from universal health coverage by 2023. In countries that have delicate health systems, the WHO focuses on technical assistance in order to build institutions and deliver services to make up for crucial gaps in emergencies. In settings with stronger health systems, WHO works to improve public health by encouraging health coverage for all - through means such as policy dialogue or strategic support to governments or insurance systems.

Venezuela

Venezuela's healthcare system deteriorated in 2014 as its economy faced great hardships.

Venezuela became the only Latin American country with increasing malaria incidents in 2014. Into the Maduro presidency, the government could not supply enough money for medical supplies among healthcare providers. Many Venezuelans died due to lack of medical professionals having scarce resources and using out-dated methods. A significant factor of this is the petty salaries of Venezuelan doctors. *The Wall Street Journal* reported that the "collapse of Venezuela's health system, once one of the best in Latin America, has led to a surgee in infant and maternal mortality rates and a return of rare diseases that were considered all but eradicated" in March 2019.

Argentina

Coverage for health, disability, retirement, death, or unemployment is offered by the National Health Insurance Administration (La Administración Nacional del Seguro de Salud). Because Argentina is a federal republic, the public health system is administered at a municipal level. Usually, the primary health care is managed by cities themselves. Primary health care is often independently managed by each city. The health care in Argentina is divided into three sectors: The public sector, Social security, and Private sector. Health insurances in Argentina are very much localized and the policies for the insurance may vary from city to city and a specific insurance policy may be invalid in another city as well, for that reason it is better to have an international insurance.





III. Focused Overview of the Issue

1. Healthcare as a Human Right

The WHO Constitution (1946) envisages "...the highest attainable standard of health as a fundamental right of every human being." Recognizing health as a human right endorses a legal obligation on states to ensure access to timely, acceptable, and affordable health care of sufficient quality as well as to provide the fundamental determinants of health that include safe and potable water, sanitation, food, housing, health-related information and education, and gender equality. The right to health is part of internationally agreed human rights standards, and cannot be separated from these other rights.

2. Understanding Health Insurance

Health insurance is for people to protect themselves from medical care expenses if they become severely ill or face an emergency, and to ensure that they have efficient access to health care in times of need. They help people afford health care, making them pay an amount based on the average cost of medical care. Two types of health insurance are: "Taxpayer-funded" which is funded by federal and state taxes (Medicare, Medicaid and Children's Health Insurance Program (CHIP)), and "Private-funded" which is provided mostly through employer-sponsored plans (Blue Cross and Blue Shield plans, HMOs, and self-funded employer plans) States usually regulate the business of health insurance but some federal laws also govern health insurance.

3. Healthcare Models

There are four major healthcare models that can be followed: the Beveridge model, the Bismarck model, national health insurance, and the out-of-pocket model. Even though every model is different from each other, many countries prefer to follow a hybrid model involving distinct features from several models instead of following one strictly. The Beveridge Model was created in the United Kingdom (UK) in 1948 and now is used by the UK, Spain, New Zealand, Cuba, Hong Kong, and the Veterans Health Administration in the US. In this model, the government, funded by taxes, is the only payer so there's no competitiveness and higher prices in the market, and every tax-paying citizen is guaranteed the same healthcare without any bill; however, the model's criticized for the risk of the state being in a crisis and not being able to provide the necessary healthcare for its citizens. In the second model, the Bismarck Model, the employers, and employees fund their own health insurance through "sickness funds" which are created by deductions from their payroll. Providers and hospitals are generally private, though insurers are public. This model that's criticized for its inability to provide insurance to non-working citizens is used by Germany, Belgium, Japan, Switzerland, the Netherlands, France, and some employer-based healthcare plans in the US. The national





health insurance model blends different aspects of both the Beveridge model and the Bismarck model, the government acts as the single-payer for medical procedures but the providers are private. Essentially, this model is universal insurance that doesn't make a profit and it's cheaper and simpler because there's no need for marketing, no concern for profit or no financial motive to deny claims; however, it is criticized for long waiting lists and delays in treatment, and it is used by Canada, Taiwan, and South Korea, similar to the model of Medicare in the US. Finally, the fourth model, the out-of-pocket model, is the most common model in less-developed regions in which the patients are to pay for their own medical expenses and the healthcare is driven by income. The model is used in rural areas in India, China, Africa, South America, and uninsured or underinsured populations in the U.S. These models are very significant because they all indicate the economic and social status of each member state that they belong to as well as drawing attention to the difficulties that the citizens face. Many of these models are not fully applied or integrated into the 21st century needs. Especially during the pandemic many models showed that they were insufficient.

4. Universal Health Coverage (UHC)

UHC does not necessarily mean free access to every health service for every individual. Every nation has a unique way of achieving UHC and deciding what to cover regarding the needs of their people and their resources. Though UHC does emphasize the importance of access to health services and information as a fundamental human right. WHO recognizes achieving UHC as a strategic priority and targets 1 billion more people to profit from UHC by 2023. UHC should be based on strong, people-centered primary health care since proper health systems focus not only on preventing and treating illnesses but also on helping to improve quality of life. Countries with universal healthcare include Austria, Belarus, Bulgaria, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Isle of Man, Italy, Luxembourg, Malta, Moldova, Norway, Poland, Portugal, Romania, Russia, Serbia, Spain, Sweden, Switzerland, Turkey, Ukraine, and the United Kingdom. The application of UHC is obviously very hard especially for LEDCs that are struggling with economic stability due to the pandemic; however, on an optimistic note, UHC can be achieved with necessary aid even though currently the required economic stability seems a bit far-fetched.

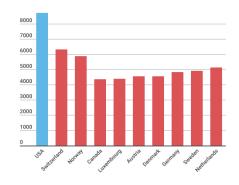
5. United States Health Policy

The US public policy of health care has depended on for-profit corporations and their reliance on the tools of the marketplace (competition, marketing, consumer choice, etc.) since the late 1970s. This commercialized and corporatized model is the cause of the demand for fundamental reform by Americans and the issue of healthcare became one of the most significant topics of the political agenda during the presidential election campaign. Medical costs have risen while the quality of and access to healthcare has degenerated. Americans pay more than twice as much per person on health care and prescription drugs compared to other developed countries. Between 2008 and 2018, premiums for employer-sponsored





insurance plans increased by 55% - twice as much as earnings of workers (26%) whereas the average health insurance increased by 212%. The US ranks near the bottom on multiple health indicators including infant mortality, life expectancy, and preventable mortality compared to other developed countries. In 2010, President Barack Obama signed the Affordable Care Act into law which aimed to expand health insurance coverage to all Americans and to reduce healthcare spending and costs. The law faced a number of legal challenges especially in 2017-18, and a July 2015 poll by the Kaiser Family



Health Expenditures Per Capita

"Picture 2: Chart of Health Expenditures per Capita"

Foundation showed 78% of Americans believe that the law will continue to face challenges in the future. Due to how complex and large the healthcare industry is - accounting for one sixth of all spending in the US - and the political disputes about the law and the effects of its reforms are still uncertain.

6. Healthcare in Less Economically Developed Countries (LEDCs)

The greatest problem that is faced is insufficient health care services in LEDCs. Eventually, whether expensive or cheap, proper healthcare is a lot easier to access in Europe. Especially in Africa and Latin America due to the huge population as well, healthcare facilities and workers are not sufficient. This population problem is also increased by low GDP and unstable politics. For that reason, the UN and other international organizations are primarily aiming for these regions to help the inadequate healthcare services. The application of UHC is obviously very hard especially for LEDCs that are struggling with their economic stability due to the pandemic; however, on an optimistic note, UHC can be achieved with necessary aid even though currently the required economic stability seems a bit far-fetched.

IV. Key Vocabulary

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

Insurance: Insurance is a contract that is represented by a policy, in which an individual or an entity receives financial protection or compensation against possible losses from an insurance company in accordance with the contract. Health insurance is a specific type of insurance that covers medical expenses - that may include hospitalization, medicine, and doctor consultation fees - in the case of an illness or an emergency.

Universal Health Coverage (UHC): Universal health coverage (UHC) aims to provide all people access to the health services they need, regardless of time and place, without any financial hardship.





V. Important Events & Chronology

Date (Day/Month/Year)	Event
March 2010	the Affordable Care Act was signed into law by President
	Obama
2015	World Bank and its partners established the Global
	Financing Facility (GFF) in order help countries with
	healthcare
June 2019	The first-ever G20 finance and Health Ministers joint session
	was hosted by Japan
September 2019	The first-ever UN High-Level Meeting on UHC was held
December 2020	A/RES/75/L.41 on "Global health and foreign policy:
	strengthening health system resilience through affordable
	health care for all" has passed

VI. Past Resolutions and Treaties

- Treaty on the Functioning of the European Union / Article 35 - Health care (2007)

The article states that "Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities" as a part of the official Charter of Fundamental Rights of the European Union. The article only managed to create a foundation for the issue and remained very far away from action-taking.

- A/75/L.41 (2020)

Adopted on the 14th of December, 2020, the resolution on the topic of "Global health and foreign policy: strengthening health system resilience through affordable health care for all" was voted against only by the US (181 in favor) and calls for member states to strengthen their national systems by ensuring affordable health care for all and their resilience to be prepared for related emergencies. The resolution has still not been fully achieved due to its earlier acceptance however currently, this resolution is a great guideline for many members of the UN.





VII. Failed Solution Attempts

In 2010, President Obama signed the Affordable Care Act into law which aimed to expand health insurance coverage to all Americans and to reduce healthcare spending and costs. However the Affordable Care Act could not be fully implemented and many efforts were made to repeal the act during the Trump administration, temporarily holding back the improvement of the healthcare system.

The European Union, the United Nations, World Bank and many other international organizations have been trying to provide financial aid as well as equipment and staff to LEDCs and regions without proper healthcare for years; however, in regards to the world's current status, this support is still insufficient. The GFF initiative was also unsuccessful since the aid that the initiative provided was effective but also insufficient.

VIII. Possible Solutions

These kinds of social and economic problems may have multiple possible solutions with different effects and means. Delegates should strive to provide resolutions that cover all aspects of the issue and have a variety of solutions from the easiest to the hardest, from the longest term to the shortest term solution. For that reason while examining the issue at hand first breaking it into its pieces may be helpful.

The primary solution could be changed in the legislation of the Member State. This could include the passing of a new law, act, amendment, or the improvement of already existing legislation. While using this idea delegates should bear in mind that not every country may be able to make these legislative changes in the fastest manner provided that every state has its own process of passing laws and the law or that specific change may face certain barriers throughout the process. Since compliance with the UHC is the key, Member States should improve their legislations regarding insurance companies, healthcare systems, and even their budget - which brings the issue to another level regarding its economic aspect. Bearing in mind that health care is indeed expensive, to make it as affordable as possible to its citizens may be hard for states that do not have enough resources. For that purpose, delegates may include clauses in their resolutions that aim to provide that resource to especially LEDCs by many different means such as financial aid, international collaboration, assistance by WHO or the WBG, or any other initiative with the hopes of strengthening the government's budget for its health care services and of course interference of international organizations becomes pretty essential at this point as well.

Other solutions may include adequate funding of children's health insurance programs, the establishment of a permanent federal reinsurance program, even though it may seem insignificant but raising





awareness regarding the necessity of health care coverage by encouraging low-income families as well, or telehealth and remote patient monitoring for more improved health care systems.

IX. Useful Links

https://undocs.org/en/A/75/L.41: (UN Resolution on the topic of "Global health and foreign policy: strengthening health system resilience through affordable health care for all", passed in December 2020)

https://europa.eu/european-union/topics/health_en: (for further research on EU policy for health)

https://www.worldbank.org/en/topic/universalhealthcoverage: (for further research on UHC)

https://www.hcsc.com/understanding-health-insurance/how-insurance-works: (for further research on insurance)

https://ballotpedia.org/Healthcare policy in the United States: (for further research on the US healthcare)

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