



**Forum:** 3<sup>rd</sup> Committee (Social, Cultural, and Humanitarian)

**Issue:** Finding measures for the development of a universal healthcare system

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**Position:** Deputy Chair

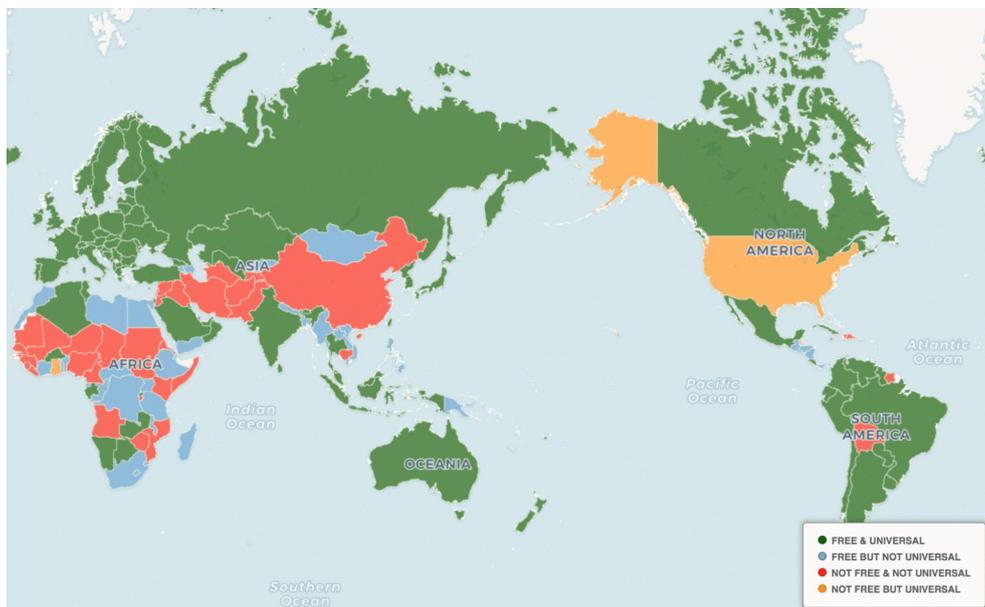
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**Introduction:**

Universal health care encompasses any actions taken by the government to provide medical services to as many citizens as possible regardless of their ability to pay. Across all member nations, we see different approaches to this challenge including minimum health standards and regulations as well as programs that cover the entire population. However, the ultimate goal is health coverage for all citizens.

As of today, all but 43 countries in the world offer free or universal health care to their citizens according to an STC report. It is Important to note that across those nations that offer universal health care, the standards vary widely. However, the goal amongst all is to make healthcare as affordable and accessible as possible for the largest number of people.

The following map shows all those countries that offer free or universal health care to a certain degree as well as the nations that offer neither. Especially many countries across Africa and South Asia still lack an affordable health care system that would provide their citizens with needed medical services.



**Terminology:**

**Free Health Care:** A system that provides health care to all citizens at little to no cost

**Universal Health Care:** A system that provides health care to all citizens paid for by the citizens themselves, usually through taxes

**Background information:**

Universal health care itself comes with a lot of benefits for both the state as well as its citizens. The most obvious one being the universal access to health care and medical services and that no one goes bankrupt from medical fees. Universal health care furthermore equalizes service with no doctor being able to sell better services to wealthier patients. This means everyone gets the same level of care, leading to a healthier workforce and longer life expectancy. A universal health care system can also tackle the issue of inequality by giving everyone the same services and care from birth. Because the government is in full control of prices for medication and services through regulations, the overall health care costs are lowered. Additional costs that are lowered due to universal health care are administrative costs for doctors because they only have to deal with one government agency instead of numerous insurance companies.

There are three different models of health care systems that are successfully being used amongst the member nations:

Single-Payer Model

In the single-payer system, also called the Beveridge Model, the government provides free health care paid for with revenues from income taxes. The term "single-payer" describes the mechanism by which health care is paid for by a single public authority, not a private authority, nor a mix of both. Some characteristics include that the services are government-owned and service providers are all government employees. Every citizen has the same access to care. It is in the interest of the government to collect and analyze data and take actions in order to ensure that doctors and hospitals provide quality care at a reasonable cost. The United Kingdom developed the single-payer system and countries like Spain, New Zealand or Cuba have adopted it ever since.

Social-Health Insurance Model

Countries that use a social health insurance model require everyone to buy insurance, usually through their employers. The taxes go into a government-run health insurance fund that covers everyone. Private doctors and hospitals provide services. The government controls health insurance prices. Germany's chancellor Otto v. Bismarck developed this system and it is therefore often



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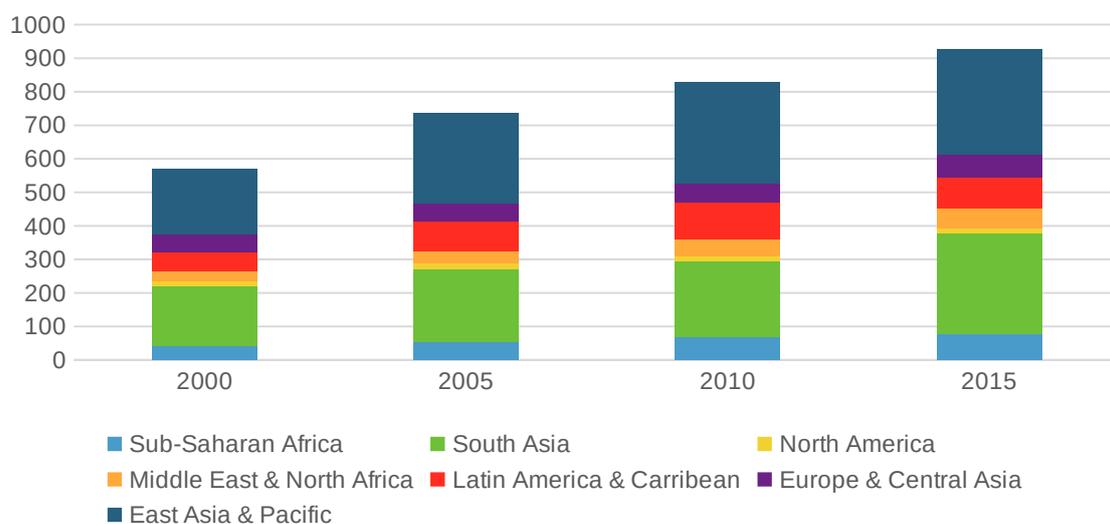
referred to as the Bismarck model. Other countries that have implemented this model are France, Belgium, the Netherlands, Japan and Switzerland.

### National Health Insurance

The national health insurance model uses public insurance to pay for private-practice care. Every citizen pays into the national insurance plan. Because there is only one insurance company the administrative costs are lower. In such a model, the government has a lot of influence to force medical costs down. Countries that have adopted and use this model are Canada, Taiwan and South Korea.

As mentioned before most member states provide their citizens with universal health care and medical services and simultaneously enjoy a healthier workforce and a higher life expectancy. However, there are still multiple countries and areas that lack the establishment of a health care system and the effects of that are tremendous. According to the Office of Disease Prevention and Health Promotion the lack of a functioning health care system can lead to unmet health needs, delays in receiving appropriate care and financial burdens. A statistic from the World Bank has compared health expenditures across different regions from 2000 to 2015 and came to the conclusion that the costs are increasing every year and that more than 920 million people spent more than 10% of their household income on health care in 2015. Especially in those regions with little to no universal health care (most of Africa and South Asia) an increasing number of people experiences the financial burden that comes into place when their respective country does not offer universal health care.

number of people spending more than 10% of household consumption on out-of-pocket health expenditure (in millions)



*The World Bank: Global Trends in Catastrophic Health Expenditure*



A missing health care system can furthermore lead to social inequality when poorer families simply cannot afford medical treatments for themselves or their children which also results in increased infant mortality. Especially with global pandemics like COVID-19 and other diseases affecting the world, the question of the implementation of a universal health care system in all member states is becoming increasingly pressing, and is of vital importance to global health and social care.

### **Historical background:**

The constitution of the World Health Organization (WHO) in 1946 marks the first formal declaration of a right to health in international law. The constitution reads out: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. (...) Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.” By that the WHO established the right to health as a fundamental inalienable human right that no government can restrict but must rather protect and uphold.

Two years later the right to health care and medical services was picked up and addressed again by the Universal Declaration of Human Rights (UDHR). Article 25 of the declaration 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, (...) medical care and necessary social services.” This declaration was another important step towards a universal health care system because it granted the right to health for everyone on an international level. All member states have adopted the standards of the UDHR – including the recognition of the right to health and medical services.

The United Nations further defined the right to health and the measures to protect it in Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (CESCR), which states that “the States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” In order to protect this right, states have to ensure that a sufficient quantity of medical services, health care facilities and goods in general is provided to all citizens without any distinction of race, ethnicity or religion. Furthermore, the government has to provide these services at an affordable cost so that there is no economic distinction among the citizens. This treaty was signed by all UN countries. It was ratified by all



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countries except three—Palau, Comoros, and the United States of America. All nations that have signed this treaty are constantly being controlled and reviewed on the status of their health care system and the state's protection of the right to health.

In 2000, the United Nations' Committee on Economic, Social and Cultural Rights issued General Comment No. 14, which addresses "substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights" with respect to Article 12 and the right to the highest attainable standard of health." It further reminded all member nations that the right to health can only be ensured and protected by a state that recognizes that each individual holds an inherent right to the best feasible standard of health. However, the General Comment No. 14 also states that the *right to health* cannot be interpreted as a right *to be healthy*. It rather interprets the right to health as the freedom and entitlement to the state's available resources.

The necessity for the CESCR General Comment No. 14 shows that even 30 years after Article 12 of the International Covenant on Economic, Social and Cultural Rights the right to health was interpreted differently and that member nations were struggling to implement the guidelines and principles made by the Covenant.

### **How to prepare as a delegate:**

As a delegate, you should inform yourself about the topic as a whole, and your country's stance on the issue. Apart from reading the chair research reports, online sources such as official UN documents can be used for more information, however, you should always consider the potential bias of sources, especially on political issues. Some reliable sources can be found under the "Useful Links" section of this document. For this issue, you should consider the type and status of your country's health care system. Ask yourself questions like *How does it work? How is it being financed? or Who has what kind of access?* Also, consider looking deeper into the history of how that system was implemented in order to be able to come up with ideas and measures to help all member states implement a universal health care system themselves.

**As a delegate, you are expected to write position papers on two of the issues in your committee, and a resolution on one issue, however you should still be informed on all issues being debated.**



### **Relevant UN Treaties, Resolutions and Documents:**

International Covenant on Economic, Social and Cultural Rights (1966):

→ <https://www.ohchr.org/EN/professionalinterest/pages/cescr.aspx>

Universal Declaration of Human Rights (1948)

→ <https://www.un.org/en/universal-declaration-human-rights/>

CESCR General Comment No. 14 (2000): The Right to the Highest Attainable Standard of Health (Art. 12)

→ <https://digitallibrary.un.org/record/425041>

Constitution of the World Health Organization

→ [https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf#page=7](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=7)

### **Useful links:**

[https://en.wikipedia.org/wiki/Health\\_care\\_systems\\_by\\_country](https://en.wikipedia.org/wiki/Health_care_systems_by_country)

(consider checking the “References” section at the very bottom of the page too)

[https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

(Consider watching the clip about the pilot program launched in Kenya)

<https://www.youtube.com/watch?v=1d3QLPdHysc>

(Example of a health care system)

<https://globalresidenceindex.com/hnwi-index/health-index/>

(previously shown map + stats about each country’s health index)

<http://datatopics.worldbank.org/universal-health-coverage/>

(Universal Health Coverage Data with special regards to specific regions and continents)



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<https://www.euro.who.int/en/health-topics/health-policy/sustainable-development-goals/q-and-a-health-and-the-sustainable-development-goals/7.-how-does-health-feature-in-the-2030-agenda>  
(Goal 3 from the 2030 Agenda for Sustainable Development)

### **Sources:**

<http://datatopics.worldbank.org/universal-health-coverage/>

<https://www.internationalinsurance.com/health/countries-free-healthcare.php>

<https://globalresidenceindex.com/hnwi-index/health-index/>

<https://www.masterclass.com/articles/what-is-universal-health-care#what-is-universal-health-care>

<https://www.who.int/news-room/detail/23-09-2019-who-welcomes-landmark-un-declaration-on-universal-health-coverage>

<https://www.uhc2030.org/un-hlm-2019/a-history-of-universal-health-coverage-in-the-un/>

<https://www.un.org/pga/73/event/universal-health-coverage/#:~:text=INTRODUCTION,they%20need%2C%20without%20financial%20hardship.&text=UHC%20delivers%20on%20the%20human,is%20the%20foundation%20for%20UHC.>

<https://www.thebalance.com/universal-health-care-4156211>

[https://en.wikipedia.org/wiki/Health\\_care\\_systems\\_by\\_country](https://en.wikipedia.org/wiki/Health_care_systems_by_country)

[https://apps.who.int/gb/bd/pdf\\_files/BD\\_49th-en.pdf#page=7](https://apps.who.int/gb/bd/pdf_files/BD_49th-en.pdf#page=7)



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[https://www.americanbar.org/groups/crsj/publications/human\\_rights\\_magazine\\_home/the-state-of-healthcare-in-the-united-states/health-care-as-a-human-right/](https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/health-care-as-a-human-right/)