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Forum:	4th Committee of the General Assembly
Issue:	Acting upon Racial Disparities in Health Care
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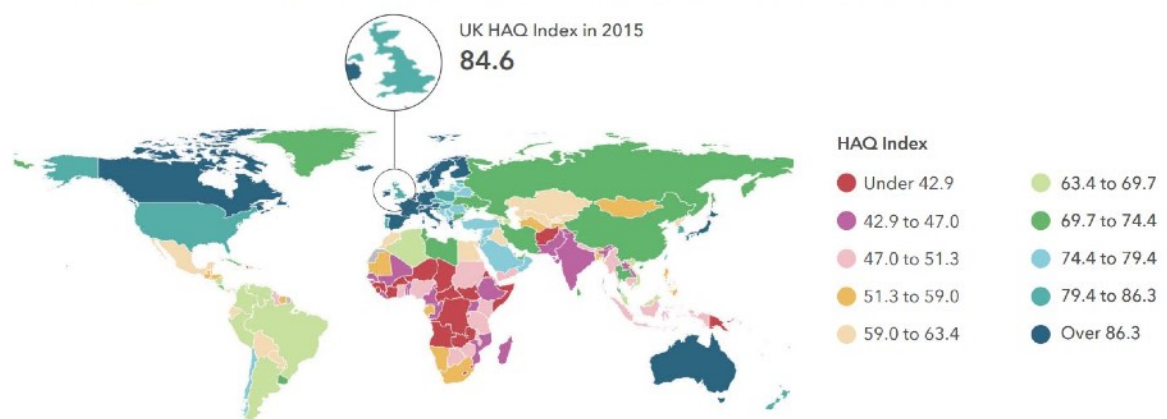
Description of the Issue:

„Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death.“

- Martin Luther King Jr., 1966

Racial Disparities in Health Care refer to differences in health care between groups, which are characterised by wider inequalities. The disparities have been documented over decades and reflect the longstanding structural and systemic inequities rooted in racism and discrimination. Moreover there is evidence that certain racial and ethnic groups receive lower quality of medical care and that their access to health care is more difficult. Patients who refer to a minority group experience higher morbidity and mortality from chronic disease than non minorities. Especially the Covid-19 pandemic has demonstrated that racial and ethnic disparities are still an unsolved issue in many countries e.g. in Africa. Many statistics demonstrate that a number of deaths could have been avoided by ensuring an accessible health care to every citizen not limited to their racial or ethnic belonging.

Mapping personal healthcare access and quality worldwide in 2015



Source: <https://www.lshtm.ac.uk/newsevents/news/2018/healthcare-inequality-between-countries-grows-despite-global-improvements>



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The diagram below demonstrates Healthcare Access and Quality worldwide. Especially countries in Africa and Asia have to face lower health care, such as The Federal Republic of Nigeria or The Democratic Republic of the Congo. Racial disparities not only exist between different countries but can also concern minority groups within a country. Taking everything into consideration nowadays many people still experience injustice concerning healthcare due to their ancestry.

Background information:

Racial disparities in Health Care are still an unsolved issue. The disparities in access to health care don't only exist between More Economically Developed Countries (MEDCs) and Less Economically Developed Countries (LEDCs), but the differences can refer to minority groups within a country. Racial and ethnic minority groups have to face worse medical treatment which causes more deaths and infections by diseases. The access to health care has a huge impact on the distribution of medical treatment, which is the cause that minority groups get treated worse. Reasons for limited access to health care are lack of access to adequate health coverage, geography, provider stereotyping and access to providers.

In the following I will give some examples of countries in which there are major differences when it comes to health care access for different (ethnic) groups. Even though I have covered different continents in my overview there are unfortunately many more groups affected worldwide so you must research thoroughly what the situation is like in your country.

There is clear evidence that in the United States inequalities between citizens exist due to their racial and ethnical belonging. Here the level of uninsurance for Hispanics is 34% compared with 13% among whites. Another proof for disadvantages is that Native American and Native Alaskan women who are pregnant more often lack prenatal care in the first trimester. Nationally, minority women are more likely to avoid a doctor's visit due to costs. The financial situation reflects on all age groups, due to the fact that people who are diagnosed with dementia and belong to a racial and ethnic minority group, are 30% less likely than whites to use anti-dementia medications due to cost. Especially people of color have to face a lower medical treatment in the United States but the issue is not only unsolved in the US.

Even though life expectancy in China is above the world average, wider inequalities between different groups including Uyghurs exist. For instance, the maternal and child mortality rate in the poorest regions is 10 times higher than in the richest and in rural areas 2.5 times higher than in urban



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areas. In addition to that the gap in life expectancy between the richest and poorest provinces is as high as 13 years. Especially Uyghurs have to face a lower medical treatment and worse care due to their ethnic belonging. Many women are forced to undergo abortion and/or sterilization in order to reduce the minorities population. . There is a huge difference between Uyghur people and other ethnic and racial groups in China concerning life expectancy, infant mortality, maternal mortality and morbidity. Uyghurs have to face a lot of discrimination in China and many of them even have to live in concentration camps, therefore they do not get an equal and qualitative access to medical care.

Racial Disparities in health care also exist in Myanmar. The Rohingyas, which is a minority that lives in western Myanmar on the border with Bangladesh, are not only persecuted due to their ethnic and racial background moreover they have to face worse living standards which include poor health care. Many Rohingyas don't have a regulated access to clean water, sanitation and hygiene, so that the majority of the population suffers from transmittable diseases. Diseases such as blindness have been caused by malnourishment due to a lack of vitamin A. Malnutrition is as high as 50% in children which leads to a higher child mortality. Especially there is lack of recourse to long-term or ongoing health care, therefore patients with fractures or diabetes struggle to receive basic care.

Taking African countries into consideration, South Africa has a huge gap in equal access to medical treatment, bearing in mind that the wealthiest 10 % of the country receive 51 % of the income, while the poorest 10 % receive only 2 % of the income. Especially diseases such as HIV/AIDS, Tuberculosis or Malaria are particularly widespread among minorities, as they do not receive adequate care and treatment. Moreover, the lack of access to resources makes it impossible for them to protect themselves against these diseases in the long term. These differences are rooted in racial disparities in health care and due to the Covid-19 pandemic the inequalities have increased.

The pandemic has actively demonstrated that disparities in health care exist and are still unsolved. Unfortunately not every country has the same access to vaccines which is the reason that minorities tend to receive lower protection and care especially in times such as the current Covid-19 pandemic. Bearing in mind that Article 25 of the United Nations' 1948 Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-



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being of himself and of his family, including food, clothing, housing and medical care and necessary social services." Every citizen should have the access and opportunity to get an extensive medical treatment. Closing the disparity gap is not only morally and professionally imperative, it remains an obtrusive civil rights injustice that must be addressed. Taking everything into consideration measures such as providing all legal residents with affordable health insurance is an essential part of eliminating racial and ethnic disparities in health care. Many societies are increasingly becoming ethnically and racially diverse. Those measures may not fully close the disparities gap. Moreover achieving these destinations would dramatically improve the lives of all people and the future of many nations.

Historical information:

Racial disparities in health care have a longterm history and still influence many citizens in different countries. The historical background is important regarding the issue in order to find measures and actively solve the difficulties. With this knowledge, public health practitioners can consider what to implement to overcome these historical burdens that affect the everyday life of many citizens in various countries. The differences in health care are not just the products of contemporary circumstances, moreover they have a historical continuum. Factors such as war, economics, intellectual movements, and mass migration from the past can still influence the countries health care access nowadays. In general racial disparities in health care are rooted in discrimination and racism.

Many actions have been taken so far in South Africa, where the political and economic situation has dramatically changed in the past decades. Especially apartheid policies affected the lives of many citizens including the health sector. The impact of apartheid still influences minorities and they get a worse health care treatment. Nevertheless a focus has been placed on minority groups which have to face an unequal treatment due to their belonging after the apartheid by organizations in order to reduce the disparities.

Many organizations have taken action so far including the World Health Organization (WHO). The Sustainable Development Goals (SDGs) state clear visions including progress on reducing inequalities especially in equity and human rights . Equity, social determinants, gender equality and rights play an important part in improving health outcomes for women, children and minority groups, particularly among the disadvantaged and marginalized. . Based on plans for a renewed global strategy



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the WHO has sent experts to different countries in Africa to educate people in order to reduce inequality and racial disparities in health care.

The Concept:

- Learn about the concepts, principles of, and approach to equity, social determinants, gender, and human rights, and the opportunities for engaging with international human rights monitoring bodies for action;
- Familiarize with the existing tools for identifying the subpopulations being left behind in the SDG health-related targets and integrating actions on equity, gender, human rights and social determinants;
- Learn and share country experiences on the implementation of programs to ensure universal coverage and leaving no one behind through the lens of equity, social determinants, gender, and human rights.
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The World Health Organization has carried out these concepts in many countries where racial disparities exist in order to eliminate the gap in medical treatment and strive for an equal health care system.

Moreover actions in other countries such as the United States have been taken, where racial disparities exist between white people and people of color (POC). The UNC Health Care system was established by the North Carolina General Assembly in 1998 and started to provide patient care, educate physicians and other health care professionals, advance research and promote the health and well-being of the citizens. Since 1998 many other organizations and hospitals have joined the UNC Health Care system in order to solve the problem. Moreover The Commonwealth Fund has established programs on Reducing Racial Disparities in Health Care by Confronting Racism. Actions such as addressing racial disparities in cancer treatment and promoting cancer screening among racial and ethnic minorities have been taken to reduce racism and discrimination.

In addition many resolutions have been adopted by the United Nations, which clearly state to overcome disparities in health care spheres. Resolution 67/81 adopted by the General Assembly on 12th December 2012, on Global health and foreign policy states in OC 4:

„Also invites Member States to adopt a multisectoral approach and to work on determinants of health within sectors including, as appropriate, through the health-in-all-policies approach, while taking into consideration the social, environmental and economic determinants of health, with a view to reducing health inequities and enabling sustainable development, and stresses the urgent



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need to act on social determinants for the final push towards the achievement of the Millennium Development Goals.“

Racial disparities in health care exist therefore increasing awareness is essential in order to eliminate inequalities. Especially bias, prejudice, stereotyping and clinical uncertainty contribute to disparities. This causes racial and ethnic minority patients to be more likely to refuse treatment.

In general racism and discrimination are the main causes of injustice, therefore education is very important in many countries to eliminate the problems and make sure that every citizen has the same access to medical care.

Glossary:

Discrimination: The unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion and other categories.

Equality: Access of equal opportunities, where individuals are protected from being discriminated against and have the same access to factors such as medical treatment.

Equal Opportunity: Principle of non-discrimination which emphasizes that opportunities in education, employment, advancement, benefits, access to health and other areas should be available to all citizens irrespective of their age, race, sex, religion, political association, ethnic origin, or any other individual or group characteristic unrelated to ability, performance, and qualification.

Race: A social construct that divides people into distinct groups based on characteristics such as physical appearance, ancestral heritage, cultural affiliation, and cultural history, ethnic classification, based on the social, economic, and political context of a society at a given period of time.

Racism: prejudice or discrimination by an individual, community, or institution against people on the basis of their membership of a racial or ethnic group, typically one that is a minority. the belief that different races possess distinct characteristics, abilities, or qualities, especially so as to distinguish them as inferior or superior to one another.

Apartheid (in South Africa): a policy or system of segregation or discrimination on grounds of race.



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Useful links:

- <https://news.un.org/en/tags/health-care>
(Health care news regarding your country)
- <https://www.un.org/site-search/?query=disparities+in+health+care>
(Actions that have been made in the past by the UN)
- <https://www.youtube.com/watch?v=ECKeJQd2IdY>
(Getting a brief overview about the health care system)
- <https://www.un.org/sustainabledevelopment/health/>
- <https://ourworldindata.org/health-meta>
(Historical information)
- <https://www.who.int>
(Find actions your country might have been a part of, WHO is)
- <https://news.un.org/en/story/2007/03/212762-rising-racial-discrimination-undermines-development-goals-un-warns>
(Health Care news)



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How to prepare as a Delegate:

As a delegate you are expected to write two position papers and one draft resolution regarding different issues in your committee, due to the fact that you must be informed about all the issues which will be debated.

While preparing as a delegate it is recommended to take a proper look on the passed resolutions about the topic. For your position paper, you should firstly mention to what extent your country is, directly or indirectly, affected by the issue. It is highly recommended to focus on international actions which have been taken in the past few years, including programs your country might have been a part of. Especially an intense information about the historical aspects is important while writing the position paper. Try to state a clear vision of the topic regarding your country in order to understand and represent the country's political opinion. You should definitively take a look on the sources we listed below to find information you could use for your position paper or resolution as well as to gain an overview about racial disparities in health care. An intense research is important while writing the resolution in order to come up with measures and ideas which convince the other member states of your point of view and proposal. Moreover an adequate resolution is supposed to make the debate more productive and successful. Especially as a **first timer** it is recommended to begin early with the research and writing process. Make sure to submit your position paper and draft resolution until the deadline (3rd September 2021).

UN Resolutions:

- I. United Nations General Assembly Resolution 74/20 Global health and foreign policy (2019):
<https://documents-dds-ny.un.org/doc/UNDOC/LTD/N20/339/79/PDF/N2033979.pdf?OpenElement>
- II. United Nations General Assembly Resolution 67/81. Global health and foreign policy (2012):
https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81
- III. United Nations General Assembly Resolution 75/L.41 Global health and forge in policy strengthening health system resilience through affordable health care for all (2020):
<https://documents-dds-ny.un.org/doc/UNDOC/LTD/N20/339/79/PDF/N2033979.pdf?OpenElement>



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Sources:

<https://www.lshtm.ac.uk/newsevents/news/2018/healthcare-inequality-between-countries-grows-despite-global-improvements>

<https://www.himss.org/resources/global-health-disparities-infographic>

<https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>

<https://www.afro.who.int/health-topics/polio>

<https://www.un.org/en/global-issues/health>

<https://news.un.org/en/tags/health-care>

<https://www.who.int/initiatives/act-accelerator/covax>

<https://www.un.org/sustainabledevelopment/health/>

<https://ourworldindata.org/health-meta>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2465481/>

<https://www.who.int/sdhconference/background/news/facts/en/>

<https://publications.iadb.org/publications/english/document/Racial-and-Ethnic-Disparities-in-Health-in-Latin-America-and-the-Caribbean.pdf>

<https://link.springer.com/article/10.1007/s42379-018-0015-y>

<https://www.afro.who.int/news/building-capacity-reducing-health-inequalities-regional-ger-sd-workshop-kicks-tanzania>

<https://www.ama-assn.org/delivering-care/patient-support-advocacy/reducing-disparities-health-care>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2636545/>

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30472-8/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30472-8/fulltext)

<https://borgenproject.org/health-disparities-during-apartheid/>

<https://blogs.bmj.com/bmj/2018/12/31/providing-healthcare-in-the-camps-of-the-rohingya/>

<https://www.un.org/site-search/?query=disparities+in+health+care>

<https://www.jstor.org/stable/27756460>