Forum: SPC 2 on Accountability in Governance

Issue: Promoting universal healthcare for all citizens

Sponsor:                          Delegation of India ,

Co-submitters: Ghana, Ukraine, Lao PDR, Poland, Ireland, Chad, USA, Brazil, Japan, Colombia, Qatar, Denmark, South-Sudan, Angola,

The Special conference 2,

Alarmed by the 400 million people globally lacking access of one or more essential health services, the 100 million people who are pushed into poverty and 150 million people who suffer from financial catastrophe because of out-of-pocket expenditure on health services (WHO Factsheet UHC),

Emphasizing the importance of Universal Health Care (UHC), which is defined as dealing with equity, development priorities and social inclusion while providing healthcare to all, especially as the 65th World Health Assembly meeting in Geneva identified universal health coverage (UHC) as a key imperative for all countries to consolidate the public health advances,

Noting that the UHC demands good monitoring of many components for instance meaning to have good political accountability, which may not be possible at the moment in countries, which are unstable governmentally,

Keeping in mind that there has to be a sufficient number of health services available and these services have to be well functioning as well as of high quality, accessible physically and financially and indiscriminately,

Guided by the 2030 Agenda for Sustainable Development established on the 25th of September 2015, consisting of the 17 Sustainable Development Goals (SDGs) to end poverty, to fight injustice inequity, and tackle climate change. Of which, good health plays a major role in achieving,

Noting with approval the 3rd SDG, which aspires to ensure good health and wellbeing for all and to end diseases, such as AIDS and malaria by 2030,

Fully aware of the 32 % of total health expenditure worldwide comes from out-of-pocket payments (WHO Factsheet UHC),

Fully alarmed by the discrimination faced by marginalized groups in the health industry,

Exampled by how three of the world’s most fatal communicable diseases, malaria, HIV/AIDS and tuberculosis, disproportionately affecting the world’s poorest populations therefore creating a higher mortality and morbidity rate than the general population which overall leads to economic and social disadvantages,

Further recalling the fact that the prison officials focus more on the security than on the health of a prisoner and are therefore withheld from their human right to health,

Convinced that universal health care Improves access and quality of education in children and adults. Therefor can be crucial in the development of a country economically and socially,

Recognizing the WHO as one of the largest NGOs promoting UHC, implementing national health policies, advising and coordinating other organizations including The Alliance for Health Policy and Systems Research (AHPSR),

Taking into consideration the contributions of the World Bank involved in helping to fund the countries and organizations implementing UHC as well as the P4, which is a global network for UHC operating as a platform for exchange, coordination of technical support and as a marketplace to increase support,

Taking note from Brazil who, since in the 1990s, taken serious measures to provide UHC to its population, such as through establishing the Systema Unico de Saude (SUS) and as a result enjoyed an impressive increase in health care accessibility and quality,

Viewing with appreciation President Obama’s efforts through the Patient Protection and Affordable Care Act (PPACA) and Obamacare, in order to reduce the costs for everyone while increasing quality and affordability of health services,

1) Recommends spreading awareness of basic health precautions people can take to discourage the chance of infection and illness, in order to minimise strain on the health care systems, such as but not limited to:

a) basic hygiene instructions posted in restaurants, bathrooms and other areas of high infrahuman interactions,

b) posters, radio broadcasts and PSAs across all countries outlining the importance of preventative strategies such as exercise and a good diet as a means to stay healthy and prevent chronic illnesses such as obesity,

c) funding NGOs such as the WHO to visit institutions such as schools and nurseries and town assemblies to give talks, speeches, campaigns and lectures about contraception, how to keep healthy and fit, therefore preventing over crowing and reduced quality in health care services;

d) Further urges the investment in specific health care programs such as preventive health care, which can contribute to the developing of a country by optimizing expenses;

2) Encouraging the investment in infrastructure such as but not limited to:

a) bike roads and walk paths to ensure citizens can safely use bikes therefore simultaneously improving health, reducing transport costs and reducing mortality and casualty rates of cyclists and pedestrians,

b) hospitals in terms of capacity and quality to ensure there won’t be overcrowding and health care providers will be as efficient as they can, by having the following in hospitals, but not limited to:

i) emergency care,

ii) operating rooms,

iii) vaccination possibilities,

iv) piped sewer systems,

c) schools;

3) Calls upon all member states to collect appropriate data on health conditions of the people within a country available to only the government. Particularly what illnesses are being caught and when to therefore come to a conclusion on how to deal with a surge in demand as we will be able to better predict it before it spreads, in in means such as:

a) a yearly census about long term illnesses, should a country feel that its population is literate enough which could be defined as a literacy rate of 80% or more,

b) accessing pre-existing data logs from doctors while maintaining patients anonymity and if there isn’t already one, creating a system to retrieve these data in means such as:

i) logs of reason for visitation and diagnosis,

ii) a rating for the urgency of the situation for example, a Likert scale ranging from 1-10 where 1 is simply a check-up and 10 is a life threatening disease,

iii) ensuring policies such as patient doctor confidentiality is maintained while doing so to ensure privacy of the patient therefore not including information such as patient name and address;

4) Endorses the investment of time and funds to go into Increasing the health workforce in means such as but not limited to:

a) creating programs lead by big NGOs such as the WHO to host competitions and fairs revolving around health therefor increasing and encouraging interest in children to work hard and pursue medicine,

b) improving existing facilities of the health workforce to ensure they are as efficient as possible so more people are dealt with per healthcare provider,

c) Introducing an achievable staff quota in hospitals to reduce chances of understaffed hospitals while maintaining quality,

d) encouraging civilians to get involved in existing first aid courses as a way to make UHC effective as civilians will know when to call for an ambulance and how to prevent over complication, recruiting them through advertisements such as but not limited to:

i. radio, billboard, TV and poster advertisement,

ii. asking nurses and teachers in schools to notify children when there are open seminars,

iii. asking CEOs to encourage their work staff to learn first aid;

5) Further invites all member states to meet up in more yearly UHC conference to discuss and debate ways to learn from and improve each others' UHC plan in a country hosted by a select delegation to come up with and improve individualised plans for each member states' UHC plans;

6) Notes that citizens may abuse the low cost treatment and therefore implement a % responsibility of the medical cost other than taxation based on ability of the subject in ways such as their income so as to deter the over use of resources such as:

a) the cost of any extra consumption of resources over a certain amount decided individually by member states' guidelines,

b) the cost of non-medical related or luxury medical procedures deemed by member states' government guidelines of what is essential or luxury dictated by the capabilities of a country;

8) Requests the UN WHO bring forth a management tool mandatory guidelines for all member states to follow, suggesting ways to manage the many governmental components involved in creating UHC, which will be policed by the UNODC and since every country faces individual and unique sets of hindrances, the WHO will ensure to have country representatives create personalized suggestions;

9) Recommends Member States to ensure that their citizens pay health care tax in accordance to their individual income;   
  
10) Invites the UN to set up one health insurance program for each Member State, which handles money collected from taxpayers to help solve, these programs will closely be monitored by WHO and the UN:

a) corruption in nations regarding allocation of money intended on health services and health related infrastructure, by:

i. UN involvement regarding regular, careful monitoring of health service fund   management by WHO and AHPSR,

b) possible miscommunication regarding tax allocation (more than one health insurance program in a country can lead to competition and thus dishonest tax management)

c) segregation in basic health services regardless of individual’s,   
        i. ethnicity,  
        ii. gender,

iii. age;

11) Expresses its hope that a new UN body (directed by the World Bank) will be formed which only serves as a guaranteed safe keep for health care related funds, in order to act as an emergency donations source for health services in States (particularly LEDCs), during the cases such as but not limited to:  
 a) epidemics within a nation,  
 b) natural disasters,  
 c) nutritional shortages;

14) Encourages governments to fund research into cures for neglected diseases, other diseases currently without cures and to fund further research into existing cures and how to make these more affordable.