Special Conference 2 on Accountability in Governance

Promoting universal healthcare for all citizens

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Introduction

"Universal healthcare […] can accelerate global efforts to ensure access to healthcare to anyone who needs it, leaving no one behind." Ban Ki-Moon once said. The issue of promoting universal healthcare for all citizens is a widely known topic, which has developed to one of the most significant issues in the United Nations. It is an issue concerning the entire human population, thus, especially affecting the poorer part of it. Noticeably, a large part of Africa has very few citizens who have access to healthcare (see Appendix 1). In fact, 400 million people globally lack of access of one or more essential health services, 100 million people are pushed into poverty and 150 million people suffer from financial catastrophe because of out-of-pocket expenditure on health services *(WHO Factsheet UHC)*.

Since it not only affects citizens but also governments, it is very important to bear in mind that this promotion has to be tackled with the help of the countries, and that the promotion will not succeed within a small amount of time.

Definition of Key Terms

Healthcare (UHC)

According to the World Health Organization (WHO), universal healthcare (UHC), or also called universal health coverage, means that "all people receive the health services they need without suffering financial hardship when paying for them". All of the aspects regarding healthcare, such as health promotion, prevention and treatment, rehabilitation and palliative care should be covered to enhance people's living conditions.

Health services

"Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services", according to the WHO.

Health system

In general, it is a system, made by the government, providing health facilities, services, etc. to all the citizens. They differ from country to country, but the common aspects of such a system are sufficient workers, a good health financing mechanism, good governance and access to proper technology and medicines.

Non-communicable disease

According to the WHO, Non-communicable diseases (NDCs), also called chronic diseases, are not passed from person to person. They are of long duration and mainly slow progression killing around 38 million people per year. The 4 main types are cancer, chronic respiratory diseases (like asthma), cardiovascular diseases (like heart attacks and stroke) and diabetes.

General Overview

On 25 September 2015 world leaders adopted the 2030 Agenda for Sustainable Development including 17 Sustainable Development Goals (SDGs) to end poverty, to fight injustice and inequity, and to tackle climate change. According to the agenda, good health is part of the program. SDG 3 aspires to ensure good health and well being for all and to end diseases, such as AIDS and malaria by 2030. To achieve this, universal healthcare is needed to provide people with medicines and health systems to improve their living conditions.

In fact, 32 % of total health expenditure worldwide comes from out-of-pocket payments *(WHO Factsheet UHC)*. As a result a large proportion of the population, particularly the poor, is not able to access health services; instead, they suffer from financial hardship. In addition many people lack access to one or more essential health services.

Measurement of UHC

To measure UHC, two components have to be considered: On the one hand financial risk protection, on the other hand if people receive the services they need. This can be done by taking the number of people receiving these services and by evaluating the reduction in

number of families pushed into poverty. Furthermore, the impacts on society as well as the factors to achieve UHC can be measured too, through looking at the availability of essential health facilities, for example.

Myths of UHC

UHC is mostly considered as a simple goal due to the fact that many people assume that UHC only means tackling the issue of health. However, tackling this issue means far more than just health. Taking steps towards UHC means dealing with equity, development priorities and social inclusion. Furthermore, components such as health financing, good governance, proper health information systems and health workforce, for example, are crucial for the issue as well. Also, UHC does not mean to provide every single citizen with health services, though, its task is to make them accessible to everyone. People often forget that reaching UHC means providing all services for free, which is totally unrealistic because no country has the capacity to achieve this on a sustainable basis. On the other hand, the demand of services will grow within the years; hence, it is very important to assure an expansion in resources as more become available. All in all, UHC is a manifold issue making it hard for the international community to deal with.

Factors to achieve universal healthcare

Strong Health Systems

In general promoting UHC, thus spreading awareness throughout the world, is the first major step to achieve universal health coverage. Both governments and population have to understand the problems of health nowadays and that UHC can be one of the most important methods to diminish these problems. For this reason countries must have strong health systems to move towards universal healthcare including a proper-functioning health financing system. The aim is to raise funds to minimize the out-of-pocket expenditure as well as to invest in health services.

Good Governance

According to the WHO, "governance and leadership involves ensuring that a strategic policy framework exists and is combined with effective oversight, coalition-building, regulation, attention to system-design and accountability." *(WHO Health Systems Governance for Universal Health Coverage).* Therefore UHC demands good monitoring of many components (see Appendix), for instance meaning to have good political accountability and to be able to connect all components well as they are closely related to each other. Without good political accountability freedom of press,

for example, cannot be accomplished, crosscutting management systems cannot be maintained, and so on. Therefore, good management will result in very little money being wasted as well as the fact that everyone will have access to health services of high quality.

Human Rights-based approach

A very crucial aspect of promoting UHC is to ensure the right to health, which is closely related to other human rights, such as the right to food. The right to health includes that everyone has equal opportunities to "attain the highest level of health, thus having control over one's body and being free from any interference (e.g. from non-consensual medical treatment and experimentation)", as said by the WHO. Nevertheless, human rights are violated because of discrimination or inequality can lead to serious impacts on health. For instance, marginalized groups, such as the indigenous people, are not able to enjoy the right to health like the general population because they face many obstacles in accessing services of high quality. In fact, "three of the world's most fatal communicable diseases, namely malaria, HIV/AIDS and tuberculosis, disproportionately affect the world's poorest populations" *(WHO Health and Human Rights).* Consequently, they exhibit higher mortality and morbidity rates than the general population. Also, being specifically vulnerable to non-communicable diseases, these people are considered to having economic and social disadvantages.

In addition, rights of women and people with disabilities are also neglected. People with mental disorders are put into institutions against their will, despite having the capacity to make decisions for their future life. In some cases, women are being denied access to health care in both developing and developed countries violating the women's sexuality. On the other hand, it sometimes occurs that they are forced into sterilization or abortion.

Another place where UHC is not provided and often neglected are prisons. Ina Skosana, a writer for the centre of health journalism "Bhekisisa", reports about the issue of prisoners in South Africa. The entire health needs of South Africa and about 160000 prisoners depend on approximately 900 medical workforces. She mentions that 652 inmates died in the years of 2012 until 2013, which were considered as "natural deaths", showing the ineffective treatment within prisons. Diseases, such as HIV and Tuberculosis, are often found in these areas because of the bad conditions and overcrowding, though, the prison officials focus more on the security than on the health of a prisoner. A former inmate stated in Skosana's report that "you have to be bedridden to be taken to an outside hospital."

For that reason it is important to promote UHC by regarding the problem of human rights. Health policies should be made for every single person so that access can be guaranteed to entire humanity. According to the WHO, realizing this approach must include the following components:

1.   Nondiscrimination. Race or religion, for example, should not matter to the approach. It is far more important that everyone receives the opportunity to access health services.

2.   There has to be a sufficient number of health services available for the people and these services have to be well functioning as well as of high quality. Then health services should be accessible to everyone including affordability and physical accessibility. Also, health services should be respectful towards gender and culture and/or ethnic.

3.   Human rights are universal and everyone is entitled to them, making the governments responsible for maintaining them in their country. In general, this approach should encourage people to claim for their rights and make policy makers to meet their obligations.

Impact on population

In fact, UHC has a direct impact on the welfare and health of the people. First and foremost, improving health across society can result in better development, such as improving access and quality of education. Children are able to learn better and people can be more productive in many ways. Moreover, financial risk protection prevents financial hardship, thus avoiding the fact that more people are pushed into poverty and also out-of-pocket expenditure. Besides this, enhancing the enjoyment of people to the right to health tackles the issue of the violation of human rights, which means maintaining the principles of the United Nations. In conclusion, universal healthcare is a key element for sustainable development, poverty reduction and reduction of social inequities.

Major Parties Involved and Their Views

World Health Organization (WHO)

The WHO is one of the largest NGOs being active in this area. In the area of health systems it is their priority to move towards UHC. They work together with all kinds of organs to develop and eventually implement national health policies. To aid governments, the WHO endeavors to strengthen health information systems and ensure that everyone has access to health services of high quality.

Alliance for Health Policy and Systems Research (AHPSR)

The Alliance for Health Policy and Systems Research (AHPSR) is an international organization led by the WHO. It aims to promote the use of health policies and systems research in order to strengthen the health systems of lower- and middle-income countries. In total, it collaborates with over 350 partners including UNICEF, for example, to share the knowledge on the promotion of health policies.

World Bank

Apart from the WHO, the World Bank also plays a very important role in the contribution of promoting UHC. They support developing countries' efforts to achieve UHC and provide affordable health care of high quality to everyone, reducing financial risks, and increasing equity. In addition, the World Bank aims to help countries to build healthier, more equitable societies and in the end diminishing poverty as much as possible.

P4H

The P4H is a global network for UHC. It operates as a platform for exchange of information, as a mechanism for coordination of technical support and as a marketplace to increase support. It works together with a broad mix of development partners and investors, such as the WHO, the World Bank, the International Labor Organization (ILO), etc. in order to combine political commitment and financial contributions. To foster leadership for UHC, the P4H set up the module "P4H Leadership for UHC Program", which established a meeting between thirty-one leaders from six African countries, namely Ethiopia, Kenya, Nigeria, South Africa, Uganda, and Zambia, from 10-14 November 2014. It aimed to develop skills to enhance stronger commitment and to gain better insights into the existing challenges of UHC reform processes.

Brazil

As Brazil is currently recognized as a BRIC Country, it is developing in many economic and other aspects, such as universal healthcare for everyone. Since the 1990s, Brazil has taken serious measures to provide UHC to its population, such as through establishing the Systema Unico de Saude (SUS). In 1988, half of Brazil's population had no health coverage, but a few decades later more than 75% of the entire population relies on it *(WHO Brazil's march towards universal coverage)*. However, Brazil has hosted major events in the last few years, which forced them to invest a lot of money into infrastructure such as

stadiums. This is having a negative effect on its public healthcare system, which is now being underfunded.

The United States of America (USA)

The USA is one of the most known countries refusing to implement UHC in their country. There have been many politicians trying to put forward a healthcare system which would provide UHC to everyone for free, still the opposition thinks that UHC is too expensive for the government which could lower quality and amount of health services, for example. President Obama tried to improve the health situation by introducing the Patient Protection and Affordable Care Act (PPACA), also Obamacare, in order to reduce the costs for everyone (including the government) and to increase quality and affordability of health services.

Timeline of Events

In the timeline below, actions of countries towards UHC will be shown as well as the formation of essential organizations promoting UHC.

Date	Description of Event
July, 1944	World Bank was formed
April 7th, 1948	WHO's constitution came into force
December 10th, 1948	The Universal Declaration of Human Rights was adopted
1988	The SUS, also called Unified Health System, consisting of a publicly-funded services run at a municipal level was introduced to Brazil
2001	Thailand set up a Universal Coverage Scheme to cover everyone who is not included in the two schemes for people in formal employment
2003	Mexico introduced the insurance system for poor people and those in the informal sector
	De Santé introduced a "heavily subsidized community-based health insurance system
September, 2015	The Sustainable Development Goals (SDGs) were adopted

UN involvement, Relevant Resolutions, Treaties and Events

The UN has been active in this issue for many years, but in the last few years serious actions were taken to solve the issue of the lack of UHC. Listed below are the most important resolutions adopted by the UN General Assembly:

On January 27 of 2009 the resolution Global Health and foreign policy (**A/RES/63/33**) was adopted, which urged the international community to collaborate on taking steps towards "Global Health and Foreign Policy". Also it stressed the importance of the health-related SDGs.

On February 19 of 2010 the General Assembly adopted the resolution Global Health and foreign policy (**A/RES/64/108**). To tackle the issue of "Global Health and Foreign Policy", the resolution asked for a good framework and international cooperation to fight infectious diseases. In addition, it urged the countries to provide more health workforce and consequently better training in order to increase universal access to health services.

Then the General Assembly came up with the resolution Global Health and foreign policy (**A/RES/65/95**) on December 10 of 2011, which should go into further detail on promoting UHC. It saw the necessity of strengthening health systems, improving the human rights-based approach and working together closely with the WHO to take further actions.

On December 12 of 2011 the General Assembly adopted the resolution Global Health and foreign policy (**A/RES/66/155**) to deal with health in accordance with environmental hazards, such as climate change. It called for improved management of the health system to be prepared for e.g. disasters.

On September 15 of 2015 the General Assembly adopted the most important goals of the future, namely the SDGs, in order to "seek to provide leadership and catalyze action in promoting and coordinating implementation of internationally agreed development goals", such as ensuring healthy lives and promoting well-being for all.

Evaluation of Previous Attempts to Resolve the Issue

UHC is a very manifold issue, making it hard for states to provide their whole population with it. Looking at the factors to achieve UHC, states are required to have a well-functioning health system, show good governance and try to protect the population from financial hardship. The financial resources and management skills differ per country, which results into that there have been different attempts to resolve the issue. In the following a few countries' attempts will be shown as well as evaluated.

After the military regime's rule ended in 1988, healthcare became a constitutional right in Brazil. Public healthcare is provided to the population through the SUS (see Timeline of Events) for free. The main principles of the healthcare system were to improve health in general and to enhance the capacity of the SUS. Brazil wants to achieve this by ensuring more access to activities and services, improving care, and intensifying the decentralization of SUS management. To expand the services, Brazil is currently working on technical cooperation projects with non-governmental Organizations (NGOs). In addition, the country aims to create common health regulations within the Mercosul, also called the Southern Common Market. Having experienced a rough drought with a lot of mismanagement from the government, Brazil has to recover quickly in order to continue their effort on making services/facilities available for everyone. They lost a lot of money and are struggling with political difficulties at the moment, thus, other problems have to be solved so that work on healthcare can be improved. Nevertheless, Brazil has taken phenomenal steps towards enhancing its healthcare system.

Furthermore, China is also making reforms on its health system, which was privatized in the 1990s. The New Rural Co-operative Medical Care System (NRCMCS) was established to make the health services more affordable for the poor. On the other hand, there still were difficulties within the health financing system, as a lot of services were not provided for free and only covered by a specific amount. Between 2009 and 2011, however, China promised to invest 850 billion yuan (about US$127.5 billion) in the health system in order to provide both universal medical services and basic medical security to everyone *(Wikipedia Universal Health Coverage by country)*. Although China started to take serious measures only a few years ago, it is on the right path to implement UHC in its country.

In contrast to China and Brazil, the United States of America does not have UHC. Nevertheless, a bill to commence providing and investing in universal healthcare was introduced to the Congress in 2009. The United States National Health Care Act would establish a single-payer health care system, meaning that the government would pay for all medical care. But this has not been accepted by the Congress yet, which is a very essential reason that the USA is still far from implementing UHC.

On the one hand, there are already several countries, which have already implemented UHC in their country, such as most of the western European countries. All the BRIC countries (Brazil, Russia, India and China) are some of the countries that are putting a lot of effort into improving their health system in order to provide UHC. They hope that within a few years they will have the capacity to implement UHC in their country. On the other hand, if you consider the universal aspect of healthcare, the international community is still far from

having a real universal healthcare. Many countries are not able to improve their health systems or do not even want to implement UHC.. In most cases countries argue that UHC demands a very strong health financing system and that it would not even improve their health situation within the country, but rather worsen it, actually meaning that the effort would not pay off. In conclusion promoting UHC for all citizens requires much capacity and support from every country.

Possible Solutions

To tackle the issue, countries have to focus on monitoring three key aspects: the coverage of population, the coverage of services and the coverage of costs. First of all, health systems have to be strengthened through informing and encouraging people to stay healthy and avoid illnesses increasing the capacity to deal with diseases and detecting the differences of health conditions within the country. This can be facilitated through "data generation, compilation analysis and synthesis, communication and use." *(WHO Health Information Systems)* Moreover, states have to make health services and facilities available to everyone, regardless of race or ethnicity, for example. Investing in infrastructure, such as hospitals, and increasing both health workforce and training will facilitate the aspect of availability and making policies addressing everyone will maintain the human rights of each individual.

Furthermore, it is very useful to raise funds in order to expand the financial capacity of the government. If the government is well-governed, these funds can be used efficiently so that less people have to pay from their own pocket. In addition, financial hardship has to be avoided by the states by also minimizing the out-of-pocket expenditure, especially for the poor.

Another possible solution would be enhancing the framework of the WHO and the World Bank. It is a framework conceived to monitor UHC focusing on two components: on the one hand coverage of the population with quality, and on the other hand essential health services and coverage of the population with financial protection. Still, the indicator is not commonly used because e.g. there are not always reliable data. So, if the WHO and the World Bank succeeds in collaborating with the international community as well as the UN, it may be possible to establish a universal indicator to efficiently monitor progress on the issue.

In general the international community has to spread awareness of the issue to explain the benefits for countries as well as for the population. Only then promotion of UHC for all citizens will succeed.

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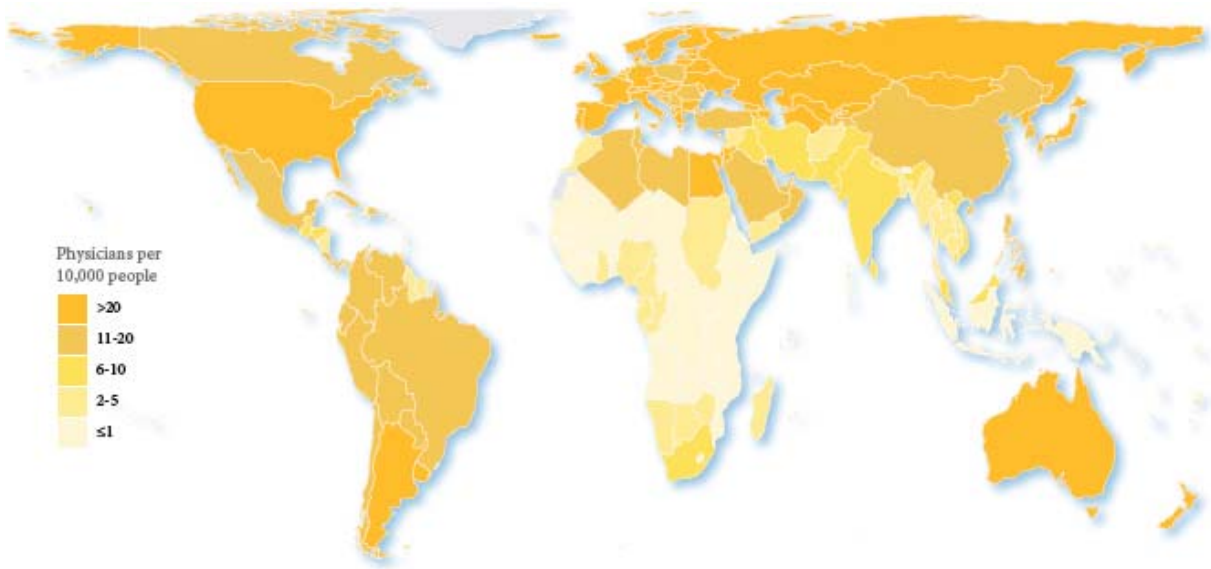<http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf>, Web 20.06.2016

Appendix

Appendix 1. Access to healthcare

http://cliparts.co/cliparts/di9/rqq/di9rqqApT.jpg

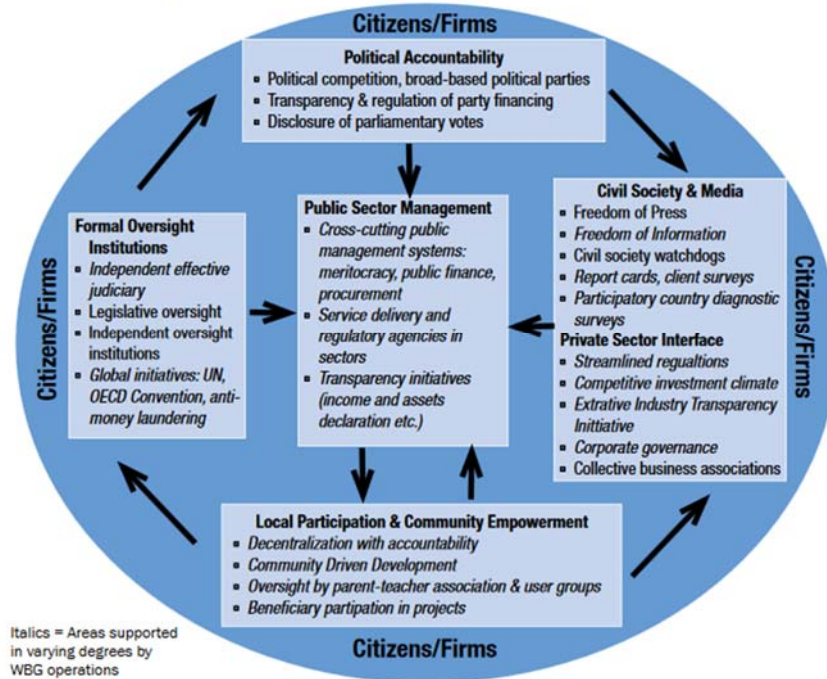**Appendix 2. Countries with Universal Healthcare**
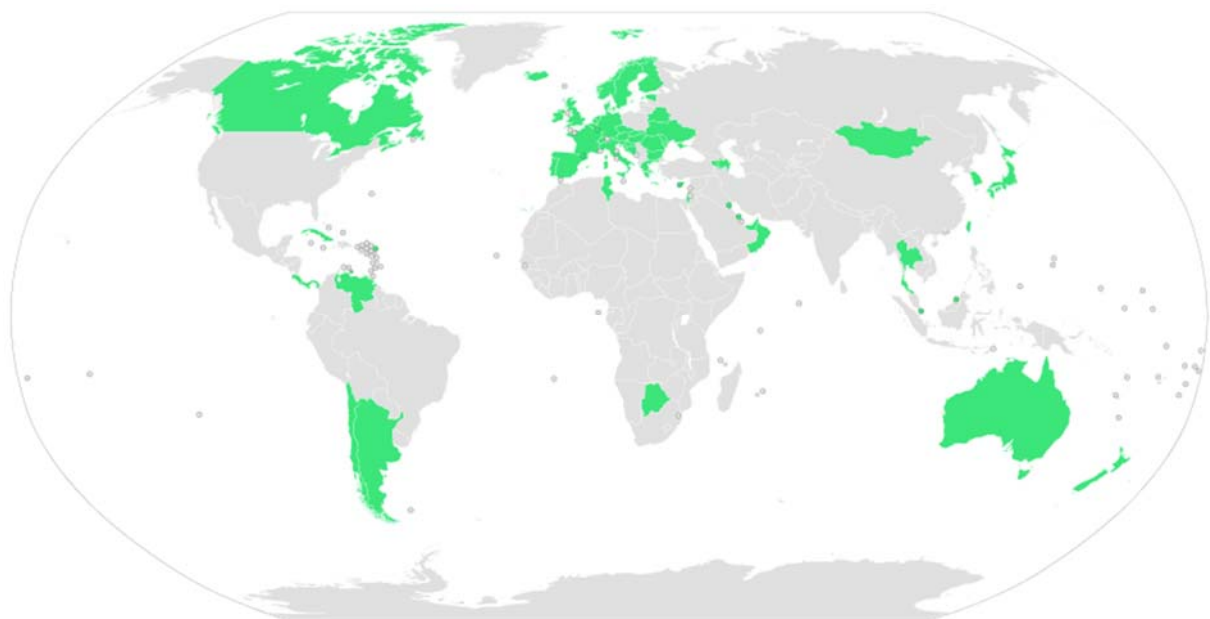
https://upload.wikimedia.org/wikipedia/commons/thumb/2/25/Universal_health_care.svg/200
0px-Universal_health_care.svg.png

Appendix 3. Components of Governance

Figure 1: Scope of Governance and Governance Interventions

Citizens/Firms

Political Accountability
- Political competition, broad-based political parties
- Transparency & regulation of party financing
- Disclosure of parliamentary votes

Formal Oversight Institutions
- *Independent effective judiciary*
- Legislative oversight
- *Independent oversight institutions*
- *Global initiatives: UN, OECD Convention, anti-money laundering*

Public Sector Management
- *Cross-cutting public management systems: meritocracy, public finance, procurement*
- *Service delivery and regulatory agencies in sectors*
- *Transparency initiatives (income and assets declaration etc.)*

Civil Society & Media
- Freedom of Press
- *Freedom of Information*
- Civil society watchdogs
- *Report cards, client surveys*
- *Participatory country diagnostic surveys*

Private Sector Interface
- *Streamlined regualtions*
- *Competitive investment climate*
- *Extrative Industry Transparency Inittiative*
- *Corporate governance*
- Collective business associations

Local Participation & Community Empowerment
- *Decentralization with accountability*
- *Community Driven Development*
- *Oversight by parent-teacher association & user groups*
- *Beneficiary partipation in projects*

Italics = Areas supported in varying degrees by WBG operations

Citizens/Firms

Source: Pradhan, World Bank 2006

http://www.who.int/universal_health_coverage/plan_action-hsgov_uhc.pdf