

Research Report

COMMITTEE : Security Council

ISSUE : Social protection in times of crisis: the urgency of achieving universal health coverage

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Social protection in times of crisis: the urgency of achieving universal health coverage.

INTRODUCTION

During times of crisis, the least fortunate are hit the hardest. People can lose their jobs, homes, and savings in financial and sanitary crises. At these times it is vital to provide those most at risk with social protection. Many countries already have social safety nets to help those in need with programs such as food stamps and subsidised housing.

Publicly funded healthcare services have become very popular in many countries and many have benefited from the free or subsidised healthcare that they provide. During sanitary crises, everyone should have access to medical facilities and testing, as even outside of these crises, providing everyone with access to medical attention can save countless lives.

KEY WORDS

Social protection : Social protection consists of policies and programs designed to reduce poverty and vulnerability by enhancing people's capacity to manage economic and social risks, such as unemployment, sickness, disability, or old age.

Universal health coverage (UHC) : Universal Health Coverage is when all people can receive the quality health services they need without putting themselves in financial risk.

Chronic illness : A chronic illness is an illness that is persistent or long-lasting in its effects.

Out-of-pocket : Out of pocket expenses are the expenses which the individual receiving the goods or services is personally responsible for as opposed to a third-party source such as insurance.

Poverty : Poverty is the state of being extremely poor, according to the United Nations (UN) living with less than USD 1.90 per person, per day.

Non-governmental organisation (NGO) : A NGO is a non-profit group which functions independently of government to serve specific social or political purposes.

Primary health care : Primary health care is health care based on scientifically proven and morally sound practices and technology.

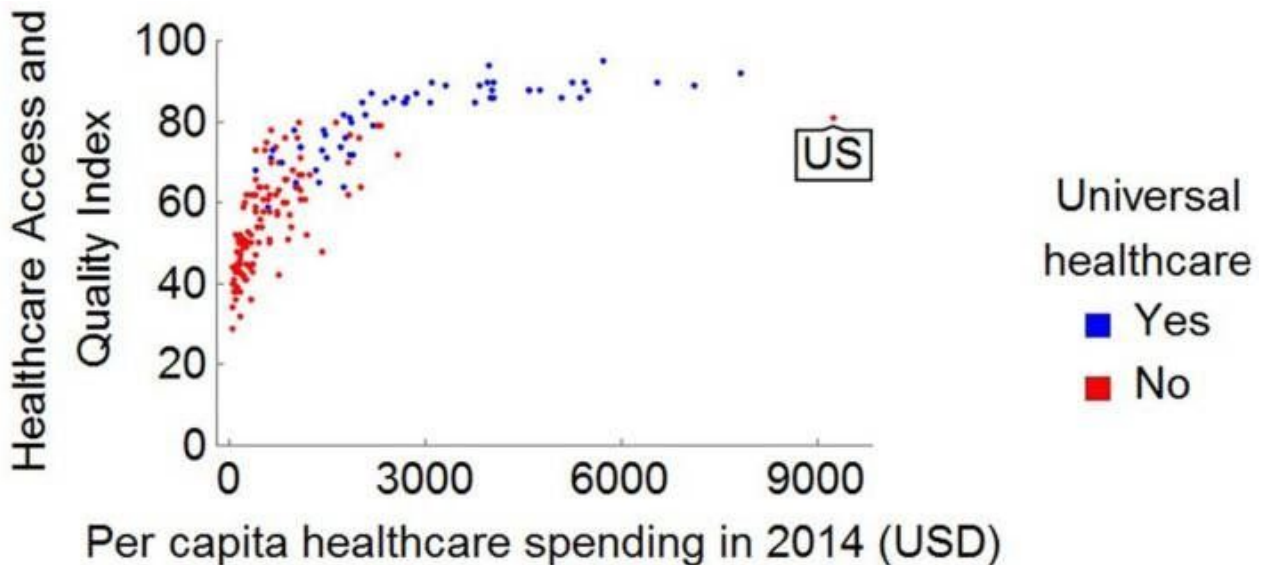
OVERVIEW

SOCIETY

Aside from the obvious benefits of reduced mortality and better population health, universal health coverage can also greatly reduce inequality. Health coverage can help people with chronic illness and disability better deal with their challenges, especially if they would not otherwise have the means to treat their illness. Helping the most vulnerable groups leads to more opportunities being available to those with specific medical challenges.

ECONOMY

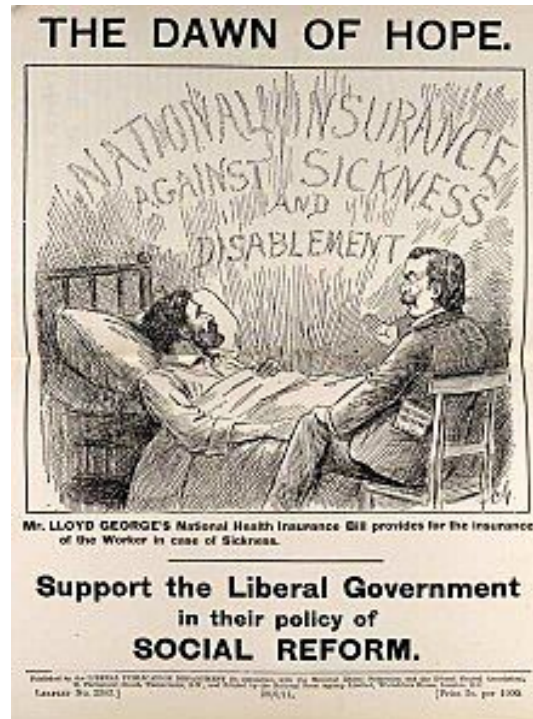
Out-of-pocket payment is one of the most common forms of payment for health services, and this can lead to a massive increase in poverty and financial risk for families: almost 100 million people in 2017 were forced into poverty because of medical expenses and not just in developing countries. While there are some concerns that UHC would be extremely expensive to the body financing it and therefore also to the individuals contributing to it, it is also true that in some cases a single-payer system could reduce costs even though more people are being covered. The United States (US) National Library of Medicine (NLM) estimated in 2017 that instituting Universal Healthcare in California would reduce total spending on healthcare in the state by USD 37.5 billion per year.



“Graph showing the relationship between healthcare spending and quality” (US NLM)

GOVERNMENT

Healthcare is an important topic in politics virtually everywhere and typically, supporting wider health coverage can help political figures secure greater public approval as policies that cover more people can be very popular. Politicians have often recognized policies instituting wider health coverage as ways into office which has led to many UHC plans being proposed and instituted right before elections and during transition periods. For example, universal coverage at district hospital level was the main social policy of the incoming government in Nepal during the 2008 elections.



“Leaflet promoting the national health care act of 1911”

MAIN INTERNATIONAL ACTORS

Universal Health Coverage Coalition

The universal health coverage coalition includes over 860 NGOs and medical societies in over 110 countries. It is backed by, among others, the Rockefeller Foundation, the world health organisation (WHO), and the world bank. The coalition has the objective of promoting universal health coverage globally and supporting regional institutions that are attempting to widen coverage in their respective medical systems.

WHO

The WHO’s goals are to promote equity in health, reduce health risks and promote healthy lifestyles, so the organisation naturally advocates for UHC and the widening of coverage. The WHO helps enormously with medical infrastructure and care in vulnerable regions especially during pandemics and sanitary crises. The WHO, being focused on equity, funds many projects in developing regions where the most work is required to achieve quality healthcare, and even

more work to make sure the healthcare is accessible and affordable for the entire population. The WHO is one of the most important backers and advocates of UHC and much of the progress towards worldwide UHC has been made in the WHO during the World Health Assembly.

World Bank

The world bank's goals are to end extreme poverty and to sustainably promote shared prosperity. They have many projects in conjunction with the WHO to provide poverty-stricken areas with health coverage as well as research around how best to provide UHC globally.

European Union (EU)

Many EU member states already have fairly extensive health coverage. Moreover, the EU also sets guidelines and standards and helps its members share the best practices and methods to ensure EU citizens have access to the best healthcare possible. The EU also sponsors state run healthcare programs in member states with the least developed coverages and provides political guidance, proposing policies to national governments that increase coverage and get closer to UHC.

China

The Chinese government uses a national health insurance plan (China Healthcare Security) to provide basic healthcare insurance to most of its citizens. However, this public insurance only covers a fraction of total medical costs depending on the type of medical treatment in question. China plans to increase public medical spending in the future to eventually provide affordable healthcare to the entire population.

US

Coverage in the US is handled through a combination of private sector insurance and public health insurance (Medicaid, Medicare, etc.). Most citizens are expected to get health coverage from their or their family member's employer rather than from a publicly funded health insurance system. However, depending on factors such as age or income, eligibility for government assistance is possible.

TIMELINE

1883

One of the first examples of state-sponsored healthcare was the Sickness Insurance Law introduced in the German empire in 1883. The law came into effect in December 1884. It provided for compulsory participation by all industrial wage earners in factories, ironworks, mines, shipbuilding yards, and similar workplaces. The law made indemnity from employers compulsory for 13 weeks for sick workers and indefinitely for disabled workers in amounts based on the previous salary of the worker.

1911

Inspired by the German system, the United Kingdom (UK) national insurance act of 1911 was an insurance scheme that provided workers with paid sick leave, free access to a panel doctor's services, and maternity benefits in exchange for 4 pence out of their salaries. This contributory insurance was the first step towards UHC but it only covered a minority of the population and only for very provisional medical needs.

1938

The New Zealand government attempted to pass the "social security act", which would provide funded healthcare. This ultimately failed because medical professionals still wanted to charge patients who could afford to cover the costs. Instead, the government heavily subsidised health coverage for the poor.

1942

The UK released a government report which advocated for unified national healthcare schemes and comprehensive health coverage for the entire population. This report greatly influenced world developments towards social protection in general and UHC in particular.

1966

The Canadian medical care act extended UHC to all of Canada and allowed each province and territory to institute their health coverage system.

2015

The Nepal health sector strategy focuses on providing free health care services in order to achieve UHC.

RELEVANT UN TREATIES AND EVENTS

22/07/1946

The WHO Constitution defines health and establishes it as a human right, as well as encouraging equity in the growth and development of nations' healthcare systems and asserting that promotion and protection of health are of value to everyone.

10/12/1948

Article 25 of the universal declaration of human rights states medical care and social services are fundamental human rights and that mothers and children should be entitled to special social protection.

23/09/2019

A UN General Assembly meeting was held in order to discuss how to achieve UHC titled “Universal Health Coverage: Moving Together to Build a Healthier World”. Topics included financial risk protection, access to quality essential health-care services and access to safe, effective, and affordable essential medicines and vaccines for all. This comprehensive agreement included a vision for achieving UHC by 2030.



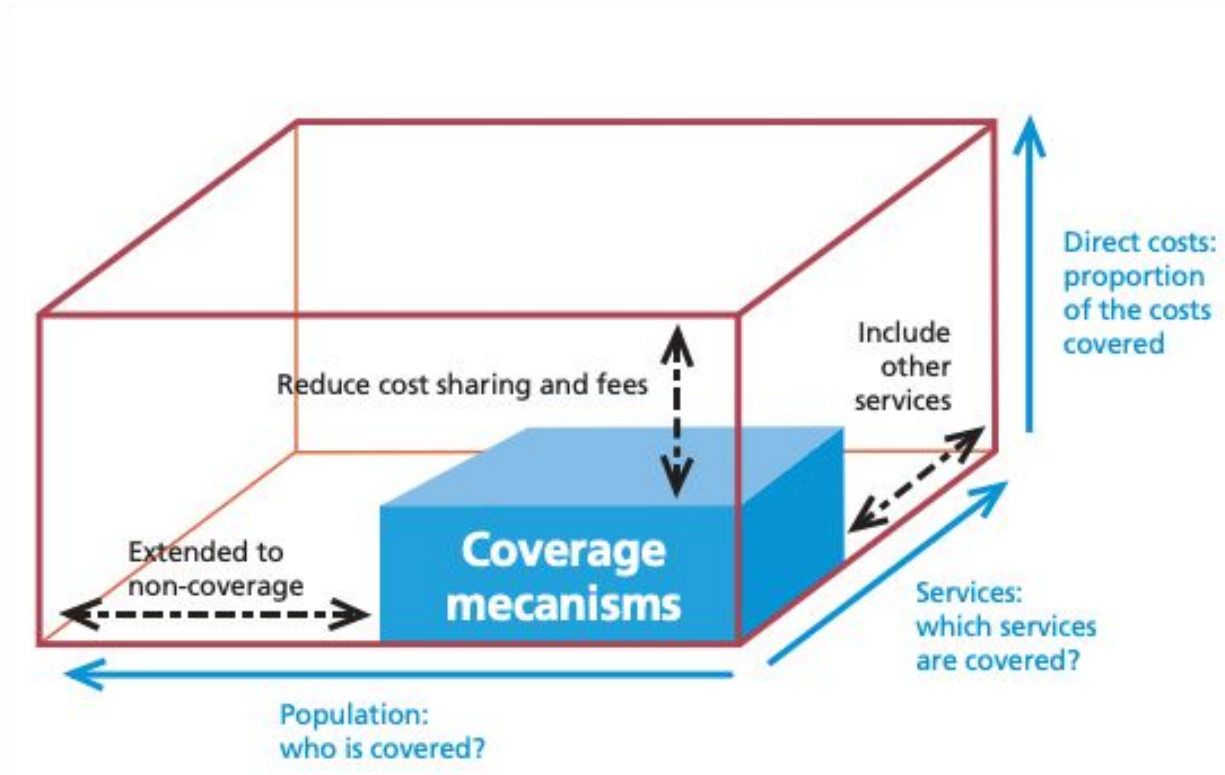
“Photo of UN General Assembly meeting on achieving UHC” (UN)

POSSIBLE SOLUTIONS

Moving towards UHC means all countries will need to strengthen their health sectors, even those who already have accessible health services, as maintaining this level of service can be difficult especially in times of crisis. Pooling funds to spread the financial risk of illness is key to covering everyone as many do not have the means to pay for care by themselves, especially for chronic illness and disability which require long term treatment.

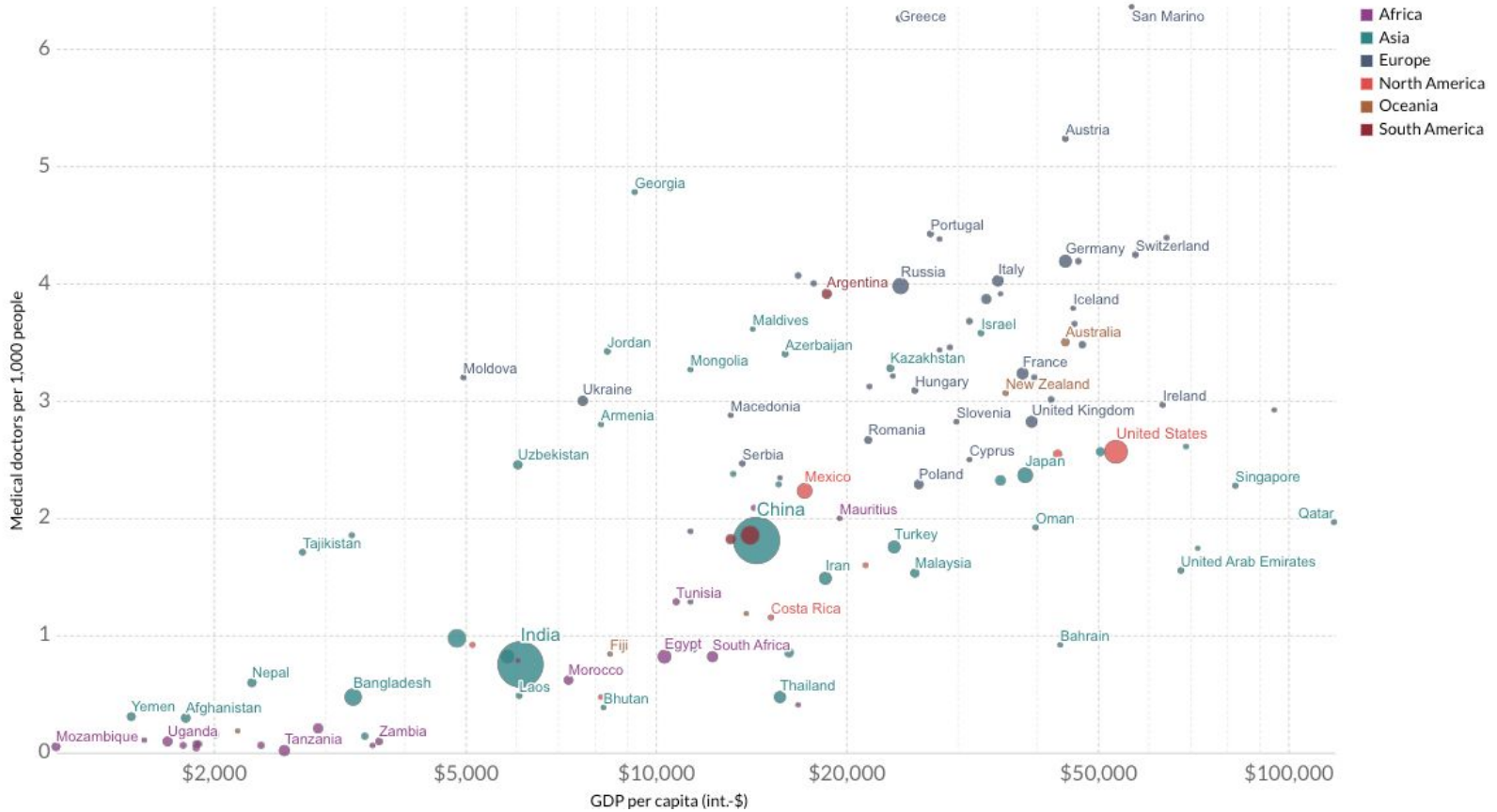
In general, funding primary health care services is extremely important. To be able to broaden the scope of services which health coverage includes and increase the number of people covered, investment into health services is vital. The most effective way of doing this is investing in the medical workforce, even countries with very well developed health care systems that are approaching UHC can have shortages of trained medical personnel. Ensuring that nations have the right expertise and equipment is the first step towards UHC.

This goes beyond just allocating funds for doctors and hospitals. If children are not properly protected and educated then there will be no educated medical workforce to fund.



Quality social services and education must be available before UHC can occur properly.

“How countries can accelerate progress towards UHC”(WHO)



“Graph showing the relationship between GDP and the number of medical doctors per 1000 people”(OurWorldInData.org)

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