SharkMUN
Model United Nations **Conference**

TOPIC A
Universal Healthcare Coverage

WHO
World Health Organization

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World Health Organization

Topic A: **Universal Healthcare Coverage**

Introduction

According to the United Nations World Health Organization, Universal Healthcare Coverage (UHC) means that "all people have access to the full range of quality health services they need, when and where they need them, without financial hardship". It's a predominant global health priority and a central principle of the WHO's agenda, as access to healthcare is fundamental to individual well-being, economic productivity, and social equity.

Having this said, Universal Healthcare Coverage has the main objective to achieve universal access to healthcare to all individuals, no matter when and where they are, without suffering financial hardship. UHC has a direct relation to the 2030 Agenda's Sustainable Development Goals (SDGs), specifically stated in goal #3, which focuses on ensuring healthy lives and promoting well-being for all at all ages. The push for UHC stems from the recognition that health is a fundamental right and a critical component of economic and social development.
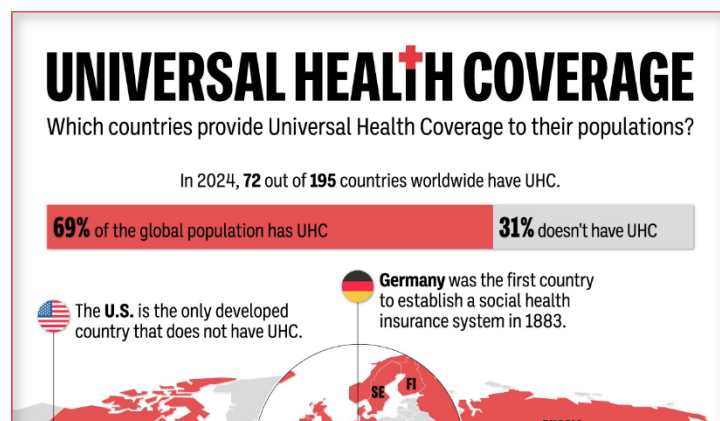
Definition of Key Terms

- **Universal Healthcare System**

  A universal healthcare system means that all residents of a region should have access to healthcare, regardless of their income or employment status.

- **Out-of-Pocket Expenditure**

  The money individuals must pay directly when they receive medical services, such as for doctor visits, medication, or hospital care. These are not covered by insurance or government programs.
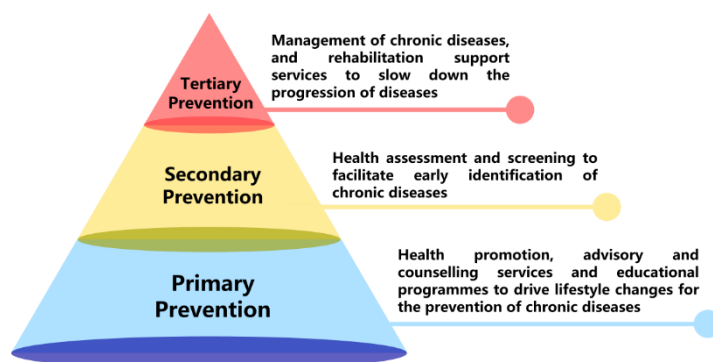
- **Health Equity**

  The idea that everyone should have a fair and equal chance to be healthy, regardless of who they are or where they live. It focuses on removing barriers like poverty, discrimination, and poor access to services.

- **Catastrophic Health Expenditure**

  When the cost of healthcare is so high that it causes serious financial problems or pushes a household into poverty, often due to paying out-of-pocket for essential services.

- **Primary Healthcare (PHC)**

  Basic, everyday health services that are often the first point of contact with the healthcare system. This includes services like checkups, vaccinations, family planning, and treatment of common illnesses.

Tertiary Prevention — Management of chronic diseases, and rehabilitation support services to slow down the progression of diseases

Secondary Prevention — Health assessment and screening to facilitate early identification of chronic diseases

Primary Prevention — Health promotion, advisory and counselling services and educational programmes to drive lifestyle changes for the prevention of chronic diseases

- **Sustainable Development Goals (SDGs)**

  A set of 17 global goals set by the United Nations to improve the world by 2030. Goal 3.8 specifically calls for achieving universal health coverage and access to quality healthcare for all.

- **Healthcare Financing**

  The way a country collects and uses money to fund its healthcare system. This can include taxes, health insurance, and international aid, and it affects how available and affordable healthcare is for the population.

- **Access to healthcare**

  The ability of individuals to get the health services they need, when and where they need them. Good access means services are available, affordable, and acceptable to the people who need them.

Background information

Despite global commitment, many parts of the world have been showing multiple difficulties regarding millions of people lacking access to even the most basic health services. Millions still lack coverage for even basic needs like vaccinations, maternal care, or emergency treatment. In many parts of the world, people are often forced to choose between getting medical care and facing serious financial problems. High out-of-pocket costs make it hard for many to afford the care they need. This creates bigger gaps between the higher social classes and the lower social classes, making it harder to improve public health overall. Universal Healthcare Coverage is therefore not only a public health objective but also a key driver of social stability, economic security, and human development.

- **COVID-19**

  Certain medical crises like the COVID-19 pandemic have further emphasized the need for strong and inclusive healthcare systems. This is due to the fact that the pandemic exposed very significant weaknesses in global health infrastructure, which disproportionately affected vulnerable populations and highlighted the urgent need for universal, resilient and just healthcare services. Overwhelmed hospitals, medical supply shortages, and uneven vaccine distribution highlighted major gaps in preparedness and equity.
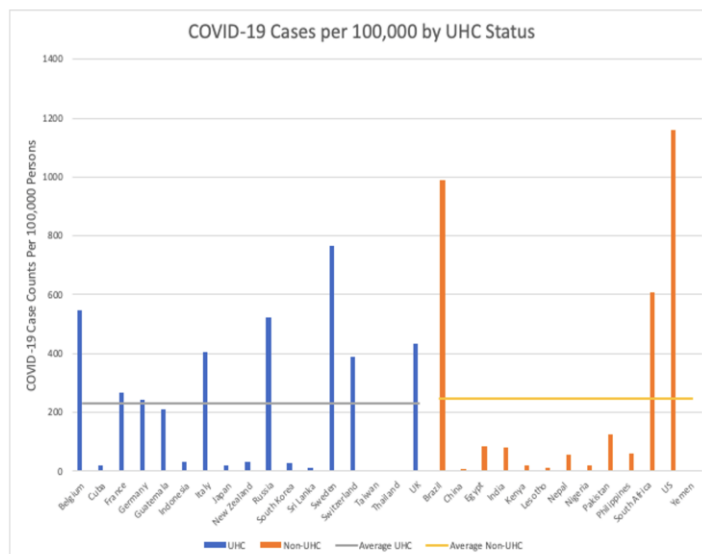
- **Global Economic Crises**

  Beyond pandemics, economic instability is another major factor that limits countries' ability to fund and maintain effective health systems. Events such as the 2008 global financial crisis and more recent economic shocks from all around the world have put intense pressure on national health budgets. In many countries, public healthcare funding was reduced, leading to cuts in services, staffing shortages, and increased out-of-pocket costs for patients. These economic difficulties make it harder for low-income households to access care and push many into catastrophic health expenditure, where healthcare costs cause long-term financial harm.

- **Migration and Displacement**

  While financial factors affect many, there are also social and political challenges that prevent people from accessing healthcare, especially displaced populations. Armed conflicts, climate change, and political instability have led to rising numbers of refugees and displaced populations. These, unfortunately, often struggle to access healthcare in host countries. Refugees frequently face different barriers such as legal status, language differences and lack of infrastructure. The global refugee crisis has put additional pressure on health systems in regions like the Middle East, Sub-Saharan Africa, and parts of Europe, revealing the need for inclusive policies that ensure no one is left behind.

- **Non-Communicable Diseases (NCD)**

  Even when services are available, the changing nature of diseases presents a new and growing challenge for global health systems. The global rise in non-communicable diseases (NCDs) including diabetes, cancer, cardiovascular disease, and chronic respiratory illnesses is becoming one of the most urgent and dangerous barriers to achieving Universal Healthcare Coverage. These diseases are responsible for nearly three-quarters of all global deaths, yet many health systems remain unprepared to deal with their long-term demands. Unlike short-term treatments for infectious diseases, NCDs require lifelong, uninterrupted care: consistent medical check-ups, medications, specialized treatments, and support services.

Major Parties Involved

- **World Health Organization (WHO)**

The **WHO** is the leading global authority on public health and plays a central role in supporting countries as they work toward UHC. It provides technical guidance, tracks progress through the **UHC Service Coverage Index**, and helps strengthen primary healthcare systems.

- **World Bank**

The World Bank helps low- and middle-income countries finance health reforms aimed at achieving UHC. It supports investments in health infrastructure, workforce development, and reducing out-of-pocket costs to protect citizens from financial hardship due to medical bills.

- **United Nations (UN)**

The United Nations promotes UHC as part of the Sustainable Development Goals (SDG 3.8). Several UN agencies (such as UNICEF, UNDP, and UNHCR) contribute by improving access to healthcare for vulnerable groups, including women, children, and displaced people.

- **International Monetary Fund (IMF)**

The IMF plays an indirect but important role in the progress of Universal Healthcare Coverage, especially in low- and middle-income countries. Through its lending programs and fiscal policy advice, the IMF can influence how much countries invest in public services like healthcare. In recent years, the IMF has increasingly emphasized the importance of "health spending as an investment", especially after the COVID-19 pandemic. It also encourages countries to create more fiscal space (room in the national budget) to fund health systems sustainably and equitably.

- **Thailand**

Thailand is widely recognized as a model country for successfully implementing Universal Healthcare Coverage. Since launching its Universal Coverage Scheme (UCS) in 2002, Thailand has provided access to essential healthcare services for over 99% of its population, including the poor, informal workers, and rural communities. The UCS is government-funded and focuses on primary healthcare, health promotion, and financial protection by eliminating user fees at the point of service. Key aspects of Thailand's approach include strong political commitment and long-term investment in health infrastructure, a focus on health equity, particularly for disadvantaged groups and a significant reduction in out-of-pocket expenses and catastrophic health spending.

- **Rwanda**

Rwanda is often cited as a remarkable success story for expanding Universal Healthcare Coverage despite limited economic resources. Since the early 2000s, the government has developed a community-based health insurance program called *Mutuelles de Santé*, which has achieved coverage rates of over 90% of the population. Key features of Rwanda's approach include affordable premiums based on income levels (a sliding scale system), a strong emphasis on primary healthcare, with widespread local clinics and community health workers, government subsidies for the poorest citizens to ensure inclusion and decentralized healthcare delivery, which empowers local districts to manage services effectively.

- **United States of America**

The United States is one of the few high-income countries without a universal healthcare system. Healthcare in the U.S. is delivered through a complex mix of private insurance companies and public programs, such as Medicare (for seniors), Medicaid (for low-income individuals), and the Veterans Health Administration (for military veterans). However, there is no single national system that guarantees healthcare for all citizens.

- **United Kingdom**

The United Kingdom is considered a global pioneer in Universal Healthcare Coverage. Since 1948, the UK has provided free healthcare at the point of use through the National Health Service (NHS). Funded

through general taxation, the NHS covers virtually all residents and offers access to a full range of health services, from primary care to surgeries, hospital stays, mental health services, and preventive care.

Previous Attempts to Solve the Issue

Over the past few decades, governments, international organizations, and health alliances have taken significant steps to expand access to healthcare and move toward Universal Healthcare Coverage. While progress has been made, large gaps remain in quality, access, and financial protection.

• **World Health Organization:**

The **WHO** has led multiple global campaigns and frameworks to support UHC. In 2010, the World Health Report introduced the idea that countries could move toward UHC through increased public financing, better risk pooling, and expanded access to services. The WHO's UHC Partnership supports over 100 countries in developing policies to strengthen primary care, reduce out-of-pocket costs, and promote equity.

• **The Sustainable Development Goals:**

In 2015, the United Nations adopted the Sustainable Development Goals, with **Goal 3.8** specifically aiming to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all." This made UHC a global priority, especially for low- and middle-income countries.

• **Regional and National Reforms:**

1. **Thailand:** In 2002, the nation launched its Universal Coverage Scheme, expanding access to over 99% of its population. This program is often seen as a model for affordable UHC in middle-income countries.

2. **Rwanda:** Used a community-based health insurance model (Mutuelles de Santé) to cover over 90% of its population, even with limited resources.

3. **Mexico:** Implemented the "Seguro Popular" in 2004 to extend health access to uninsured people, though it was recently replaced by a new system due to concerns about fragmentation and funding.

4. **India:** The government launched Ayushman Bharat in 2018 to provide free secondary and tertiary care for the poor.

• **NGOs Support:**

Global organizations like the **World Bank**, **Gavi (The Vaccine Alliance)**, and **The Global Fund** have played crucial roles by funding health infrastructure, vaccine distribution and programs targeting illnesses such as HIV, malaria and tuberculosis.

Possible Solutions

1. **Improve Primary Healthcare**

    One of the most important things countries can do to achieve Universal Healthcare Coverage is to improve primary healthcare. This means investing in local clinics, training more doctors and nurses, and making sure people in rural or remote areas can get basic services like check-ups and vaccines.

2. **Increase public funding**

    Another key solution is to increase public funding for healthcare. In many countries, people still pay out-of-pocket for medical care, which can lead to serious financial problems. Governments can reduce this by using taxes to support national health systems. Publicly funded insurance programs or health subsidies can make healthcare more affordable and help protect people from going into debt.

3. **Ensuring healthcare equality and fairness**

    We also need to make healthcare more equal and fair for everyone. Right now, a lot of vulnerable groups like refugees, people living in poverty, or those in remote areas, struggle to access care. Countries should work on removing legal, language, and financial barriers that keep people from getting the help they need. Policies should focus on making sure no one is left behind.

4. **Strengthening countries' health systems**

    Lastly, countries have to make their health systems stronger and more prepared for future crises. COVID-19 showed how fast things can fall apart when systems aren't ready. That's why it's important to have emergency plans, backup supplies, and enough trained health workers who can adapt in times of crisis.

References

- World Health Organization. (2023). *Universal health coverage (UHC) fact sheet.* https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
- World Health Organization & World Bank. (2021). *Tracking universal health coverage: 2021 global monitoring report.* https://www.who.int/publications/i/item/9789240040618
- World Health Organization. (2023). *Global health observatory (GHO) data repository.* https://www.who.int/data/gho
- United Nations. (n.d.). *Goal 3: Ensure healthy lives and promote well-being for all at all ages.* Sustainable Development Goals. https://sdgs.un.org/goals/goal3
- World Bank. (2023). *Universal health coverage overview.* https://www.worldbank.org/en/topic/universalhealthcoverage
- Kutzin, J., Yip, W., & Cashin, C. (2016). Alternative financing strategies for universal health coverage. *The World Bank Health Financing Working Paper Series.* https://openknowledge.worldbank.org/handle/10986/25321
- The Lancet. (2020). *The COVID-19 pandemic and health inequalities. The Lancet*, 395(10238), 1243. https://doi.org/10.1016/S0140-6736(20)30893-X
- World Health Organization. (2010). *Health systems financing: The path to universal coverage (World Health Report 2010).* https://www.who.int/publications/i/item/9789241564021
- Saksena, P., Hsu, J., & Evans, D. B. (2014). *Financial risk protection and universal health coverage: Evidence and measurement challenges. PLOS Medicine*, 11(9), e1001701. https://doi.org/10.1371/journal.pmed.1001701
- OECD. (2021). *Health at a Glance 2021: OECD indicators.* https://www.oecd.org/health/health-at-a-glance.htm
- The Commonwealth Fund. (2021). *Mirror, mirror 2021: Reflecting poorly — Health care in the U.S. compared to other high-income countries.* https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly
- World Health Organization. (2023). *Noncommunicable diseases.* https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases
- Nugent, R. (2016). *A chronology of global assistance funding for NCDs. Global Heart*, 11(4), 371–374. https://doi.org/10.1016/j.gheart.2016.10.015
- Okedo-Alex, I. N., Akamike, I. C., & Okeke, C. C. (2023). *Universal health coverage: A review of the concept, current challenges and the way forward. Journal of Global Health*, 13, 06014. https://doi.org/10.7189/jogh.13.06014
- NCD Alliance. (n.d.). *Universal Health Coverage (UHC).* https://ncdalliance.org/why-ncds/universal-health-coverage-uhc
- World Health Organization. (2023). *Universal health coverage (UHC).* https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
- Binagwaho, A., Agbonyitor, M., Rukundo, A., Ratnayake, N., & Kim, J. Y. (2014). *Under the volcano: Health in Rwanda, 20 years after the genocide. The Lancet*, 384(9940), 371–375. https://doi.org/10.1016/S0140-6736(14)60955-0

- Tikkanen, R., & Abrams, M. K. (2020). *U.S. health care from a global perspective, 2019: Higher spending, worse outcomes?* The Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2020/jan/us-health-care-global-perspective-2019