



Issue description

Committee: Human Rights Council

Issue of: Universal Healthcare

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Introduction:

Everyone has heard at least once of crowdfunding for someone who has a rare disease and needs a special treatment but can't afford it. For these cases there are such things as crowdfunding and support from others because people feel bad for the person who is ill. However, in many countries in the world, even easy treatments are extortionate. The healthcare system is very strict and causes people to be forced to go on living and working without getting the treatment they need. This issue is mostly seen in Less Economically Developed Countries (LEDCs). There is one solution for this issue, which is Universal Healthcare. It is part of the 3rd SDG (Sustainable Development Goal). The goal of universal healthcare is to provide citizens financial risk protection and with this improve the access to health care services. It is a universal service providing healthcare for every citizen, irrespective of wealth, age or social status. It does not necessarily consist of covering all costs for everything regarding the health of a citizen. It ensures citizens not to get into trouble financially when they are in need of medical attention. This system has been implanted in many countries already, most of them being located in Europe. However, this system comes in many shapes and forms and is not flawless. In some countries the ratios are still shifted. In 1948, health was declared a basic human right which means it is an issue relevant to be discussed in the Human Rights Council.

Definition of key terms:

Universal Healthcare: It is described by the World Health Organization as a situation where citizens can access health services without incurring financial hardship. Examples of health services are; hospitals, doctors, caretakers, etc.

Right to health: 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-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."

Private companies: In this issue description, insurance companies run by regular citizens instead of the government are meant by private companies. These companies can go bankrupt and make their own rules and price listings.

General overview:

The actual issue is not exactly Universal Healthcare (UH), Universal Healthcare is a solution to bad and/or unaffordable healthcare. However, Universal Healthcare is not perfect either and comes in many different shapes and forms. It does not directly imply that the government supplies and provides the medical care. When this is the case, it is called socialized medicine. The United Kingdom has this. It does include that citizens do not have to worry about getting in trouble financially because they need medical care. That is the aim of universal healthcare. One of the advantages of UH is that the administrative costs are eliminated because there are no/less private companies involved and everything is regulated by the government. This means that doctors and hospitals are forced to provide good healthcare at low costs. This also means that there is no/less competition. Of course, there will always be a slight competition left but most of it is eliminated with UH.

Disadvantages are that for example healthy people pay for others their healthcare through taxes. Many people suffer from diabetes or heart diseases which are often caused by lifestyle choices and need medical care that is paid for through taxes. People who make other choices and do not need to visit the doctor or hospital that often, still have to pay just as much as the people who do. Some people think this is unfair.

Another danger is that people might not be as careful with themselves because healthcare is free or affordable anyway. This also goes together with the possibility that people will visit the doctor or hospital way more often for small things because they don't need to pay for it. Another inconvenience is that medical care is really expensive and a large part of the total income of the government needs to be spent on medical care. In the Canadian government for example, 40% of the tax money is spent on healthcare.

The sheer cost of providing quality healthcare makes universal healthcare a large expense for governments. Most universal healthcare is funded by general income taxes or payroll taxes. Some countries mandate that everyone buys health insurance. U.S. examples are Medicare, Medicaid, and TRICARE. The United States also provides subsidies to health insurance companies through Obamacare.

There are three different systems of UH:

1. **The Single Payer system:** The single payer system consists of the government being in charge of everything regarding healthcare. The government regulates and maintains the system. Countries that have this system are: Norway, Japan, UK, Kuwait, Sweden, Bahrain, Brunei, Canada, UAE, Finland, Slovenia, Italy, Portugal, Cyprus, Spain and Iceland.
2. **The Insurance Mandate system:** Healthcare is provided by private companies, but everyone is obligated by the government to be insured. Countries that have this system are: Germany, Belgium, Austria, Luxembourg, Greece, Netherlands, South Korea and Switzerland.
3. **The two-tier system:** The government insures everyone's basic needs but there are options to insure at private companies with extra options and better services. Countries



that have this system are: New Zealand, Denmark, France, Australia, Ireland, China, Singapore and Israel.

UH is based on the Right to Health. This is because the aim of UH is to get every single person equal chances at medical care and treatment when needed and in 1948 this was declared as a basic human right. Because health is understood as a human right, member states are obligated legally to ensure their citizens with access to healthcare in whatever way it is. UH is one of the solutions to this but as of now it has only been adapted by developed countries (mentioned above and in timeline).

‘Ensure healthy lives and promote well-being for all at all ages’ is the third SDG. It has a big priority because, as it was mentioned before, health is a basic human right. However, in order to achieve this SDG, it is not necessarily needed to instate UH. Nevertheless, it is fairly obvious that healthcare in general is better regulated and accessible in countries that do have UH so because of that, UH might be the way to achieve SDG 3. However, it will need to be specified and adapted for every member state, no matter how developed.



Major Parties Involved:

Since this issue isn't exactly about a specific situation or conflict and it is an ongoing problem, there are no exact countries which are more involved than others. That's why a few countries are going to be pointed out with their healthcare systems and ideas, with different policies.

USA

Healthcare insurance has been a big issue in the USA for a long time. When president Obama had the power, he introduced Obamacare. The law has 3 primary goals:

- Make affordable health insurance available to more people. The law provides consumers with subsidies ("premium tax credits") that lower costs for households with incomes between 100% and 400% of the federal poverty level.
- Expand the Medicaid program to cover all adults with income below 138% of the federal poverty level. (Not all states have expanded their Medicaid programs.)
- Support innovative medical care delivery methods designed to lower the costs of health care generally.

Since Donald Trump has been elected as president, Obamacare has been neglected.

Netherlands

The Netherlands has the insurance mandate system. This means that private companies take care of the insurance and the general public can choose for how much and with what companies they want to be insured, but it is obligated by the government to be insured. In the Netherlands there is a system called 'own risk' which means that every insurance company only returns money for medical costs when the bill has reached a certain amount. This amount rises every year and is now up to 410 euros. For example, when you need to see a therapist of 80 euros an hour 8 times, you have to pay 410 euros yourself, but the rest is covered by your insurance. The government keeps itself very far outside of everything regarding the healthcare.

United Kingdom

This is the complete opposite in the UK. There, everything is regulated by the government. From the insurance until the actual healthcare, it's all regulated by the government. This system is called the Single-Payer system. England has a separate body called the NHS (National Health Service) which applies the laws of the National Health Constitution. It is a government-body, but it works separately from the government. This means that it functions just like a private company.

France

In France, healthcare is regulated according to the two-tier system. This is in between the UK's and the Netherlands' system because the basic needs of medical care are covered by the government, but extra's and better services are available through private insurance companies. Basic needs are of course defined by the government.



Timeline of events:

List of Countries With Universal Healthcare Coverage

Country	Year of UHC	
	Adoption	System Type
Norway	1912	Single Payer
New Zealand	1938	Two Tier
Japan	1938	Single Payer
Germany	1941	Insurance Mandate
Belgium	1945	Insurance Mandate
United Kingdom	1948	Single Payer
Kuwait	1950	Single Payer
Sweden	1955	Single Payer
Bahrain	1957	Single Payer
Bruenei	1958	Single Payer
Canada	1966	Single Payer
Netherlands	1966	Two Tier
Austria	1967	Insurance Mandate
United Arab Emirates	1971	Single Payer
Finland	1972	Single Payer
Slovenia	1972	Single Payer
Denmark	1973	Two Tier
Luxembourg	1973	Insurance Mandate
France	1974	Two Tier
Australia	1975	Two Tier
Ireland	1977	Two Tier
Italy	1978	Single Payer
Portugal	1979	Single Payer
Cyprus	1980	Single Payer
Greece	1983	Insurance Mandate
Spain	1986	Single Payer
South Korea	1988	Insurance Mandate
Iceland	1990	Single Payer
Hong Kong	1993	Two Tier
Singapore	1993	Two Tier
Switzerland	1994	Insurance Mandate
Israel	1995	Two Tier



Previous attempts to solve the issue:

On the 12th of December in 2012, the General Assembly of the United Nations passed a resolution during their 53rd plenary meeting regarding universal health coverage. The aim of this resolution was that the item Universal Health Coverage would be included on the agenda of all member states and societal international organisations. Since 2012, not much has changed. This means that actions need to be taken. The resolution (67/81) includes many different clauses and ideas to improve UH coverage, but it seems as though not much has been done with it.

In this resolution it also mentions the development goals and how universal healthcare contributes to development. However, it does not state actual actions that need to be taken in order to achieve this development.

Possible solutions and approaches:

As stated before, Universal Healthcare is one of the solutions. However, it differs a lot worldwide right now. For this, a solution could be to have a worldwide system that accounts for every country. In this system, a lot of factors would need to be thought about. For example, every country has a different climate which means that there are different diseases and therefore different medicines needed. Furthermore, hospitals differ considerably around the world as well. In the Western countries the hospitals are well-built and highly technologically advanced while in LEDCs the hospitals sometimes consist of tents and the resources are scarce. Furthermore, the educational system of medicine is different in every country too. All of these factors need to be taken into consideration when finding the right way for universal healthcare. A solution will need to be found which can work for every member state.

Another approach is to perfect the methods of universal healthcare. Because it comes in so many different forms, it is a possibility to look at all of the different forms and how they work in the countries and governments, and then look at what works and what doesn't. This way the best possible form of universal healthcare could be shaped and spread.

Please also note how the SDG 3 can be achieved. This could be by aiming your resolution towards this goal or mentioning specific actions that need to be taken in order to achieve it. Much can be used as the goal is focussed on a basic human right.



Bibliography:

1. <https://www.thebalance.com/universal-health-care-4156211>
2. <https://truecostblog.com/2009/08/09/countries-with-universal-healthcare-by-date/>
3. <https://international.commonwealthfund.org/countries/england/>
4. <https://www.investopedia.com/terms/u/universal-coverage.asp>
5. <https://international.commonwealthfund.org/countries/france/>
6. http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81
7. <https://www.forbes.com/sites/danmunro/2013/12/08/universal-coverage-is-not-single-payer-healthcare/#7069561636ee>

Annex:

- A list of sources to look at:

<https://www.youtube.com/watch?v=F1ETZ202Ovg>

https://www.who.int/health_financing/universal_coverage_definition/en/

<https://sustainabledevelopment.un.org/sdg3> (scroll down to health systems and funding)

<https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health>

<https://www.verywellhealth.com/what-is-universal-healthcare-coverage-2615254>

- Out of resolution 67/81, passed by the General Assembly:
5. *Calls upon* Member States to value the contribution of universal health coverage to achieving all interrelated Millennium Development Goals, with the ultimate outcome of more healthy lives, particularly for women and children;
(http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81)