2023

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SABHA

Background Guide

INMUN

Dear Delegates,

My name is Aashna Kumar and it is with great pleasure and anticipation that I welcome you to the Lok Sabha Committee on Universal Health Coverage at this year's INMUN. As the Speaker of the Lok Sabha, I am honoured to serve as the Director of this committee.

Since 9th grade, I have been an integral part of Inventure's MUN Executive Board, immersing myself in the dynamic world of MUN conferences. Throughout my journey, I have participated in over 30 MUNs, showcasing my dedication and passion for international affairs. In these conferences, I have had the honour of receiving awards in 29 of them, including 18 Best Delegate awards (holding the school record for the most Best Delegates), and have been recognized at RoundSquare and conferences like Oxford MUN and Harvard MUN. Additionally, my MUN expertise led to a unique opportunity to serve as one of the youngest-ever directors for the Harvard Model United Nations in Dubai. This year, I have been will be serving as the Assistant Director for HMUN India 2023, a testament to my commitment and proficiency in leading MUN committees.

With my experience, I am eager to share my knowledge and insights with you as your Director. My journey in MUN has provided me with a deep understanding of committee dynamics, the importance of diplomacy, and the art of constructive debate. I am here to guide and support each delegate, fostering an environment that encourages intellectual growth, collaboration, and innovative problem-solving.

I aspire to study Economics and Public Policy later on in life, and I want to emphasise the core values that guide my work: inclusivity, social justice, and sustainable progress. I firmly believe that our individual experiences and endeavours shape our perception of societal challenges, and it is through empathy and compassion that we can truly make a difference. My passion for economics stems from a mission to empower women and girls and break down the barriers that impede their progress and through my studies, I have sought to acquire the knowledge and tools necessary to create a more equitable and just society.

As the Director of the Lok Sabha on Universal Health Coverage, my role is to facilitate productive discussions and guide our deliberations towards practical and impactful solutions. I am here to support you throughout this MUN experience. I encourage you to reach out to me with any questions or concerns you may have. My goal is to have an atmosphere of collaboration, respect, and inclusivity, where every voice is heard, and collective solutions are crafted.

From each of you, I expect thoughtful contributions, rigorous research, and a commitment to finding innovative approaches to the challenges before us. Your participation in this committee holds the potential to shape policies and strategies that will have a lasting impact on the lives of individuals within our nation and beyond.

I'm truly excited to witness the depth of your discussions, the exchange of ideas, and the resolutions that will emerge from this committee. I can't wait to see you guys in August, and I hope that your engagement in this Model United Nations is a transformative experience, empowering you to become agents of positive change in the world. Please do reach out to me if you need any support, guidance or clarifications, I am here to help you out!

With warm regards,

Aashna Kumar (aashna.kumar@inventureacademy.com , loksabha@inventureacademy.com)

Overview of the Lok Sabha

The Lok Sabha is the lower house of the parliament of India and is the most powerful legislative body in the country, the term Lok Sabha translates to "House of the People". The Lok Sabha consists of 552 members including two members nominated by the President of India to represent the Anglo-Indian community. The remaining members are elected by the people of India through general elections. The seats are allocated to each state and union territories based on their population.

The Lok Sabha is presided over by the Speaker, who is elected by the members of the House. The Speaker plays a crucial role in maintaining order, interpreting rules, and representing the House in its relations with the President and the Council of Ministers. The Lok Sabha represents the diverse population of India and strives to maintain proportional representation. The political parties play a crucial role in the functioning of the House, and the majority party or coalition forms the government.

Significance of the Health Agenda

The health agenda holds major significance in India as it dictates the state of economic development in India as a healthy population is more likely to be productive and contribute to economic growth. A high disease burden can also lead to decreased productivity and increased healthcare costs. India already has a High Disease burden, Inadequate healthcare infrastructure, unequal access to healthcare and a large Rural-Urban divide when it comes to access to basic healthcare infrastructure. India also has a high maternal and infant mortality rate in rural areas compared to urban areas which shows that a significant infrastructure boost is needed in rural areas to bring it up to par with urban areas. The health agenda is also important in India as the amount of human capital for health that India produces is extremely high, there are 78,000 new doctors annually in India, and this level of high human capital needs to be on par with the right infrastructure such as hospitals, health centres and medicines spread appropriately across India with equal access.

Historical Context of Healthcare India

In India, hospitals have existed from ancient times, all the way from the 6th century BC and books written by Arabian and European travellers in AD600 mention that the study of medicine in India was in its Bloom. The use of Allopathic medicine started in the 16th century with the arrival of European missionaries and it was during the British Rule that there was progress in the construction of hospitals, it was only in the 19th century that organised medical training was started.

India since independence has spent a smaller proportion of its resources than any other country in the world and healthcare is considered to be one of the most neglected aspects of development in India.

Although India has experienced a steady increase in life expectancy and a fall in the infant mortality rate. Life expectancy at birth in India in 1951 was 36.7 years, by 1981 that was 54 years and by 2000 it was 64 .6. Even though these are steady gains they cannot be used as a representation for the whole of India. These gains are very highly unequal across different regions and social strata, this uneven distribution of access to healthcare clearly shows that improvements have not been because of a comprehensive public healthcare system.

The Current State of Healthcare in India

There are two different sides to the state of healthcare in India one side is well-built and maintained high-tech healthcare centres in urban India and at the other end are small outposts in remote areas of India manned by very few qualified healthcare workers desperately trying to use the minimal amount of resources at their disposable to provide some form of basic healthcare citizens who cannot access larger facilities which are predominantly in urban areas. One of the primary issues when it comes to the state of healthcare in India is the lack of awareness of the Indian population, a study conducted in Urban Harya found that only 11.3 % of adolescent girls knew correctly about key reproductive health issues this lack of understanding stems from low educational status, poor functional literacy, a lack of focus on education within the healthcare system and a low priority for health in the population.

One of the main determinants of access to healthcare is physical reach and this can be defined as the ability to enter a healthcare facility within 5km from the place of residence or work. Using this definition a study done in India in 2012 found that in Rural areas only 37% of people were able to access facilities within a 5km distance. This same study found that the further one lives from Townes - the greater the odds of disease, malnourishment, weakness and premature death. There is also the fact that even if a healthcare facility is physically reachable what is the quality of care that it offers, most Primary Health Centers in rural India lack basic infrastructural facilities such as beds, wards, toilets, clean drinking water facilities and clean labour rooms.

Role of Lok Sabha members

The broad responsibilities of members of the Lok Sabha are legislative responsibility which is to pass laws of India in the Lok Sabha, Oversight responsibility to ensure that the government performs its duties satisfactorily in a way which benefits the people of India, Representative responsibility which is to represent the views and beliefs of the people of their constituency not only those who have voted for them but all the people of their constituency. Other Roles of Lok Sabha members can be to approve and oversee the revenues and expenditures proposed by the government.

In the constitution of India health-related responsibilities are divided between the central and the state governments, the national government is responsible for medical research and technical education in the field of healthcare. The state government is responsible for infrastructure, employment and making sure that there is a fair and equal distribution of access to healthcare facilities. It should be understood that while each state has control over its own health system the national government has fiscal control over the state's health systems.
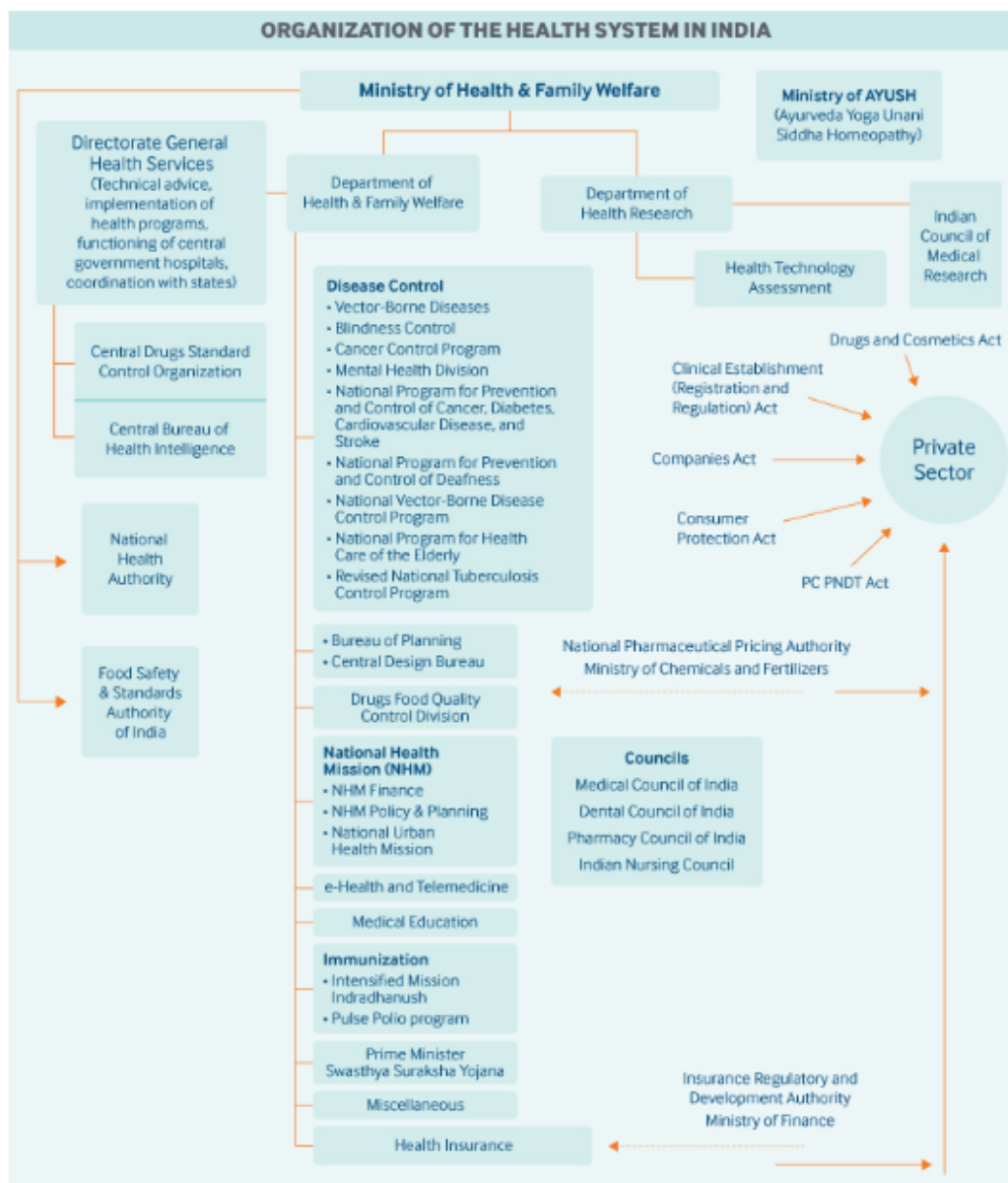
Government Ministries and Agencies

The Ministry of Health & Family Welfare is responsible for the implementation of various programs on a national scale, this includes the prevention and control of major communicable diseases such as COVID-19 and the promotion of indigenous systems of medicine such as the Ayurveda system or Siddha system. The Ministry of Health & Family Welfare incurs expenditure either directly through central schemes or through grants in aid to autonomous bodies such as NGOs.

Separate from The Ministry of Health & Family Welfare is the National Health Authority which is the main body responsible for implementing India's flagship public health insurance scheme called PMJAY (Bharat Pradhan Mantri Jan Aroyga Yojna). There is also The Department of Health Research which is responsible for the promotion of health and clinical research, development of health research, outbreak investigations and provision of advanced research training and grants for this training.

At the central level, there are other newly established organisations such as the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy. While at the State level, The Directorates of Health Services and the Departments of Health and Family Welfare are responsible for organising and delivering healthcare services to their populations which includes all medical care from primary care and pharmacies to secondary and tertiary hospital care.

ORGANIZATION OF THE HEALTH SYSTEM IN INDIA

Ministry of Health & Family Welfare

Ministry of AYUSH
(Ayurveda Yoga Unani Siddha Homeopathy)

Directorate General Health Services
(Technical advice, implementation of health programs, functioning of central government hospitals, coordination with states)

Department of Health & Family Welfare

Department of Health Research

Indian Council of Medical Research

Health Technology Assessment

Central Drugs Standard Control Organization

Central Bureau of Health Intelligence

Disease Control
- Vector-Borne Diseases
- Blindness Control
- Cancer Control Program
- Mental Health Division
- National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease, and Stroke
- National Program for Prevention and Control of Deafness
- National Vector-Borne Disease Control Program
- National Program for Health Care of the Elderly
- Revised National Tuberculosis Control Program

Clinical Establishment (Registration and Regulation) Act

Drugs and Cosmetics Act

Companies Act

Consumer Protection Act

Private Sector

National Health Authority

Food Safety & Standards Authority of India

PC PNDT Act

- Bureau of Planning
- Central Design Bureau

National Pharmaceutical Pricing Authority
Ministry of Chemicals and Fertilizers

Drugs Food Quality Control Division

National Health Mission (NHM)
- NHM Finance
- NHM Policy & Planning
- National Urban Health Mission

Councils
Medical Council of India
Dental Council of India
Pharmacy Council of India
Indian Nursing Council

e-Health and Telemedicine

Medical Education

Immunization
- Intensified Mission Indradhanush
- Pulse Polio program

Prime Minister Swasthya Suraksha Yojana

Miscellaneous

Insurance Regulatory and Development Authority
Ministry of Finance

Health Insurance

Non-Governmental Organizations (NGOs)

It is an important strategy for the government to develop essential health services through **Non-Governmental Organizations (NGOs)** so that they can reach the goal of Universal Health Care. NGOs can provide adequate and competent human resources, necessary health equipment and facilities and provide public health care service strategies without putting a strain on government resources.

NGOs can help establish and equip hospitals supplying medicines and treatment to the poor, provide maternal and newborn health services in rural or hard-to-reach areas and can help in more ways. NGOs like the Rural Health Care Foundation (RHCF) and Foundation for Mother and Child Health (FMCH) each provide different healthcare sources in different areas through centres in different rural areas. NGOs like these in states all across India help provide access to affordable or free healthcare in Rural areas where free government healthcare isn't provided.

International Organizations

International organisations like the World Health Organisation (WHO) which is one of the main UN agencies collaborating in the health sector with the Ministry of Health & Family Welfare. The WHO and India have a UHC partnership, the WHO supports the Indian government by helping India provide improved health service delivery, financial protection, and population coverage as well as by strengthening systems in India to efficiently address global health security threats.

Organisations such as SIDA (Swedish International Development Agency) which assist India in the National Tuberculosis Programme by supplying specific Drugs or Medical equipment or USAID (United States Agency for International Development) which helps improve Medical education in India and improve Water supply and sanitation infrastructure have a major role to play in achieving Universal Health Care in India.

Definition and Scope of Universal Health Coverage

Universal Health Coverage (UHC) refers to a healthcare system in which all individuals and communities have access to essential healthcare services without experiencing financial hardship. It encompasses a comprehensive range of health services, including preventive, promotive, curative, and rehabilitative care, as well as essential medicines and vaccines. UHC aims to ensure that individuals can seek healthcare services when needed, without having to suffer financial consequences that could push them into poverty or hinder their access to other basic needs.

The scope of UHC extends beyond mere access to healthcare services. It encompasses three dimensions: coverage, quality, and financial protection. Coverage refers to the range of services provided under UHC, encompassing the entire continuum of care from prevention to treatment and rehabilitation. It involves ensuring that individuals receive a comprehensive package of essential health services throughout their lives, addressing their diverse health needs. Quality plays a crucial role in UHC, ensuring that the services delivered are safe, effective, patient-centred, and evidence-based. It involves a focus on healthcare provider competence, the use of appropriate medical technologies, and adherence to clinical guidelines and standards. Financial protection is another key aspect of UHC, aiming to shield individuals from the financial burden of healthcare expenses. It involves mechanisms such as health insurance, risk pooling, and social health protection schemes to prevent individuals from facing catastrophic healthcare costs and impoverishment due to medical expenses.

UHC is not only about healthcare access and financial protection; it embodies the principles of equity and social justice. It aims to reduce health disparities by ensuring that healthcare services are accessible to all, irrespective of their socioeconomic status, geographic location, gender, or other determinants of health. UHC strives to address inequalities in healthcare provision, improve health outcomes, and promote a more inclusive and fair society. It recognizes health as a fundamental human right and seeks to empower individuals and communities to actively participate in their own health and healthcare decisions.

Importance of Universal Health Coverage

Universal Health Coverage holds immense significance for India as it promises to address the country's existing healthcare challenges and ensure that every citizen has access to essential healthcare services without facing financial hardship. UHC provides a comprehensive range of healthcare services, including preventive, curative, and palliative care, as well as essential medicines, while also focusing on equity and quality.

One of the primary reasons why UHC is crucial for India is its potential to alleviate the burden of out-of-pocket healthcare expenses. Currently, a significant portion of the Indian population faces financial catastrophe due to medical expenses, pushing them into poverty. UHC can help mitigate this issue by providing financial protection through health insurance or other mechanisms. By pooling resources and spreading the risk across a larger population, UHC enables individuals to access healthcare services without the fear of incurring exorbitant costs.

UHC plays a vital role in improving overall health outcomes in the country. By ensuring that everyone has access to a basic package of essential healthcare services, UHC focuses on prevention, early diagnosis, and timely treatment. This approach can lead to better management of chronic conditions, reduced morbidity and mortality rates, and improved overall population health. UHC also promotes health equity by addressing disparities in access to healthcare among different socioeconomic groups, thereby contributing to a more inclusive and just society.

Challenges and Barriers to Achieving Universal Health Coverage

Achieving Universal Health Coverage in India faces several challenges and barriers that need to be addressed for its successful implementation. These challenges arise from the country's vast population, diverse healthcare needs, and existing healthcare infrastructure limitations.

One of the significant challenges is the inadequate healthcare infrastructure and workforce shortage. India's healthcare system, particularly in rural areas, suffers from a lack of healthcare facilities, trained healthcare professionals, and essential medical equipment. Insufficient infrastructure hampers the delivery of quality healthcare services and poses a significant barrier to achieving UHC. Addressing this challenge requires substantial investments in healthcare infrastructure development, ensuring equitable distribution of healthcare facilities, and strengthening the healthcare workforce by increasing the number of trained healthcare professionals.

Another barrier is the lack of adequate financial resources for implementing UHC. India's healthcare expenditure as a percentage of GDP is relatively low, and a significant portion of healthcare expenses is borne by individuals through out-of-pocket payments. To achieve UHC, the government needs to allocate sufficient funds for healthcare and explore innovative financing mechanisms, such as health insurance schemes, to pool resources and ensure financial protection for all citizens. This will require a strategic reallocation of resources and a commitment to increasing public spending on healthcare.

India's diverse population and geographic disparities present a unique challenge to achieving UHC. The healthcare needs of rural and urban populations, as well as different states and regions, vary significantly. Providing equitable access to healthcare services across diverse populations with varying socioeconomic conditions, cultural beliefs, and geographical barriers requires tailored strategies and targeted interventions. It demands the implementation of context-specific policies and programs that consider the specific needs of different regions and population groups.

Furthermore, ensuring the quality and affordability of healthcare services is a critical barrier to achieving UHC. India's healthcare system suffers from issues such as overburdened public healthcare facilities, substandard private healthcare practices, and a lack of standardized protocols. Addressing these challenges requires strengthening healthcare regulation and governance, improving healthcare service delivery mechanisms, and promoting quality assurance measures. Additionally, efforts should be made to regulate and monitor the private healthcare sector to prevent exploitative practices and ensure that healthcare services remain affordable and accessible to all.

Raising awareness and building trust among the population regarding UHC is crucial for deploying sustainable strategies. Many individuals in India are unaware of their rights to access healthcare services or lack trust in the healthcare system. Educating and empowering individuals about UHC, its benefits, and the services available to them is crucial for effective implementation. This requires comprehensive public health campaigns, community engagement, and effective communication strategies to reach all segments of the population, particularly marginalized communities.

Existing Efforts and Initiatives

India has undertaken various efforts and initiatives to advance towards achieving Universal Health Coverage and improve healthcare access for its citizens. These initiatives encompass a wide range of strategies, policies, and programs that aim to address the barriers and challenges associated with UHC implementation.

The Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY), is also known as the National Health Protection Scheme. Launched in 2018, is a notable flagship program that aims to provide health insurance coverage to over 500 million vulnerable individuals and families in India. Under PM-JAY, eligible beneficiaries receive a health insurance card, known as the Ayushman Bharat Golden Card, which entitles them to receive cashless treatment for a defined package of hospitalization services. The program primarily targets the economically weaker sections of society and aims to reduce out-of-pocket expenses and protect households from catastrophic health expenditures.

In addition to PM-JAY, India has made efforts to strengthen primary healthcare through the National Health Mission (NHM). NHM focuses on improving the accessibility, quality, and availability of primary healthcare services, particularly in rural and underserved areas. It includes the establishment and upgradation of primary health centres and community health centres, recruitment and training of healthcare professionals, and the provision of essential drugs and diagnostics. NHM also emphasizes maternal and child healthcare, immunization, and disease prevention and control programs.

To address the shortage of healthcare professionals, India has implemented initiatives like the National Medical Commission (NMC) Act. The NMC Act aims to reform medical education in India by establishing a single regulatory body, the National Medical Commission, to oversee and regulate medical education and practice. It aims to streamline the medical education system, enhance the quality of education, and address the scarcity of healthcare professionals, especially in rural areas. The Act also introduces provisions for the licensing of community health providers, enabling qualified non-doctor healthcare professionals to deliver primary healthcare services in remote and underserved areas.

Furthermore, India has taken steps to promote the use of digital health technologies to enhance healthcare delivery and access. The National Digital Health Mission (NDHM) is an ambitious initiative that aims to create a digital health ecosystem in the country. It involves the development of health registries, unique health IDs for individuals, and the establishment of health information exchanges. The goal of NDHM is to enable seamless access to health records, facilitate interoperability between healthcare providers, and empower individuals to have greater control over their health information.

Another important initiative is The National Rural Health Mission was launched in 2005 with the aim of providing accessible, affordable, and quality healthcare to rural populations. It focuses on improving primary healthcare infrastructure, strengthening healthcare delivery systems, and addressing the health needs of marginalized communities. NRHM aims to bridge the gaps in healthcare access by prioritizing maternal and child health services, promoting reproductive health, and enhancing disease control measures. It also emphasizes the training and deployment of community health workers, such as Accredited Social Health Activists (ASHAs), to improve health awareness and service delivery at the grassroots level.

In 2008, the Rashtriya Swasthya Bima Yojana (RSBY) was launched to provide financial protection to the unorganized sector and below-poverty-line families. RSBY offers a smart card-based cashless health insurance cover for hospitalization expenses, ensuring that beneficiaries can avail of necessary healthcare services without facing financial burdens. It targets vulnerable populations and aims to cover individuals and families engaged in manual labour, domestic work, street vending, and other informal sectors. RSBY provides coverage for a predefined set of diseases and procedures, contributing to reducing out-of-pocket healthcare expenses and improving access to healthcare services for the economically disadvantaged sections of society.

Another crucial initiative is Mission Indradhanush, a program launched in 2014 to accelerate immunization coverage across India. The program focuses on providing life-saving vaccines to children and pregnant women, particularly in underserved areas with low immunization rates. Mission Indradhanush aims to increase full immunisation coverage to 90% by targeting areas with low immunisation rates and conducting intensive immunisation drives. It also addresses issues of vaccine availability, cold chain infrastructure, and community mobilization to ensure that every child and pregnant woman receives essential vaccines, thereby reducing the burden of vaccine-preventable diseases.

Global Health Frameworks and Initiatives

Several global health frameworks and initiatives have been established to support countries in their journey towards achieving Universal Health Coverage. These frameworks provide guidance, resources, and technical support to strengthen health systems, expand access to healthcare services, and improve health outcomes. Here are some notable examples:

- Sustainable Development Goals (SDGs): The SDGs, adopted by the United Nations in 2015, include a specific target (SDG 3.8) focused on achieving UHC. The target calls for achieving universal access to quality healthcare services, including financial risk protection. The SDGs provide a global framework for countries to prioritize and align their efforts towards UHC. Many countries have integrated UHC goals and strategies into their national health plans as part of their commitment to the SDGs.

- World Health Organization (WHO) Universal Health Coverage Flagship Initiative: The WHO's UHC Flagship Initiative supports countries in their efforts to advance towards UHC. It provides technical assistance, guidance, and tools to strengthen health systems, improve service delivery, and promote equitable access to healthcare. The initiative focuses on key areas such as health financing, health workforce, service delivery, and governance. Through this initiative, the WHO works closely with countries to develop UHC policies, mobilize resources, and implement sustainable healthcare reforms.

- The Joint Learning Network for Universal Health Coverage (JLN): The JLN is a global knowledge-sharing network that brings together countries to exchange experiences and best practices in advancing UHC. The network facilitates peer-to-peer learning and collaboration among countries facing similar challenges in implementing UHC. It promotes the sharing of successful strategies, innovative approaches, and lessons learned in areas such as health financing, benefits package design, and service delivery. The JLN has facilitated knowledge exchange among countries like Ghana, Indonesia, and the Philippines, enabling them to strengthen their UHC programs and policies.

- The Primary Health Care (PHC) Approach: The PHC approach, advocated by the WHO and endorsed by countries worldwide, emphasizes the provision of essential healthcare services to all individuals and communities as the foundation of UHC. It focuses on promoting health equity, community participation, intersectoral collaboration, and addressing social determinants of health. Many countries, such as Brazil and Thailand, have successfully implemented PHC-based models, which have resulted in significant improvements in healthcare access, quality, and health outcomes.

- National Health Insurance Schemes: Several countries have implemented national health insurance schemes as part of their UHC efforts. For example, Ghana's National Health Insurance Scheme (NHIS) aims to provide financial protection and ensure access to healthcare services for all citizens. Through NHIS, individuals pay premiums based on their income level, and they can access a range of healthcare services without facing financial hardship. Similarly, Taiwan's National Health Insurance (NHI) program has achieved near-universal coverage, providing comprehensive healthcare services to its population.

- Integration of Health Systems Strengthening and UHC: Many countries have recognized the importance of integrating health systems strengthening with their UHC efforts. For instance, Rwanda has implemented a comprehensive health system reform that focuses on strengthening primary healthcare, health infrastructure, and health workforce capacity, alongside achieving UHC. This integrated approach has contributed to significant improvements in health outcomes and healthcare access in the country.

Various global health frameworks and initiatives support countries in their journey towards achieving UHC. These frameworks provide guidance, technical support, and knowledge-sharing platforms to strengthen health systems, expand access to healthcare services, and promote equitable health outcomes. Through these efforts, countries are able to tailor their approaches, learn from one another's experiences, and make significant progress towards achieving UHC.

Case Studies of Successful Universal Health Coverage

Several developed countries have successfully implemented UHC systems, setting examples of efficient healthcare delivery. This section delves into the UHC models of two prominent developed countries, Japan and Germany, to explore their key features, financing mechanisms, and impact on their populations.

Japan boasts one of the most successful UHC systems globally, ensuring access to healthcare for all its residents. The country operates a social health insurance system, known as the National Health Insurance (NHI). Under this system, all Japanese citizens and legal residents are mandated to enrol in a health insurance plan. Contributions to the NHI are based on income and are affordable, ensuring that individuals do not face financial barriers to healthcare access.

In Japan's UHC system, everyone has access to a comprehensive package of healthcare services, including doctor visits, hospitalization, prescription medications, and preventive care. The government regulates healthcare costs to ensure reasonable pricing, making healthcare affordable for individuals. The NHI covers a significant portion of healthcare expenses, reducing out-of-pocket costs for patients. Moreover, Japan's strong primary care infrastructure promotes early detection and prevention of illnesses, contributing to better health outcomes for its population.

Germany, known for its high-quality healthcare system, has also achieved UHC through its Statutory Health Insurance (SHI) system. The SHI provides coverage to approximately 90% of the population. Similar to Japan, Germany operates a social health insurance model that mandates participation in health insurance schemes. Contributions to the SHI are income-based and shared between employers and employees.

The German UHC system offers comprehensive coverage, including primary care, specialist visits, hospitalization, prescription drugs, and preventive services. Individuals can freely choose their healthcare providers, ensuring patient autonomy. The SHI system emphasizes equity, ensuring that individuals with lower incomes receive the same level of care as those with higher incomes. Additionally, Germany places a strong emphasis on preventive care, focusing on early detection and promoting healthy lifestyles, contributing to improved health outcomes.

Both Japan and Germany have successfully achieved UHC by employing different healthcare models tailored to their populations. The key lessons learned from their experiences are:

- Mandatory Participation: Requiring individuals to participate in health insurance schemes ensures broad coverage and risk-sharing, allowing for more comprehensive and affordable healthcare services.
- Comprehensive Coverage: Providing a wide range of healthcare services, including preventive care, ensures early detection of diseases and reduces the need for costly treatments in the long run.
- Strong Primary Care: Emphasizing primary care as a foundation of the healthcare system promotes early intervention, disease prevention, and holistic healthcare, resulting in improved health outcomes.
- Equity and Solidarity: Incorporating principles of equity and solidarity ensure that healthcare services are accessible and affordable for all, regardless of socioeconomic status.

Healthcare Financing and Funding

Healthcare financing is a core function of health systems that can enable progress towards Universal Healthcare Coverage as it can help improve service coverage and financial protection. Millions of people in India don't have access to healthcare services due to the cost or they receive poor quality services when they pay **Out of pocket** for private healthcare services. It is important for the government to have carefully designed health financing policies that can help address the issue of lack of affordable or free healthcare access.

The WHOs approach to health financing focuses on three core functions :
- Revenue Raising - The sourcing of funds, government budgets, compulsory or voluntary prepaid insurance schemes, direct out-of-pocket payments by users and external aid.
- Pooling of Funds - The accumulation of prepaid funds on behalf of some or all of the population.
- Purchasing of services - The payment or Allocation of resources to health service providers.

Healthcare Infrastructure and Services

A good public health infrastructure provides the public with all the necessary foundation for all public health services from vaccinations to chronic disease prevention programs to being prepared for emergencies like a pandemic or national disaster. A strong public health infrastructure also relies on a very strong and qualified workforce and up-to-date information systems such as accessible databases to store patient records.

In India, the public health workforce has to its advantage a very skilled workforce of medical professionals but not enough of this skilled workforce works in the public sector which means the missing pieces in India's public health infrastructure remain resource generation, financing and other infrastructure. There is also a lack of healthcare centres in India, people in India die of preventable and curable diseases because hospitals in rural areas do not have adequate equipment to treat the diseases or the technology to detect the problem. There needs to be a large rise in the capital infrastructure spending in the healthcare sector to reduce the shortage of Doctors, Staff, Beds and Physical Buildings. This can only be done with an effective policy that reduces the Rural-Urban divide in India and brings about more Equitable access to healthcare.

Health Information Systems and Data Management

As the number of people accessing healthcare will always keep increasing, keeping physical data on each patient's history will never be practical and come with many problems. A Public health care system must have the ability to digitally organise each person's medical history which will include past treatments and what they might be allergic to. Having all of this data digitised means that it can be accessed from anywhere at any time without having to re-conduct tests which can be a waste of money and time. Digitalised data on one central system also means that when patients move from one place to another their data will be able to transfer automatically hence allowing for a more standardised approach to the provision of healthcare services.

It is important for India to establish effective **Health Data Management** systems or applications that can be used throughout India. This also means that provisions need to be made to provide medical professionals with the appropriate training to use Health Data Management in an effective way to make patient care more efficient and get insights that will help medical outcomes while also ensuring that an individual patient's privacy is maintained and the data is kept secure.

Access to Essential Medicines and Technologies

Essential medicines according to the World Health Organisation are 'those medicines that satisfy the priority health care needs of the population and are intended to be available within the context of functioning health systems at all times in adequate amounts and in the appropriate dosages with assured quality, and at a price, the individual and community can afford'.The right to Essential Medicines is considered a core human right and currently access to essential medicines is below 35% in India. India currently has a National Essential Medicine List but this list was never implemented for procuring drugs for the general public and even after many revisions no significant action was taken to improve access to essential medicines.

The share of medicines in India's Central Government's budget is 12% and still availability of medicines remains a big issue and jeopardises the public health system. Government policy to improve access to medicines needs to aim at introducing clear and affordable pricing policies for medicines and aim to improve the supply chain to bring access to rural areas. There also needs to be policy measures to make sure private producers of essential medicine aren't able to charge unaffordable rates and that producers always supply to the Indian market and fulfil demand before exporting internationally.

Access to technology that can improve healthcare services is highly divided with good access to technology highly concentrated in Large Urban areas and very low access to technology in rural areas. The primary areas where India needs to work on using technology to improve healthcare provision is Efficiency enhancements which would include Inventory management so that hospitals can stock tens of thousands of different items and technology would help scale this down to help even rural hospitals understand how much they need to stock to ensure that they can treat as many diseases as possible. Technology can also help rural people understand which health centre is closest and where they can go treat any of the symptoms they are having. It is important that the government implements policy measures that create standardised ways to improve access to healthcare and eventually reach Universal Health Care through the help of technology.

Ensuring Equity and Social Justice

Social justice is the concept of equality and human rights. Social justice examines how these rights are manifested and it aims to redress inequalities based on gender, race, religion, age and other characteristics. Social justice in health care refers to the delivery of high-quality care to all individuals of a country or state. There is Social justice which is needed for access to mental health care in developing nations such as India. There is still a large stigma towards people with mental illnesses, people with mental illnesses are likely to die 15 to 20 years younger than those who do not have a mental illness.

There are significant health, social and income inequalities that exist across India which are because of India's rapid economic growth and historically limited wealth distribution. There is a high unmet need for access to public health services especially among women in rural and tribal areas who lack access to reproductive health services, neonatal care and family planning services.

Balancing Individual Rights and Public Health

When a government is faced with dealing with an epidemic, pandemic or disease that is affecting its nation it's where established public health infrastructure is most needed however it is not an excuse for the infringement of human rights. It is highly likely that a government will ask for people to stay home or sacrifice personal freedoms for the greater good of the public. This however requires the government to have a justified framework which not only focuses on prevention, minimisation and containment of health risks. It is important that a government uses these mechanisms but also not use them to its maximum capacity unless necessary and that the main goal is protecting the public. For example, according to the health act of 2006 in the UK smoking is banned in public places but not forbidden in an individual's home.

Addressing Vulnerable Populations

The term vulnerable community describes groups with social, cultural, economic and/or political traditions and institutions distinct from the mainstream or dominant society that disadvantage them in the development process. Currently, there are no specific laws which relate to the provision of health care to Vulnerable communities, **Scheduled Castes and Scheduled Tribes** however it is a key focus of the National Health Policy. Tribal habitations which are concentrated in hilly, remote or forest areas and proposed Male and Female Multipurpose healthcare workers (MPHWs) to be provided for every 3000 instead of 5000 people and Primary Health Centers for every 20000 people which increases access to basic primary healthcare in Tribal habitats in India. There is also a National Rural Health Mission(NRHM) which is improving access to health care by strengthening the public health system.

Tribal communities need special attention as they not only suffer from unequal and lower access but also produce the worst health outcomes in the country. This is primarily because these groups have been traditionally excluded and discriminated against and therefore suffer from high incidences of poverty and low levels of education, among other disadvantages which have made their access to public health care tougher. Even though the public health care system is required to have ensured better care and treatment for these marginalised communities, evidence shows that access remains the lowest among these population groups.

Poor housing conditions, unsafe drinking water, lack of sanitation, use of biomass fuels, and exposure to environmental odds as a part of the livelihood among the marginal population group often increase the risk of numerous health problems. Access to health care is very much asymmetric between rural and urban India. While urban residents have a choice between public or private providers, rural residents face far fewer options.

Share of total household income spend on health care in India, 2004–2005.

	Health care spending (%) on monthly household income		
	Any morbidity	**Short term**	**Long term**
All India	6.02	4.43	1.59
Place of residence			
Metro	1.13	0.67	0.46
Other urban	3.57	2.42	1.15
More developed village	7.73	5.72	2.01
Less developed village	6.87	5.18	1.69
Income			
Lowest quintile	14.53	11.15	3.38
Second quintile	4.53	3.27	1.26
Thirrd quintile	2.44	1.74	0.7
Fourth quintile	1.44	1.02	0.42
Top quintile	0.65	0.37	0.28
Social groups			
High caste Hindu	5.13	3.65	1.48
OBC	7.59	5.66	1.93
Dalit	5.32	4.06	1.26
Adivasi	3.88	2.78	1.1
Muslim	4.84	3.88	0.96
Other religion	9.19	4.36	4.83

Ethical Implications of Healthcare Allocation and Prioritization

Besides availability and affordability, acceptability and adequacy are the two other important aspects of access to health care. A persistent negative attitude towards public health care facilities in India has been recorded in several studies, many find that doctors in public facilities are more qualified than private doctors but use their knowledge less than what they should while practising and a number of studies have also pointed out that doctor absenteeism is the leading cause of peoples avoidance to government health facilities. Complaints regarding long waiting hours, lack of privacy in the consultation room and are some common issues in the public health system in India.

Health in India remains a luxury and only the rich can afford it. People visit equally poor private practitioners, ignoring the available public health units and paying beyond what they can afford.

Understanding the Resolution Format

When participating in a Lok Sabha committee, understanding the resolution format is essential. Resolutions are formal documents that propose solutions to issues or problems under consideration. They follow a specific format to ensure clarity and organization during discussions and debates. Here is a simplified explanation of the resolution format in a MUN procedure tailored to the Lok Sabha committee:

Title: A resolution begins with a title that succinctly summarizes the main issue or topic being addressed. It should be clear and concise, capturing the essence of the resolution.

Preambulatory Clauses: These clauses provide the background and context of the issue. They explain the reasons, justifications, and relevant facts related to the problem at hand. Preambulatory clauses often start with phrases like "Recognizing," "Taking into consideration," or "Noting with deep concern."

Operative Clauses: These clauses outline the proposed actions or solutions to address the issue. Each operative clause starts with an action verb and clearly states the proposed course of action. These clauses often begin with phrases such as "Urges," "Calls upon," or "Recommends." Each operative clause is numbered for easy reference during discussions.

Signatories: Resolutions are typically co-authored by multiple delegates or countries. The signatories section lists the names or abbreviations of the delegations that support or endorse the resolution. This section demonstrates the level of support for the proposed solution.

References: At the end of the resolution, there is a references section that lists any sources or documents referenced within the resolution. This section helps provide credibility and evidence for the proposed solutions.

In Lok Sabha committee sessions, delegates can propose amendments to resolutions. Amendments suggest changes or additions to the existing resolution text. Amendments can be made to both preambulatory and operative clauses. Once amendments are proposed, they are debated and voted upon separately.

It is important to note that resolutions require majority support from committee members to pass. During the voting process, delegates indicate their support or opposition to the resolution by voting in favour (yes), against (no), or abstaining. Resolutions that receive the required majority votes are considered adopted by the committee and serve as official recommendations.

Components of a Comprehensive Resolution

As your director in the Lok Sabha committee focusing on the agenda of achieving Universal Health Coverage, it is important to understand the components of a comprehensive resolution. While resolutions propose solutions, as a director, you will focus on ensuring that the resolution is well-rounded, feasible, and takes into account various aspects related to achieving UHC. Here are the key components to consider:

- Background and Context: The resolution should provide a clear understanding of the current healthcare situation in the country and the challenges faced in achieving UHC. This section should outline the existing healthcare infrastructure, access issues, and financial constraints that need to be addressed.

- Goals and Objectives: Define the desired goals and objectives for achieving UHC. These could include targets such as increasing healthcare coverage, improving the quality of healthcare services, and ensuring financial protection for all citizens.
- Financial Feasibility: Address the financial aspects of achieving UHC. This includes assessing the available resources, budgetary constraints, and potential funding mechanisms. The resolution should explore sustainable financing options, such as health insurance schemes, public-private partnerships, or increased government budget allocations.
- Health Infrastructure and Human Resources: Consider the capacity and readiness of the healthcare infrastructure. Discuss the need for expanding healthcare facilities, ensuring access to essential medicines, and addressing the shortage of healthcare professionals. Emphasize the importance of strengthening primary health care and promoting preventive measures to reduce the burden on the healthcare system.
- Equity and Access: UHC aims to ensure equitable access to healthcare services. The resolution should emphasize the importance of reducing disparities in healthcare access among different regions, socioeconomic groups, and vulnerable populations. Consider measures such as community-based healthcare, mobile health clinics, and targeted interventions to reach underserved areas.
- Collaboration and Partnerships: Highlight the need for collaboration among stakeholders. Encourage partnerships between the government, healthcare providers, civil society organizations, and international agencies to pool resources, expertise, and knowledge. Emphasize the importance of coordination, information sharing, and mutual support in achieving UHC goals.
- Monitoring and Evaluation: Stress the importance of monitoring and evaluating the progress of UHC implementation. The resolution should call for the establishment of mechanisms to track indicators, measure outcomes, and ensure accountability. Regular assessments will enable adjustments, identify challenges, and optimize the impact of UHC programs.

QARMA - Questions A Resolution Must Answer

When drafting a resolution on achieving Universal Health Coverage for India, the resolution should address important questions such as,

- How can the government ensure equitable access to healthcare services for all citizens, including marginalized and vulnerable populations?
- What measures can be taken to strengthen primary healthcare infrastructure and services in both rural and urban areas?
- How can the government ensure the availability and affordability of essential medicines, diagnostics, and treatments for all individuals?
- What strategies can be implemented to address the shortage of healthcare professionals, particularly in remote and underserved regions?
- How can the government enhance health financing mechanisms to provide financial protection and reduce out-of-pocket expenses for healthcare services?
- What steps can be taken to improve the quality and standards of healthcare delivery, including the implementation of clinical guidelines and protocols?

These questions highlight key considerations for achieving UHC in India, focusing on equitable access, primary healthcare infrastructure, affordability of medicines, healthcare workforce, health financing, and quality of healthcare services. Answering these questions in the draft resolution will provide a comprehensive framework for addressing the specific challenges and requirements of achieving UHC in India.

The EB recommends that you go through these articles to help gain a deeper understanding of the Agenda

[March 2021 Status of health in India by the Lok Sabha Secretariat](#)

[Road to Universal Health Care in India](#)

[Engagement of Non-Governmental Organizations (NGOs) in moving towards Universal Health Care](#)

[Top 10 NGOs in India working in the healthcare sector](#)

[Why India Needs a big push for Universal Health Care](#)

[2020 Profile of India's Healthcare System by The Commonwealth Fund](#)

[Background on Universal Health Care by the World Health Organisation](#)

[The World Health Organisations work in India](#)

[The balance between Individual Rights and Public Health an Analytical Essay](#)
[India: Health of the Nations States](#)

[National List of Essential Medicines](#)

[Technology changing healthcare in India](#)

[How to Write a Lok Sabha Bill](#)

Glossary

Ayurveda system - The Ayurveda system is an alternative medicine system that deals with causes, symptoms, diagnoses, and treatment based on all aspects of well-being, mental, physical, and spiritual.

Siddha system - The Siddha system defines disease as the condition in which the normal equilibrium of the five elements in human beings is lost resulting in different forms of discomfort

PMJAY (Bharat Pradhan Mantri Jan Aroyga Yojna) - A National public health insurance scheme by the government of India that aims to provide free access to health insurance coverage for low-income earners.

Out-Of-Pocket spending - Expenses for medical care that aren't reimbursed by insurance can include out-patient consultations, medicines and diagnostics tests.

UHC (Universal Health Coverage) - UHC entails ensuring all people have access to quality health services including prevention, promotion, treatment and rehabilitation without incurring financial hardship.

SDGs (Sustainable Development Goals) - SDGs are a collection of 17 interlinked objectives designed to serve as a shared blueprint for peace and prosperity for people and the planet.

NGOs (Non-Governmental Organizations) - A Non-profit organization that operates independently of any government typically one whose purpose is to address a social or political issue.

Homoeopathy - A pseudoscientific system of alternative medicine.

Scheduled Castes and Scheduled Tribes - Scheduled Castes and Scheduled Tribes are officially designated groups of people and among the most disadvantaged socio-economic groups in India.

Health Data Management - The systematic organisation of health data in digital form, it can be anything from Electronic health records to handwritten medical notes scanned into a digital system.