Model United Nations at UCSD presents
On Saturday October 24, 2015

General Assembly – Third Committee

Social Cultural and Humanitarian Committee

TritonMUN XII

Chaired by Emily Lu

Topic: Meeting primary health care needs

I. Background

Definition of Key Term

Primary Health Care (PHC): Primary health care is community suitable, worldwide agreeable and approachable to families and individuals. It is a scientific and safe first level care supported by health systems and services that reach the needs of universal populations. It has an appropriately trained workforce which includes multi-disciplinary teams along with the aid of integrated referral systems in a way so it, "gives priority to those most in need and addresses health inequalities; maximizes community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health." (Definition developed by the Australian Primary Health Care Research Institute –APHCRI)

In essence primary health care is health improvement and cooperation, community growth, illness or contagious disease prevention, and proper medical care of the patient. As our planet population skyrockets and the cost of health care rises, achieving the objective of universal primary health care has become a serious world problem. The philosophy of primary health care centers on the notion of inclusion. Primary health is an integrated approach to health that seeks coordination at the local, state, national, and even international levels. In addition the program includes input from the technical, business, scientific, religious, and educational communities. Primary health care also looks at the importance of the prevention of disease and the promotion of health in the overall health of a community. Due to the challenges of multilevel coordination and the startup costs of instituting primary health care programs, people living in rural areas often face severe health challenges. Delegates should look for creative ways to

increase access and scope of programs for all people regardless of their geography or socioeconomic status.

Primary health care is first level health care for first contact of a patient with the health care system. The development of primary health care in a country is one of the most critical and important foundations for a successful, prosperous and stable society. Many people believe that health care is a basic human right. Indeed many progressive social democratic countries have excellent models for primary health care that stress universality and accessibility, cradle to grave health care coverage. However, many counties have not embraced the concept of primary health care and consequently their citizens have unequal health care opportunities amongst different demographics. This is often the case in socially excluded groups in rural areas. Therefore, one of the world's greatest challenges is to create a political atmosphere that supports the notion of universally accessible primary health care. Primary health care can transform the lives of those most vulnerable members of society. Indeed, one of the most urgent political, financial and communal issues that the world is currently facing is access to health care.

Even more, economically developed countries struggle with their commitment to the ideals of primary health care. Many citizens of the United States of America recognize that health care is an important issue. However, despite Democratic Presidents who have tried to put health care to the front of the political agenda, the House of Representatives lacks the political will to take on large corporate medical interests and make truly effective health care reforms. In the 1990's, the Clinton administration made efforts to discuss health insurance through publicly sponsored universal coverage. However, the US Congress would not support his plan. There were no arrangements or solutions offered and 20 years later this compelling problem just continues to worsen. Statistics show that an estimated 47 million Americans do not have health

insurance; meanwhile millions more do not have sufficient insurance to cover any loss or damage and the costs of health care just continue to increase. President Obama is currently trying to reform American Health Care, but is also finding that Congress lacks the political will to embrace a reformed health care program.

Because of such stunning reports, national and international communities around the world have started to foreground the issue of primary health care. The United States aside, most developed democratic counties have universal health care programs. Their challenge is to expand their programs and integrate population needs with medical health programming. It is a matter of coordinating resources, medical and non-medical expertise, and community needs to provide populations in rural or impoverished areas with effective and appropriate health care services and information that will enable them to be well and to be productive members of society.

Under the corporate model of medicine, poor, unemployed, and geographically marginalized groups simply do not have the resources to support adequate preventive and curative health systems. There is partly due to the difference in the structure of rural economies. Many rural regions in developed countries suffer from a significant decline in manufacturing jobs and subsequently a rise in job loss in areas with high employer-sponsored health insurance. Low employer-sponsored insurance has increased greatly since the late 1990s. The main sources of the rural economy come from self-employment and small businesses. Because of those small businesses and self-employment, statistics show there are twice as many underinsured in rural areas as in urban areas. Some improved health care arrangements would not even be suitable for rural areas if they depend on continuing the current employer-sponsored health insurance system because the rates of employer-sponsored insurance is much lower in rural areas. Financial issues such as the skyrocketing corporate health care costs, large percentages of noninsured

populations, and widespread unemployment, have stressed an already financially troubled rural health care system. And since nearly 50% of the world's population still lives in rural areas the implementation of universal primary health care remains a challenge.

II. United Nations and Specialized Body Involvement

WHO: World Health Organization of the United Nations. The headquarters of the WHO is located in Geneva, Switzerland but it also has six other WHO regions and one regional office in each region. The six regional offices are located in Brazzaville, Congo; Washington, D.C., United States; New Delhi, India; Copenhagen, Denmark; Cairo, Egypt; and Manila, Philippines) This organization is "the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends."(WHO) During the 21st century, "health is a shared responsibility, involving equitable access to essential care and collective defense against transnational threats" (WHO) which is the responsibility WHO is taking hold of.

WHO achieves its goals through the main function of the organization:

- "providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalyzing change, and building sustainable institutional capacity; and
- monitoring the health situation and assessing health trends." (WHO)

- **PRO:** PRO is Peer Review Organization established by the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982. The purpose of this organization is to analyze and do further studies on the quality of care treatment people are receiving and propriety of all the admissions for Medicare and Medicaid. The responsibility of Peer Review Organization includes: to not change and decrease the high admission rates, decrease lengths of stay, while protecting against insufficient treatment.

- **UNDP:** The United Nations Development Program is a global development system of United Nations. It is "an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life." UNDP works with 166 countries in solving global and national issues and challenges that the countries are encountering. In this case, for health care issues, UNDP concentrates particularly in rural areas of a few regions such as Asia, Africa and South America. One of the most important objectives UNDP has been working on recently is to encourage nations to achieve the Millennium Development Goals. With only 5 years left until the deadline of the goal of cutting poverty in half, UNDP is trying their best to go at a faster pace.

- **UNICEF:** The United Nations Children's Fund was established during in 1946 by the United Nations General Assembly. This is also an organization that focuses on areas of children's rights, survival, protection and health care. One of the major topics is improvement of health nutrition and disease prevention in homes and communities of rural regions. UNICEF works with 190 countries. "Children have rights, the world has set goals for children, children demand a voice, poverty reduction starts with children, people of the world say 'Yes' for children, children should not be dying from preventable causes." (UNICEF)

- **NRHA:** the National Rural Health Association is a non-profit association made up of people who wish to contribute and help out the rural health. NRHA provides a forum for the network and diffusion of research, methods, ideas, opinions and information in order to make greater improvements in the rural health care system.

III. Bloc Positions

Asia

The healthcare outlook in Asia varies widely from country to country. This is to be expected from a region that is home to such a mix of developed and developing nations. The poorest nations face basic problems such as disease prevention and prevention of infant mortality. The primarily rural population of many of these nations poses the challenge of providing decentralized, local health infrastructure to often poor and vulnerable rural populations. Countries such as China, which are well on their way to becoming high income, must simultaneously address healthcare access for low income individuals and the complexity of an aging population. China accepted the concepts on primary health care and community participation in all respects and is currently urging better rural primary health care. According to the Beijing Times, the Chinese government has come up with a national plan for making greater improvements in primary health care in rural areas, attempting to make the health services accessible to all rural Chinese residents. (Rural residents in China make up 80% of its population).

In China, there are two main centers that play an extremely important role in the delivery system of health care: rural township health centers and urban community health centers. However, the rural township health programs have not been able to advance in their development

because of the limited availability and low qualifications of human resources in health. Over the past two and a half decades, the lower-level hospitals especially in the rural regions have been encountering difficulties. Fortunately, during the year of mid-1970s, China was able to develop low cost rural health facilities. Chinese government has been adding efforts to improve the economy for a great number of years; therefore, health services have gained sovereignty from the powerful bureaucratic control and have made progress in private supplying of health care. This has given the Chinese even more options of different varieties of health care services. On the other hand, the costs have risen and changes haven't been made in access to medical care. Therefore, China is currently facing challenges about the future development of health in rural areas.

In South Korea, one of the world's leading industrialized countries is not only making great progress with industrialization but also in universal health insurance. Within only 12 years, South Korea transformed from private health insurance to government coverage. One of the greatest successful achievements that South Korea has made is in providing health insurance to the entire nation. Before 1974, rural areas had narrowed medical services, because there were very few doctors who work in places outside the cities since most of the people living in the area are not able to afford treatments. However, in 1988, the South Korean government successfully expanded the medical insurance coverage in the rural areas to nearly 7.5 million people. As more years went by, more progress was made and almost 79 percent of the population in rural areas received medical insurance benefits and primary health care needs. Under the leadership of Lee Myung-bak, more and more improvements made primary health care needs a reality in rural areas.

The government of Japan has attempted since 1948 to ensure medical care is distributed equally throughout the country. According to the report by the Study Committee on Health and Medical Care Systems in Remote Areas, actions are also promoted for health and medical care, particularly in remote areas since 1956. Japans' previous health and medical care plans for remote areas have focused on the aim of supplying doctors and dentists to areas lacking them. Mostly, though, main hospitals and support hospitals for medical care in remote areas are now finally established. However, although hospitals are established, not many are fully equipped with proper and safe tools. As a result, the Ministry of Health, Labor and Welfare is currently looking at presenting more varieties of medical care in rural areas that cover a wider area. The Japanese Government and Asian Development Bank (ADB) are also providing $3 million to boost and enhance rural health services in two of the poorest provinces in Lao People's Democratic Republic. The main goal of this project is to help up to 40,000 people in 100 villages in Houaphan and Xiangkhouang provinces. The ADB also hope to increase community participation, collaboration and models for medical representation around the country.

Western Bloc (North America, Europe, Australia)

Healthcare care in Europe and the United States is consistently ranked highest in quality in the world. The highly urban populations of both regions have access to top tier, modern infrastructure and highly trained healthcare professionals. The major difference between the two regions arises when one considers cost and accessibility for low income individuals. Healthcare in Europe is usually publicly funded or provided by an employer, and coverage is often universal. Costs are relatively low compared with United States. In the United States, costs are

often prohibitive to low income populations. Health outcomes challenges in both regions consist mainly of dealing with the rise of obesity, heart disease and cancer, as well an aging population.

More specifically, in the United States, people can always receive high-quality care treatment immediately but at an extremely high cost. Because of such high cost, the poor, uninsured and underinsured, especially in rural regions of the U.S, do not have enough access and are not capable of having access to health care, resulting in poor health aftermath and bad health care quality. Although the health workforce in U.S is well trained, the residents are still facing a severe shortage of primary health care practitioners. 84.2% or 250 million Americans are insured with some form of health insurance coverage, while about 15.8% or 47 million Americans are completely uninsured. Along with the continuous skyrocketing of cost of health care in U.S., the big difference related to ethnicity, race and socioeconomic status, and wide variation of cost, quality and utilization of health care services demonstrates that the U.S. health care system does have much to do in order to improve. The United States has been making progress, however. The Department of Health and Human Services (HHS), one of the U.S government's principal agencies on health, has currently made efforts to secure and insure the health of all U.S residents and provide essential medical aids, especially for those who are least able to reach the assistance.

Reports on the future health care in Canada have been saying that the provision for health care needs of rural residents still lies as a crucial challenge that must be improved. In order to come up with a solution on how the health of rural residents can be improved, a national Ministerial Advisory Committee on Rural Health was established in 2001. Although all residents of Canada are supposed to have equal access to services under the *Canada Health Act,* apparently health care needs and social services are frequently not met in rural environments and

northern regions of Canada (rural Canada is about one fifth to one-quarter of Canadian population). Physicians are also not evenly spread out throughout the country and statistics demonstrate that this probably is particularly severe in rural places. The situation appears to be worsening. Like the Americans, an inequality among the health status of Canadians also exists, causing the residents of rural Canada to live in even poorer health conditions. Fortunately, the federal government has recently shown eagerness to focus on the problem of this imbalance while the Office of Rural Health has increased its effort to ensure that the needs of rural Canada are achieved in national health policy.

Insufficient, decreasing and inaccessible health services appeared to have become one of the main human rights challenges in Australia. The fundamental idea that people in many communities are adopting is that urban-based governments and bureaucracies are doing poorly to prove their willingness to understand the health needs of rural Australians. Therefore, Rural Health West (Western Australian Centre for Remote and Rural Medicine Ltd.) has been taking action aiming to work collaboratively with organizations and individuals to affirm that the health needs of rural Australians are met by a high-quality, appropriate health workforce.

Africa

Healthcare quality varies significantly across the continent of African, with the greatest differences in quality of services existing between rural and urban populations. The spread of infectious disease, such as Malaria and HIV/AID is particularly problematic. Infant and maternal mortality are also major problems. Rural populations are often heavily underserved, have poor infrastructure and sanitation services, and are often uninformed about hygiene and seeking medical help. In addition many African countries spend less than 15% of their budget on health care, which is not nearly enough if you consider that many nations have only small budgets to

begin with. African nations also have problems keeping enough health care professionals employed, with trained doctors often emigrating in search of high salaries and stable living conditions.

South America

By far the largest challenge in the region is unequal access to health care. Although South American countries have made major strides in provide health infrastructure, many low income populations in these countries still lack the resources to take advantage of the these systems. In addition, South American nations still face major issues with disease prevention. A third area of concern is knowledge dissemination. Population are often uninformed and do not seek out help until it is too late. Maternal and child mortality and morbidity also remain significant challenges.

IV. Proposals

Delegates should address the need for health care reform in both developed and undeveloped countries. Primary health care advocates the importance of affordable universal coverage and access to health insurance that is appropriate to rural areas. Because of the limited ability of many to pay for services, it is crucial to propose a plan which can solve the issue of affordability, accessibility, collaboration, and availability of medical resources and services.

Even in developed countries rural people are suffering. The health care delivery systems are experiencing significant financial stress. There are many hospitals in rural regions that have financial constraints that are too low to support the expense of any technological advancement. The issue that occurs over and over again in the research is that rural health care departments are in danger of closing down. Most of these regions are suffering from a shortage of doctors, dentists, pharmacists, and nurses. The high cost of technology and maintenance of these

technologies has placed a serious strain on established health care facilities in rural areas. The present standards of health care programs are not meeting the needs of rural populations. Even in developed countries that have socialized medical programs, the services, in rural areas, are eroding.

Clearly there is need for major reform in the manner that public health is viewed. Under the primary health care model individual stakeholders work with health care workers- from various sectors of society- to provide a framework where health thrives. The present system seems to be focused on the expert doctor and technicians curing diseases (biomedical model) rather than on a community of individuals working together to create an environment where health and wellness is celebrated (biosocial model). Therefore, delegates might focus on primary health care reforms that promote a model of health based on disease prevention. These might include traditional medical practices and information on wellness practices that encourage healthy lifestyles. Included in this are safe nutritional food and safe drinking water. Prevention is a large part of the primary health care model. In addition community based models of service delivery might be more appropriate for rural areas. The use of midwives, lay practitioners, herbalists, nutritionists, and clean water specialists, together in a spirit of collaboration might be more cost effective than high cost neonatal units, chemotherapy centers, and expensive pharmaceutical therapies.

The World Health Organization (WHO) identified five major ways to improve primary health care, especially in rural areas: 1) universal coverage reforms; 2) service delivery reforms- giving people what they want and need; 3) public policy reforms which would integrate health into all areas of public concerns, for example transportation projects, education; labor, science and technology, agriculture, etc. 4)leadership reforms that encourages collaboration-health care

should not be a top-down enterprise,; and 5)increasing stakeholder participation. –in this case, patients, doctors, all health care workers, pharmaceutical companies and government officials. Health care should be a dialogue between all parties involved, especially the patient.

WHO also noted that the areas in greatest need of primary health care reforms are Sub-Saharan Africa, South America, and Southeast Asia. WHO had these statistics to underscore their statement: "In Sub- Saharan Africa 1 in 22 women die from pregnancy or childbirth related deaths; in developed countries 1 in 7,300 women die from maternal death. In Niger 1 in 7 women die. In Sweden it is 1 in 17,400." The disparity is appalling.

Delegates might consider the three main strategies and solutions to improve the access to health care in rural areas, as outlined by WHO:

1) Expanding the use of tele-health and other information and communication technologies;

2) Expanding and improving research on rural health issues;

3) Enhancing rural-specific health training and education.

V. Questions to Consider

1. How can affordable universal coverage and access to health insurance be incorporated in rural areas?

2. How can shortage of doctors, dentists, pharmacists, nurses and the high cost of technology and maintenance of these technologies be solved or alleviated?

3. What are the changes concerning the health care systems that have taken place in the country of your delegation these past years?

4. What are some efforts that have already been made to meet primary health care needs in rural areas?

VI. Suggested Sites

For general information regarding international affairs and country profiles:

CIA World Factbook: https://www.cia.gov/library/publications/the-world-factbook/

BBC World News Country Profiles: http://news.bbc.co.uk/2/hi/country_profiles/default.stm

For more about Healthcare:

International SOS: http://www.internationalsos.com/en/

UN Documents – Declaration of Alma-Ata: http://www.un-documents.net/alma- ata.htm

Primary Health Care:http://www.primaryhealthcare.com.au/IRM/content/home.html

Primary Health Care Inc.: http://www.phcinc.net/

For more about the UN and the Third Committee (SOCHUM):

UN Charter: http://www.un.org/en/documents/charter/

Third Committee Website: http://www.un.org/en/ga/third/

UN General Assembly Resolution Database: http://www.un.org/documents/resga.htm

UN Security Council Resolution Database: http://www.un.org/en/sc/documents/resolutions/

United Nations Treaty Collection: https://treaties.un.org/

For Model UN tips and guidelines:

Best Delegate: http://bestdelegate.com/

VII. Works Cited

"ADB, Japan to Help Lao PDR Improve Rural Health Service Delivery." ADB Asian Development Bank Media Center. 17 August 2009. 19 February 2010. <http://www.adb.org/media/Articles/2009/12961-laosian-rural-healths-projects/>

Cole, Sharron. "Ethics and the Treaty of Waitangi." The Nathaniel Centre. 2000. 21 February 2010. <http://www.nathaniel.org.nz/?sid=58>

Copenhagen Consensus Center and the Inter-American Development Bank . "Challenges and Solutions in Health in Latin America." Deputy Editor, Health Affairs. Copenhagen Consensus Center and the Inter-American Development Bank . N.p.: Copenhagen Consensus Center and the Inter-American Development Bank, 2007. Print.

"Declaration of Alma-Ata." World Health Organization. 2000. 20 February 2010. <http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf>

Eccleston, Kerryn. "About the National Rural Health Network (NRHN)." National Rural Health Network. 2008. 13 February 2010. <http://www.sarrah.org.au/client_images/316558.doc>

European Parliament. "Health Care Systems in the EU a Comparative Study." *Director General of Research*. European Parliament. Luxembourg: European Parliament, 1998. Print.

Ghosh, Neill. Mohit, Ahmad. R Srinivasa, Murthy. "Mental health promotion in post-conflict countries." The Journal of The Royal Society for the Promotion of Health. November 2004. 14 February 2010. <http://www.bvsde.paho.org/bvsacd/cd41/neill.pdf>

Ginsburg, Jack. Senkeeto, Naomi. "Achieving a High-Performance Health Care System with Universal Access: What the United States Can Learn from Other Countries." Annals of Internal Medicine. 1 January 2008. 17 February 2010. <http://www.annals.org/content/148/1/55.full>

G. Martens, Ethel. "Primary Health Care and the Empowerment of Women." The Bahá'í International Comunity. The Báb, Forerunner of Bahá'u'lláh. 2010. 15 February 2010. <http://info.bahai.org/article-1-7-5-10.html>

"Healthcare in Asia: The Innovation Imparative." Economist (2011): 7-32. AstraZeneca, Bayer Healthcare, Pfizer. Web. 10 Aug. 2015.

"Health." Our Africa. N.p., n.d. Web. 3 Sept. 2015. <http://www.our-africa.org/health>.

"International SOS 20-year Timeline." International SOS. 2010. 21 February 2010. <http://www.internationalsos.com/en/timeline.htm>

Laurent, Stephen. "RURAL CANADA: ACCESS TO HEALTH CARE." Government of Canada. 6 May 2004. 20 February 2010. <http://dsp-psd.communication.gc.ca/Collection-R/LoPBdP/BP/prb0245-e.htm#Rural >

Lee, Jong-Chang. "Health Care Reform in South Korea: Success or Failure?." American Journal of Public Health. 2003 January. 21 February 2010. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447690/>

Pohly, Pam. "Glossary of Terms in Managed Health Care." Managed Care Terminology. 2000. 12 February 2010. <http://www.pohly.com/terms.html>

"Primary Care and Rural Health." Division of Health Systems Improvement, Utah Department of Health. 18 February 2010. <http://health.utah.gov/primary_care/links.html>

"Programmes and projects." World Health Organization. 2010. 19 February 2010. <http://www.who.int/entity/en/>

Segall, Malcolm. "Rural Health Care in Vietnam and China: Conflict between Market Reforms and Social Need." Encyclopedia Britannica. International Journal of Health Services. 2007. 20 February 2010. <http://www.britannica.com/bps/additionalcontent/18/25295750/Rural-Health-Care-in-Vietnam-and-China-Conflict-between-Market-Reforms-and-Social-Need>

Takeda, Toshihiko. Kashiwagi, Etsuro. "RURAL HEALTH CARE IN JAPAN." Study Committee on Health and Medical Care Systems in Remote Areas. 19 February 2010. <http://www.mansfieldfdn.org/programs/program_pdfs/takeda.pdf>

"Unite for Children: What We Do." UNICEF. 2010. 18 February 2010. <http://www.unicef.org/whatwedo/index.html>