



# Study Guide

## World Health Organization



### Agenda:

## Achieving Universal Healthcare

### Bureau:

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## LETTER FROM THE BUREAU

Dear Delegates,  
Greetings!

It is our honour and pleasure to welcome you all to the very first iteration of the Shishukunj North Campus MUN! It gives us even greater joy to welcome you to this committee, the World Health Organization. This guide aims to provide you a somewhat detailed overview on the agenda to help you understand it such that you all together have comprehensive debates amongst each other. Delegates will be required to research their country's viewpoint on the agenda and about all the subtopics. As such we expect you to have your research based, but not limited to this guide.

The agenda for the committee is 'Achieving Universal Healthcare'. The name itself suggests that it pertains to global healthcare concerns, particularly the absence of healthcare services. On its own, this is a huge threat to the well-being or cause of humanity and society. Being a significant issue, it requires effective solutions to be formed with respect to the entire globe and then further be implemented. It is mandatory for the delegates to know about past problems, aside from the ones mentioned below, along with their solutions.

Finally, we would like to reiterate that this document has been created to assist you in your research, essentially serving as a guide. We anticipate that you will conduct extensive research, not only on your own countries but also on other countries beyond the scope of this guide. Additionally, we kindly request delegates to review the questions that a resolution must answer (QARMA) section, which is provided at the end of this guide before beginning their research.

We look forward to seeing what each of you can bring to the table and getting to know you better. Feel free to contact us in case of any queries.

Nikunj Khandelwal (Co-Chairperson)  
Khayal Garg (Co-Chairperson)

Shishukunj Mun 2023:  
Study Guide - WHO



Nishi Soni (Vice-Chairperson)



## INTRODUCTION TO THE COMMITTEE

The World Health Organization's (WHO) mission is to promote the attainment of the highest possible level of health for all people. WHO strives to achieve this by providing leadership in global health, 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. In essence, WHO's mission revolves around improving health outcomes, ensuring access to quality healthcare services, and advocating for health equity worldwide. Being a part of the Economic and Social Council of the UN, WHO has the powers to recommend informed and evidence-based solutions to various healthcare problems.



## INTRODUCTION TO THE AGENDA

The World Health Organization defines universal health coverage as "ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation, and palliative care) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship."

Universal health coverage (UHC) has been adopted by global organisations such as the WHO and the World Bank as a means of improving health and reducing the financial burden of providing care. It is also closely aligned with the UN sustainable development goals (SDGs), especially the third one- "Ensure healthy lives and promote well-being for all at all ages."

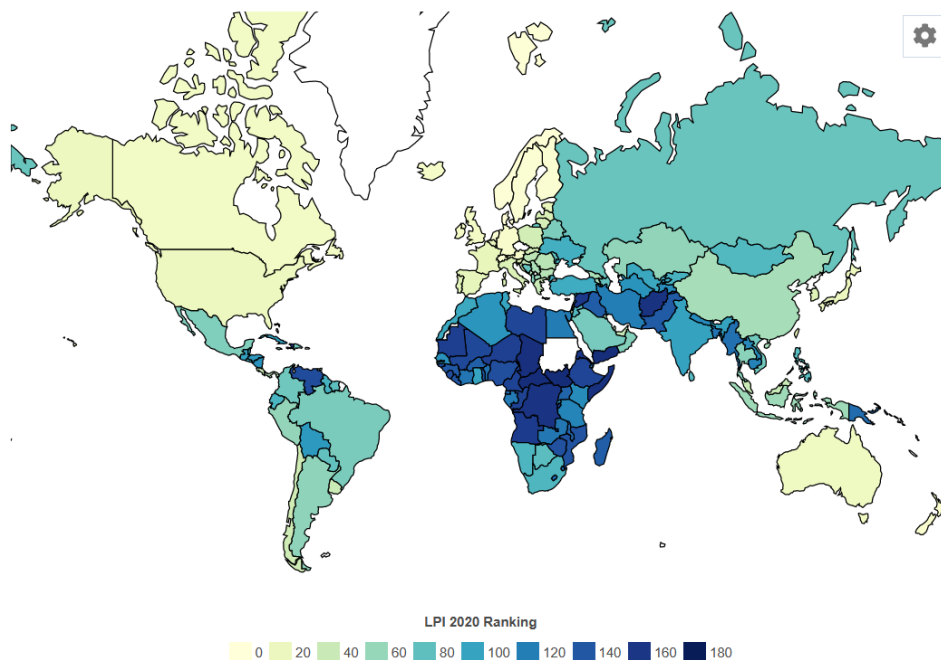
At least half of the world's population lacks access to essential health services and approximately 100 million people fall into extreme poverty each year due to healthcare expenses. The numbers speak for themselves, despite the goal of achieving universal healthcare coverage, several problems persist within healthcare systems worldwide. Many people encounter obstacles when trying to receive healthcare services, especially those who live in low-income nations or belong to marginalised communities. Out-of-pocket payments for healthcare services can force individuals into poverty or make them forgo necessary treatments altogether due to affordability concerns.

While the bigger picture of UHC seems great, implementing it too remains a challenge. It requires a comprehensive approach involving multiple stakeholders like governments, policymakers, healthcare providers and various other sets of people and resources. Collaboration among all these parties is essential.

## IMPORTANCE OF UNIVERSAL HEALTHCARE COVERAGE

‘Health is Wealth’, this simple yet profound statement aptly encapsulates the significance of good health and universal healthcare coverage. A happy and productive existence fundamentally depends on good health. People can follow their goals, participate in worthwhile activities, and live better lives when they are in good physical and mental health. By guaranteeing access to vital medical services, treatments, and preventative care, universal healthcare coverage plays a crucial role in preserving personal well-being.

Best Healthcare in the World 2023



Medical expenses can place people and families in poverty, resulting in a vicious cycle. UHC acts as a safety net which shields people from unaffordable medical expenses. It aids in the reduction of poverty by reducing the cost of healthcare and allowing people to invest in housing, education, and other basic necessities. It reduces socioeconomic disparities, promotes healthcare equity and plays a crucial role in disease prevention and control.

source: <https://worldpopulationreview.com/country-rankings/best-healthcare-in-the-world>

Just a note: these are ranks and they go from 0(best) to worst(180)



## SUBSIDISED HEALTHCARE

Subsidised healthcare is a healthcare system available at reduced or no cost for people with low incomes. Usually, the government gives financial support for individuals to make healthcare accessible to them. It ensures that everyone, regardless of their income or social status can access healthcare services, making it an integral part of 'Universal Healthcare'. It can be funded in several ways depending on country to country. Some governments may prefer directly financially assisting individuals through subsidies while some may use tax credits. They may even negotiate the prices of medications with healthcare providers or regulate the prices altogether. Some countries may even choose to build an entire healthcare coverage system; the possibilities are endless. Some programmes offer coverage to all citizens while others target only a few sets of people such as those with low incomes or on the requirements of the people of a country.

Worldwide, tuberculosis causes about 2 million deaths per year. In response to this problem, the World Health Organisation's (WHO) global tuberculosis programme in 1993 declared tuberculosis a global emergency and stated the promotion of a management strategy called **Directly Observed Therapy Short Course (DOTS)**. By 2005, 187 countries had started implementing DOTS with 4.9 million cases of tuberculosis being treated using DOTS in that year alone.

Under the DOTS strategy, anti-tuberculosis medications are swallowed by patients under the supervision of a health worker (DOT) thereby ensuring that proper medications are given at the correct time breaks and about the right doses. Also, DOTS increases the accuracy of diagnosis of tuberculosis by a diagnostic method thereby reducing the spread of tuberculosis. Unprivileged are given service under the DOTS programme in the form of free medications and the duration of illness is reduced. In the end, the social stigma(disapproval) associated with DOTS is reduced, which encourages people who are experiencing symptoms to seek medical attention.

### Health Insurance

Health insurance is a special kind of plan that helps you pay for medical expenses when you are sick. It works like a safety net to protect you and your family's health. When you have health insurance, you pay a certain amount of money called a premium every month. Then, when you need to visit the doctor, get medicine, or





even go to the hospital, your health insurance helps cover some or all the cost. It's like having a helper that makes sure you can get the care you need without worrying too much about the money.

Health insurance offers many benefits to individuals and families. One of the most important advantages is that it provides protection during times of illness or injury. If you get sick or have an accident, health insurance can help cover the cost of doctor visits, hospital stays, medications, and other necessary treatments. It gives you peace of mind, knowing that you have financial support to handle unexpected medical expenses. Having health insurance also means you have access to healthcare services. With insurance, you can visit doctors, specialists, and hospitals without worrying too much about the cost. This means you can receive the necessary care and treatment when you need it, helping you stay healthy and recover from illnesses or injuries more quickly. Health insurance often includes coverage for preventive care, screenings to detect. Preventive care helps keep you healthy and can detect any issues before they become more serious. By taking advantage of these services, you can maintain good health and prevent more significant health problems down the road.

While health insurance is generally a helpful tool, it's important to be aware of some things that may not be so great about it. For example, health insurance can be expensive, meaning you must pay a certain amount of money every month to have it. This can sometimes be a lot of money, and it might be challenging for a family to afford it. Sometimes, when someone has health insurance, they are also required to pay a certain amount of money before the insurance starts helping them pay for their medical expenses. This is called a deductible, which is the amount you pay for covered health care services before your insurance plan starts to pay. Additionally, for each visit to the doctor or service you receive, you may have to pay a small amount of money out of your pocket. These extra costs can add up and make it harder for a family to afford all the medical care they need. While health insurance is helpful, it may not cover everything. Some treatments, medications, or services may not be fully covered by an insurance plan. This means you might have to pay for them yourself, which can be expensive. It's important to read and understand the insurance policy to know what it covers and what it doesn't. Understanding health insurance can be confusing. The policies and rules can seem complicated, and it



might take some time to figure out how everything works. It's unfortunate. There are also scams related to health insurance. Scammers may try to trick you or your family into buying fake health insurance plans or ask for personal information or money upfront. It's essential to be cautious and only get health insurance from trusted and reputable sources. Remember, even with these cons, health insurance is still designed to help you and your family stay healthy and take care of any medical needs. It's important to ask questions, read and understand your insurance policy, and seek help from trusted adults to make sure you're making the best decisions for your health and well-being.

An example of a good insurance system is the one in Switzerland. While operating under universal healthcare, Switzerland's healthcare system and health insurance is slightly different than in other European countries because they work in tandem. Switzerland has universal healthcare, but it is paid for by the individual rather than through taxes or by your employer. This means that anyone entering Switzerland must have basic health insurance. If you are in Switzerland for longer than three months, even as a tourist, you must be covered by a recognized Swiss health insurance provider.

While operating under universal healthcare, Switzerland's healthcare system and health insurance is slightly different than in other European countries because they work in **tandem**.

## **Rural Areas**

In some places called rural areas, where there are fewer people and usually, a lot of open land, accessing necessary healthcare can be challenging. This is because they may have limited financial resources and the cost of healthcare can be very expensive. In fact, about one-third of the people living in rural areas struggle to meet their financial needs, compared to only one-eighth of the people in cities. Another reason is that it's difficult for people in rural areas to get healthcare as they must travel long distances to see a doctor or go to a hospital. This can be a problem because it costs money to travel, and sometimes there aren't enough doctors and nurses in rural areas to take care of everyone. People in rural areas also don't always know how to take care of their health or understand what the doctors are saying. This is called health literacy, and it means they might not know what they should do to



stay healthy or understand the information the doctors give them. There can also be social stigmas(disapproval), which means that people might feel embarrassed or judged if they go to the doctor for help.

Cervical cancer is a major cause of cancer mortality in women, and more than a quarter of its global burden is contributed by developing countries. In India cervical cancer contributes to 6-29% of all cancers in women. This burden mostly lies in the unhygienic areas of the country, or rather in areas where hygiene isn't given much importance, as such in the rural areas. The cause of the cancer is lack of attention given to women's personal hygiene, making it a taboo to discuss amongst the common people of villages. If it is diagnosed at an early stage, the cancer holds a 91% survival rate but alas, people often do not consult a doctor at the right time and out of the 96,922 women diagnosed every year, 60,078 of them die of this disease in the country, making the average survival rate lesser than 40%.

Cervical cancer- happens due to the abnormal growth of cells in the cervix and their ability to spread to other parts of the body.

To make healthcare more affordable for people in rural areas, the government and other organisations can take several steps. They can create special programs or subsidies that help reduce the cost of healthcare services. For example, they might offer discounts or financial assistance to people who have low incomes or who live in rural areas. This can make it easier for them to pay for doctor visits, medicines, or hospital stays. In addition to making healthcare more affordable, it's important to address the shortage of healthcare providers in rural areas. This means there aren't enough doctors, nurses, and other medical professionals to take care of everyone who needs help. To solve this problem, the government and organisations can encourage healthcare professionals to work in rural areas by providing incentives. These incentives might include things like loan forgiveness programs, where the government helps repay the student loans of doctors and nurses who opt to work in rural areas. They can also offer scholarships or grants to students who commit to practising in rural areas after they finish their training.



Another approach is to improve healthcare infrastructure in rural areas. This means building more clinics, hospitals, and healthcare facilities so that people don't have to travel long distances to receive care. Telemedicine, which is the use of technology to provide medical services remotely, can also be a valuable tool. It allows people in rural areas to consult with doctors through video calls or phone calls, reducing the need for travel. This can be especially helpful for routine check-ups or follow-up appointments.

Additionally, efforts should be made to improve health literacy in rural communities. This means providing education and resources to help people understand how to take care of their health. This can include teaching them about healthy eating habits, exercise, and preventive measures to avoid illness. By improving health literacy, people in rural areas can make better choices for their well-being and know when to seek medical help.

By implementing these strategies and working together, the government and non-governmental organisations can make a positive impact on healthcare access in rural areas.

A brilliant example is the 'Phelophepa Train of Hope' in South Africa which is like a hospital on wheels that goes to faraway places, especially rural areas where people don't have easy access to doctors and hospitals. The train has all the fancy medical equipment and doctors and nurses who help the people there. They give them medical check-ups, treat their illnesses, and even provide medicines. The train also teaches people about how to stay healthy and avoid getting sick.

### **Subsidised Healthcare for All?**

At times, there are individuals who are not citizens of a country or who had to leave their own country because of difficult situations. These people are called refugees. They often face many challenges, and one of which is accessing healthcare. Refugees sometimes don't have the same rights and benefits as the citizens of the country they are in. This means they don't always get the same help and support when it comes to healthcare. They might not have a place to live, and they can get sick or injured just like anyone else, but they don't always receive the care they need. It's not fair that some people don't have access to something as important as healthcare. There are a lot of refugees in the world, about 1 out of



every 8 people, and it's sad to consider that they cannot access help or required assistance for maintaining good health. Some countries have taken a few steps to improve their conditions.

In the Netherlands for example, refugees possessing the 'residence permit card' or the 'refugee card' are entitled to social welfare benefits and have access to healthcare facilities. When refugees have this card, they can access social welfare benefits. Social welfare benefits are support provided by the government to help people who don't have enough money for things like food, housing, and healthcare. They can visit doctors and healthcare professionals who can help them when they are sick or injured. The goal of providing these benefits and access to healthcare facilities is to ensure that refugees in the Netherlands can live healthy and fulfilling lives. It's a way for the government to support them and make sure they have the same opportunities to be well as everyone else.



## PUBLIC AWARENESS

To achieve the goal of 'Universal Healthcare', sometimes action alone by institutes and governments isn't enough. Instead, a basic understanding of common diseases, their preventions and the measures required after their occurrence is something every person should be familiar with. This will make people self-dependent, especially people of those areas where doctors aren't readily available. Because, at times, these people are met with unqualified practitioners or fraudulent doctors who essentially scam people by selling ineffective medicines and ending up making their conditions way worse than it used to be. This usually happens when people generally don't have any other choice (if doctors aren't readily available or the cost of fees is too high) and they are forced to consult a quack. For example, several people fall for pseudo(fake)-scientific phenomena such as crystal healing and end up believing it to be true due to their lack of general awareness of the topic. Such practices have no impact on the individual's well-being. To prevent these very things from happening, public awareness is needed.

### **On Common Illnesses**

When someone talks about common illnesses, what comes to one's mind? Perhaps the common cold, flu, and stomach aches, right? But as common as these simply curable illnesses are, there exists another set of extremely deadly and permanent ailments conditions like rabies, polio, tetanus and heart, kidney and liver diseases which are difficult to cure and can last for a very long period. And even if they are cured, they leave a permanent impact on their victims or kill them. They can only be prevented through vaccines and early prognosis of them. The government holds the responsibility to ensure that most of the citizens receive the respective vaccines. Apart from that, nothing really can be done. But what the people can do is set up campaigns and NGOs showing the impact of these diseases and help convince people to approach a doctor. For example, in 2009, India consisted of over 60% of the total cases of polio in the world. But with efforts and initiatives by the government and private organisations such as the <sup>1</sup>CGPP (core group polio project) partnership, India was officially declared a polio-free nation in 2014.



## On The Usage of Common Medicines<sup>1</sup>

Medicines have become a common part of life over the past few centuries. But the problem is, people tend to store these medicines and use them later without consulting a doctor. While this is indeed wrong, but the people do not have a choice and the wrong medicines are used for a different disease and that is where the problem occurs. These wrong medicines have side effects that can deeply affect the person. Also, drug medicines which are created for a good reason are sometimes abused by people, knowingly or unknowingly. This mainly involves painkillers, cough syrups, artificial stimulants, and steroids. Steroids are known to cause severe, long-lasting, and in some cases, irreversible damage. They can lead to early heart attacks, strokes, liver tumours, kidney failure, and psychiatric problems. In addition, stopping steroid use can cause depression, often leading to resumption of use. Due to this very cause, countries such as the US, the UK, Norway, Sweden, Australia, Argentina, Brazil, Portugal, and Saudi Arabia declared their use illegal.

To prevent such issues in the future, public awareness about the usage of those medicines is needed. For this very purpose, to make sure the citizens are aware of what they are consuming, the CMI (Consumer Medicine Information) GUIDE on the Australian government's health department website was published in the year 2000. There might not be CMI documents may not be available for every product. Prior to new prescription medications and specific over-the-counter medications entering the market, sponsors have a responsibility to provide CMIs. Products that have been registered but have not yet been made available on the market need CMI papers. For medicines that do have CMIs, a division of the Australian Department of Health and Ageing, monitors therapeutic products such as drugs, medical equipment, biological substances, blood, and blood products. Certain consumer-targeted commercials need permission before being broadcast or published). Laws stipulate that for medications that do contain CMIs, the CMI must be made accessible to consumers either in the pack or in an alternate way that will enable the

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<sup>1</sup> a group of ngos and private organisations which helped in the eradication of polio in india

<sup>3</sup> Drugs made of synthetic substances that are used to improve appearance by building muscle mass or to enhance athletic performance.



information to be communicated to the person to whom the medications are delivered or otherwise distributed.





## CLIMATE CHANGE, NATURAL CALAMITIES AND HEALTHCARE

According to WHO, 90000 people lose their lives to natural calamities. After a disaster, supporting those who suffered injuries or are at risk of health issues is the main priority, however, access to medical care is delayed due to damaged or destroyed medical facilities to emergency medical care and that's just one of the health challenges.

Disasters not only just flood homes and destroy infrastructure (meaning the basic physical structure of a city including roads, bridges, buildings etc). They also destroy crops and disrupt or mess up the supply chain, making food security even more important, especially for the poor in developing countries. Over 39 million people who do not have access to food and need help experienced food unavailability in 23 countries in 2017 as a result of extreme climate events, primarily drought, as stated by the Food Security Information Network's 2018 Global Report on Food Crises. Malnutrition (caused by not having enough to eat) after a disaster might arise due to an insufficient supply of food, and finding pristine food may be difficult.

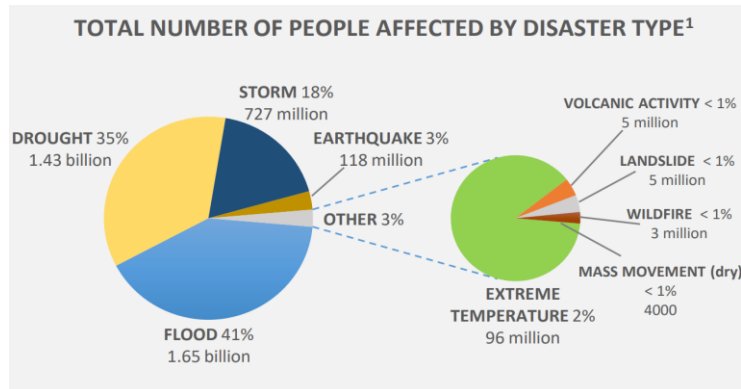
-After the evacuation from a disaster is complete and the healthcare is provided, medical records are another big challenge because most countries still rely on paper systems for medical records. Of course, a person would rather focus on the evacuation rather than saving those medical records. When he or she receives treatment for recovery after the disaster, complications would often occur. For instance, Donna Christensen, a former representative from the USA, shares a story of a woman who came to Puerto Rico without any medical records, but luckily, she was a nurse and knew about her medical complications and informed the doctors about it.

-Natural calamities are estimated to displace nearly 4 million people in the next 20 years, according to the Norwegian Refugee Council. In addition to crowded living conditions and a lack of infrastructure, this population displacement fosters the spread of diseases. The medically vulnerable individuals, such as those with weak

immune systems or immune system disorders, face a significantly higher risk. For example, the measles outbreak in the Philippines in 1991 among people who were displaced by the eruption of Mt. Pinatubo. According to WHO research, there were more than 18,000 cases related to <sup>3</sup> Malaria, influenza, diarrheal illness, and West Nile Virus are among major issues.



It's not uncommon for natural disasters to give birth to mental health problems. Research shows that the prevalence of depression, anxiety, PTSD, substance addiction, and domestic violence increases both during and after severe events. For instance, after Hurricane Katrina, survivors' surveys revealed that 1 in 6 had PTSD. "A year later we are finding results of post-traumatic stress disorder," Dr Alexia Suarez said. "More than depression is burnout, compassion fatigue, difficulties managing your day-to-day work given the stress they are given by rebuilding and their own lives." Enhancing mental health resilience within a community (the ability to recover from difficulties) prior to a disaster is key, she said. During an event, the WHO recommends at least one supervised healthcare professional be available in every general healthcare facilities during disasters to help assess and manage mental health problems. This goal can be difficult to meet, and not all patients are able to make it into health facilities during or after a disaster. Technology may help overcome the divide and provide virtual solutions for those in need of assistance.



source: <https://reliefweb.int/map/world/human-cost-disasters-2000-2019-deadliest-disasters-and-mega-disasters-dg-echo-a3>

Moving on to one of the main causes of these natural disasters: Climate change. Climate change is the greatest risk to human health, and medical professionals are already taking steps to minimise its negative impact on health globally. It is already impacting health in countless manners, including deaths and illnesses from increasingly frequent extreme weather events, such as heatwaves, storms and floods, the disruption of food systems, increases in food and water infections along with water borne diseases, and mental health issues. In addition, many of the social factors that influence health, such as access to healthcare, equality, and livelihoods, have been compromised by climate change. Women, children, ethnic minorities, poor communities, migrant or displaced populations, elderly populations, and individuals with underlying health concerns are more susceptible(vulnerable) and disadvantaged by these climate-sensitive health concerns. Despite the fact that no one is safe from these threats, the people who contribute to the climate disaster are those whose health is being impacted the most are the ones who contribute the least to its causes, and who are least able to protect themselves and their families against it i.e., people in poverty or backward countries.<sup>2</sup> .

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<sup>2</sup> These are the names of common diseases which occur in places with lack of sanitation.



## DISCRIMINATION IN THE HEALTHCARE SECTOR

It is an unfortunate reality that discrimination in the healthcare industry is a worldwide issue that expresses itself in several forms. It breaches the most fundamental human rights and affects both the health workers and the patients, based on issues including ethnicity, harmful gender stereotypes (for example, for instance, women are traditionally viewed as caregivers, housemakers and are not thought of as capable enough to do a job), childcare duties frequently fall entirely on women., migration status, criminal record, and other prejudices and practices. Discrimination is in opposition to the Sustainable Development Goals and the international agreements to achieve universal health coverage. In addition to undermining health system investments, it also divides, disempowers, and robs people of their fundamental human dignity. When another individual or a particular group is refused access to healthcare services that are otherwise completely available to others, discrimination takes place in the healthcare industry. Denial of services that only specific groups, like women, need may result in it. Examples include specific individuals or groups being subjected to physical and verbal abuse or violence; involuntary treatment; violations of self-privacy or denial of independent decision-making, such as the requirement of consent to treatment by parents, spouses, or guardians; and lack of informed consent.

It is also present in gender-based discrimination within the largely female health workforce, as evidenced by physical violence, wage gaps, irregular salaries, lack of formal employment, and inability to participate in leadership and decision-making.

A wide range of healthcare services may be unavailable or discouraged from being demanded by individuals due to national laws, regulations, and practices. Some laws are at conflict with accepted human rights norms and public health science. Evidence shows how such laws have a negative influence on human rights and health.

Governments and health settings must "own" the issue and make a commitment to taking action if they truly want to achieve zero discrimination in health settings. Accountability measures need to be created so that patients have a place to turn to complain about being denied care or treated poorly. Integrating paralegals in health facilities, posting, and respecting a patient's fundamental rights in health facilities,



combined with independent monitoring and civil society advocates, would begin to make Zero Discrimination real.



## ENCOURAGEMENT ON THE USAGE OF INNOVATIVE HEALTHCARE SUPPLIES

The rapid growth in healthcare costs still prevails but in order to reduce this, the adoption of innovative technology in healthcare should be promoted, this will result in better diagnosis and treatment of patients and save their lives. To make healthcare more cost-efficient, the utilisation of the following healthcare supplies should be considered more often.

### Usage Of Information Technology (IT)

The usage of IT in the healthcare department is prominent as it makes it easier to record the health records of a patient and gives easy access to other doctors for viewing their reports and making an informed decision. The main purpose of IT in healthcare is to improve patient care and maintain privacy at the same time.

Telehealth is a rapidly growing business that allows people to get medical treatment via online means. Patients may quickly contact their doctor and obtain a diagnosis and medical recommendations. For this, you will need the necessary platforms, such as a website builder and CRM (customer relationship management).

Telehealth- when health-related services are provided through online means without visiting a doctor in person.

### Development In Diagnostic Care

Diagnostic care is **what you receive when you have symptoms or risk factors, and your doctor wants to diagnose them.** This may be used to diagnose any kind of chronic disease A chronic disease is a long-lasting condition, typically persisting for over 3 months or even a lifetime. It's different from regular illnesses like a cold or flu which last only 7-10 days. Some examples of chronic diseases are asthma, diabetes, cancer, or allergies. These diseases can be inborn or be acquired through the course of life. These diseases can affect different parts of the body and can make someone feel sick or have symptoms on a regular basis.





To address these challenges and provide convenient at-home care, the adoption of the following devices is recommended.

Portable Electrocardiogram (ECG) machines are used to monitor heart conditions in a more adequate and feasible (able to be done) way. This helps reduce the number of conditions that are not diagnosed in time and are left untreated and unmonitored as it becomes convenient for people who cannot visit hospitals frequently. The previous readings of the patient can also be stored in it. A person can easily travel with a portable ECG. They are also very affordable. It is very important for people suffering from heart diseases to keep track of their health and be able to receive help from doctors whenever they face major changes in their conditions. Portable ECG machines come in handy in these cases as they provide quick and accurate diagnoses.

The usage of ultrasound machines should also be promoted as they are painless and effortless and do not require the usage of needles, scalpels, and the necessity to make incisions. Ultrasound aids in identifying the underlying causes of pain, swelling, infections, and detecting distressed internal organs. It is also helpful to keep track of the growth of the foetus (the unborn child) in a pregnant woman.

### **Physical Consultation**

<sup>4</sup>Physical consultations should be encouraged to be used more as it is free of cost. It also saves the money for transportation as a person can simply go online and interact with highly competent medical specialists at the comfort of their own home. The free online consultation is extremely helpful for people whose medical conditions restrain them from travelling or if they don't have access to transportation. Safety and security of the patient is also ensured as they can be guaranteed that the free online consultation service that they are using is a secure system. The patient's medical information and medical issues is kept confidential; this gives them a sense of assurance and relief.

It is accessible anytime and anywhere- a medical crisis cannot be predicted; it can arrive at the strangest of times and leave you surprised. The injured person would have to wait till the next day to get treated or rush to a 24/7 clinic. On the Contrary, in the case of online consultation a doctor would be at your service at all times of the day throughout the week. It is also an arduous (difficult) task for people to take time out of their chaotic schedules and fulltime jobs to visit doctors. But e-visit lets



you consult your doctor without ruining your schedule. There is no exposure to infections in the case of online consultation. But when you are visiting a doctor it exposes you to many other sick people, bacteria, and viruses which can worsen your situation if not help it as it makes you highly vulnerable to catching an infection. Online consultation eliminates all such risks.

The revolutionary impact of technology cannot be denied in the healthcare industry. Despite the fact that it is a field that requires highly competent professionals with many years of study, it is also a very demanding one in terms of infrastructure and instruments. The growth in global life expectancy and the ageing population provides a very demanding environment for healthcare, innovation, and technology. However, it appears that innovation in the industry is highly resilient, with the environment changing every year.

The incorporation of physical and digital resources, to provide consumers with exceptional outcomes.





## CASE STUDIES

### Norway

Norway's National Insurance Scheme (NIS), also known as Folketrygd, offers all its people access to social and health insurance. It is currently governed by the 1997 National Insurance Act and the 1999 Patient Rights Act.

In Norway, the introduction of universal healthcare has a lengthy history. Around 1900, political and social movements started promoting universal social and health insurance. The Act of Health Insurance went into effect in 1909 and provided coverage for both employees and their families. Low-wage workers must join; everyone else might choose not to. The coverage provided health care and a basic income guarantee in the event of income loss due to illness. The system was established as a universal and necessary right for all residents in 1956.

According to the principle of equitable access to care regardless of social or economic position, the government is in charge of delivering healthcare. It is also in charge of organising and coordinating the delivery of care. However, through the municipal councils, municipalities share responsibility for the management of care.

Local groups organise primary, preventative, and nursing care. Additionally, the municipalities make decisions about public health projects or campaigns to encourage healthy lifestyles and lessen social health inequities, frequently in collaboration with the counties. By law, all towns must ensure that people have access to physiotherapy services that are publicly supported.

Municipalities are also responsible for providing long-term care, which is not included in universal health insurance.

The national government is responsible for hospital and specialty care, which are handled at a local level through four Regional Health Authorities. These authorities have the overall responsibility for implementing national health policy through planning, organising, managing, and coordinating activities with the hospital and pharmacy trusts in their region.



## Sierra Leone

Numerous barriers interfere with low-income countries (LICs) from having equal access to healthcare services, leading to greater <sup>3</sup>morbidity and death rates for chronic as well as acute illnesses, especially among rural populations.

Sierra Leone is one of the world's least developed countries, with geographical constraints, extremely high personal expenses, a shortage of experienced healthcare providers, and poor service quality. Furthermore, the country's health resources are disproportionately dispersed, with the great majority of <sup>5</sup>referral hospitals and more than half of the total staff centred in Freetown, the country's capital. Sierra Leone, like most other African countries, has long lacked a structured <sup>6</sup> prehospital care system. Due to the country's limited number of ambulances was associated with high transport-related fees, the majority of patients used to travel to hospitals via private vehicles or public transportation, paying transportation costs and frequently experiencing delays in care. In 2013, the African Federation of Emergency Medicine urged for the construction of prehospital treatment systems to lower the high morbidity and death rates recorded in African nations, in line with WHO recommendations. Thus, in accordance with both WHO recommendations and national health security regulations, a government-backed joint venture was established in 2016.

Doctors with Africa CUAMM-College University for aspiring missionary doctors(Padua, Italy), the Regional Government of Veneto(Italy), the Research Centre in Emergency and Disaster Medicine (CRIMEDIM, Università del Piemonte Orientale, Italy), and the Sierra Leone Ministry of Health and Sanitation(MOHS) designed Sierra Leone's first National Emergency Medical Service(NEMS), one of the continent's few coordinated, structured, and fully equipped prehospital Emergency Medical Services (EMS). The purpose of this newly established initiative is to provide a free prehospital service directed by a centralised operation centre while utilising some of the ambulances provided to the country during the Ebola crisis. The service began in October 2018 with seed funding from the World Bank (Washington, DC, USA) and attained full operational capacity on the 27th of

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<sup>3</sup> the rate of disease in a population.

<sup>5</sup> A hospital where a person has previously been diagnosed with any kind of condition and provides the information for the same (basically a hospital acting as a source for claim)

<sup>6</sup> (immediate care) focuses on caring for seriously ill or injured patients before they reach hospital, and during emergency transfer



May 2019, following a lengthy series of training sessions and subsequent activation in all 14 Sierra Leone districts. After a 26-month work plan, the joint venture launched a fully staffed and functional NEMS which now operates throughout Sierra Leone, supervised by local MOHS employees, and with government support.

The present research intended to assess the impact of this strategy on general population access to hospital treatment, with a focus on underserved rural populations.



## CONCLUSION

The agenda for the WHO committee was framed in such a way that all the delegates find it relatable and applicable to their everyday lives. During the committee session, we hope all of you will be willing and enthusiastic to take part in debates and discussions. To achieve this, you all will need to research to such an extent so that committee discussions are interesting, entertaining, and most importantly, fruitful, and meaningful. Each delegate must research thoroughly the stance or viewpoint of their specific portfolio. It is suggested that the delegates also refer to the past actions, steps and schemes taken by countries worldwide for the sake of implementation of 'Universal Healthcare' and give a check on their current status as well. Delegates are strongly encouraged to not only limit their research to the aforementioned topics but also explore and research other countries, such as their stances, success, or failures in attempting universal healthcare or any kind of actions as given. Information from websites such as ChatGPT and Wikipedia will not be considered valid, and their use is highly discouraged. Lastly, the delegates should remain respectful towards the other delegates and as such uphold discipline in their interactions. Looking forward to meeting all of you and seeing your passion in the debates.

All the best for your research!



## QUESTIONS A RESOLUTION MUST ANSWER

1. How do we ensure that every citizen indiscriminately receives access to universal healthcare?
2. How can countries subsidise healthcare?
3. What role can the governments and NGOs play in educating the average citizen and the children of the country regarding general healthcare awareness?
4. What should healthcare professionals do to ensure the quality of services provided?
5. How can non-citizens and refugees be made accessible to vital medical care?
6. What measures does every country plan to take on for the implementation of Universal healthcare?
7. What immediate actions can be taken for the persons affected by disasters, epidemics etc?



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