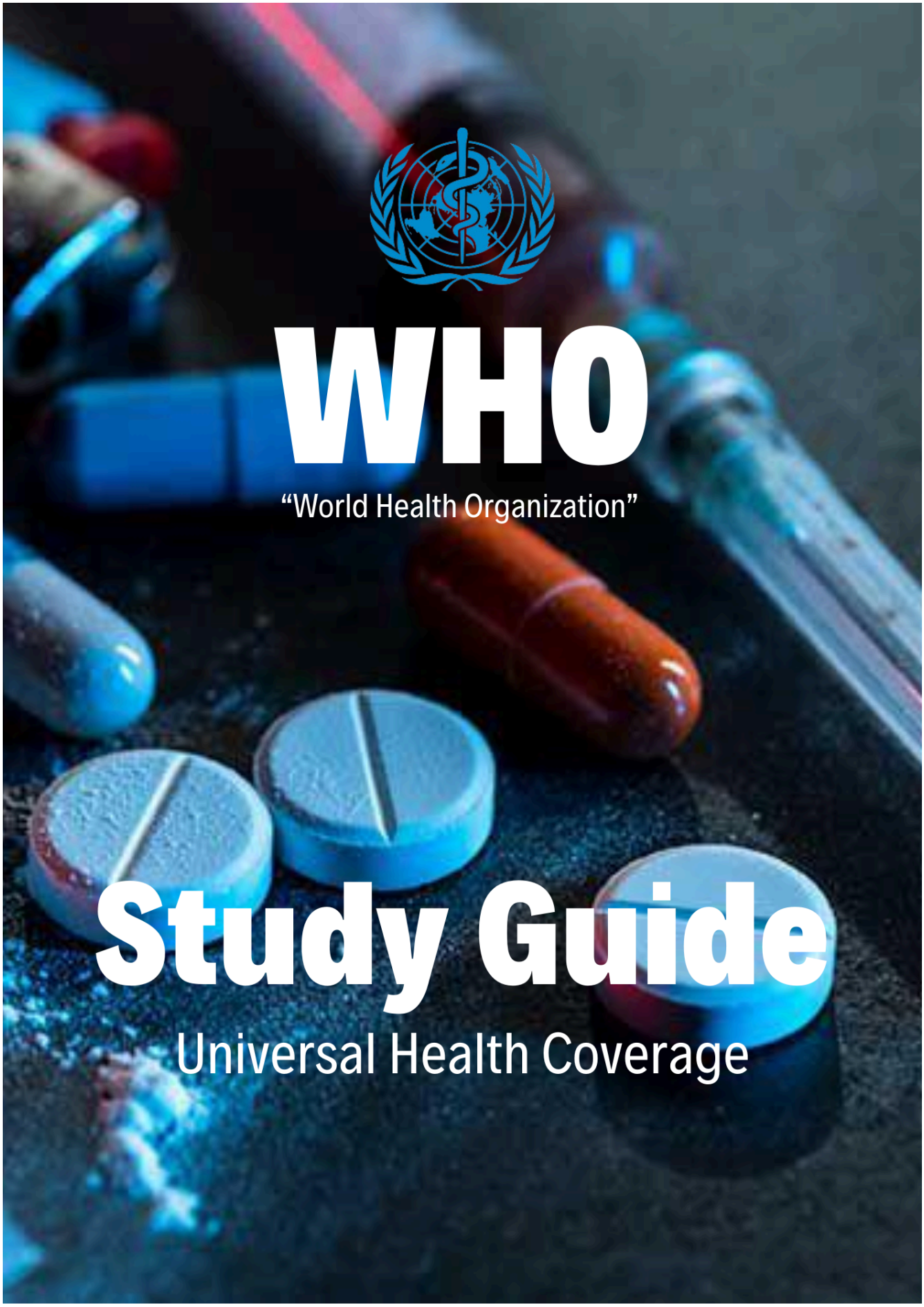

WHO

"World Health Organization"

Study Guide

Universal Health Coverage

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I. Letter From the Secretary-General

Distinguished Delegates and Esteemed Advisors,

It is such great honour and anticipation to take this opportunity of welcoming you all to the first ever session of the IDA Model United Nations Conference. Never before has academic knowledge exchange and rememberable diplomacy been more of a necessity, and this event will mark the start of this narrative brought to life on the 8-10 February 2025 hosted by Çanakkale Fen Mat Academy College This has been precisely incorporated to provide a platform for spirited and aspiring youth to come together to deliberate upon pressing issues of the world, find solutions to problems and enhance their knowledge in the field of world relations. "Empowering Visions, Inspiring Futures," is our motto to represent our focus on leadership development, critical thinking, and global citizenship for all of our offerors.

The conference this year will consist of four specially curated committees including junior and senior levels that will consider relations to current global issues. The Disarmament and International Security Committee (DISEC) will address the international threat of insurgence and terrorism. Women shall be brought to the forefront of civil society and UN Women will strive to ensure that the women are empowered, violence against them is eliminated and their effective participation in all spheres of life is promoted. The World Health Organization (WHO) will focus on one of the key areas of universal health coverage and equitable access to healthcare. Finally, there will be a session addressing the issue of space debris, ensuring that outer space is used sustainably, by the United Nations Office for Outer Space Affairs (UNOOSA). Every committee provides an opportunity for delegates to debate intensely, negotiate solutions, and sharpen their diplomatic skills.

On behalf of IDAMUN25 academic and organizational teams, I appreciate and thank you for the great contribution to making this event possible. Months of hard work and detailed planning have gone into making this conference not only an intellectually invigorating experience, but a chance for personal growth and engagement. We are excited to host you here on Çanakkale and see your passion, mind and creativities. If the rest of IDAMUN25 is anything like this, then we can only hope that it will lead to a defining chapter in your journey toward becoming tomorrow's leaders, driving a better and more united future for our world.

Sincerely,

Gökçe Güder
Secretary General of IDA Model United Nations 2025

II. Letter From the Under-Secretary-General

Distinguished Delegates,

On behalf of my chair board, I would like to welcome you all to the committee of WHO in IDAMUN 2025. My name is Yaren Keçili and it is my utmost pleasure and honor to serve as one of the Under-Secretary-Generals in this year's organization.

This committee's agenda item focuses on Universal Health Coverage. We hope to raise awareness on the matter and give our delegates a broader view of the problem. This study guide aims to give background and general information about the committee and the agenda but it is expected for the participants to do further research and expand their knowledge on the issues at hand. Health is a fundamental human right, not a privilege. Yet, millions worldwide face barriers to accessing essential healthcare services, pushing them into poverty or denying them the care they deserve. Universal Health Coverage is not merely an ideal; it is a commitment to equity, dignity, and progress. Together, we will explore innovative strategies, share best practices, and identify collaborative approaches to overcome the systemic challenges impeding the realization of UHC, from strengthening health systems to ensuring sustainable financing, from leveraging technology to fostering partnerships.

I encourage you all to approach these discussions with open minds and bold ideas. I look forward to your active participation and insightful contributions.

I would like to welcome you all to IDAMUN'25 once again. I hope to meet you all soon.

Sincerely, Yaren Keçili
Under-Secretary-General responsible for WHO

III. Introduction to the Committee: World Health Organization

Dedicated to the well-being of all people and guided by science, the World Health Organization leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life. The World Health Organization, which was founded in 1948, is the United Nations agency that connects nations, partners, and people to promote health, keep the world safe, and serve the vulnerable, with the aim that everyone and everywhere can attain the highest level of health. Its primary activities include developing partnerships with other global health initiatives, conducting research, setting norms, providing technical support, and monitoring health trends around the world. Over the decades, WHO's remit has expanded from its original focus on women's and children's health, nutrition, sanitation, and fighting malaria and tuberculosis.

WHO's agenda for progress on healthcare has set a three billion target, which is stated as follows;

1. One billion more people to benefit from universal health coverage,
    a. Good health care is essential for everyone everywhere at every point in their lives. Hence, universal health coverage is the key to WHO's efforts to ensure access to health as a human right,
2. One billion more people to be better protected from health emergencies,
    a. WHO plays a vital role in supporting countries in preparing for, detecting, responding to, and recovering from health emergencies, including pandemics, disease outbreaks, natural disasters, and humanitarian crises,
3. One billion more people to enjoy better health and well-being,

a. Because good health goes beyond treating illness, WHO mobilizes all sectors of society to address the root causes of health problems, promote wellness, and address physical, psychosocial, and environmental health risks. [1]

IV. Introduction to the Agenda Item: Universal Health Coverage

A. What is Universal Health Coverage (UHC)?

UHC is firmly based on the 1948 WHO Constitution, which declares health, a fundamental human right and commits to ensuring the highest attainable level of health for all. Universal health coverage (UHC) aims to make people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative (a form of sedative drug) care across the life course. The delivery of these services requires health and care workers with optimal skills mix at all levels of the health system, who are equitably distributed, adequately supported with access to quality-assured products, and enjoy decent work.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk of people being pushed into poverty as a result of the cost of needed services and treatments requiring them to use up their life savings, sell assets, or borrow – destroying their futures and often those of their children. [2]

B. Background of the Agenda Item

1. The Origin of UHC

Achieving UHC is one of the targets, the nations of the world set when they adopted the 2030 Sustainable Development Goals (SDGs) in 2015.

As indicated in the target 3.8 of SDG 2030:

"Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all."

At the United Nations General Assembly High-Level Meeting on UHC in 2019, countries reaffirmed that health is a precondition for and an outcome and indicator of sustainable development's social, economic, and environmental dimensions. [3]

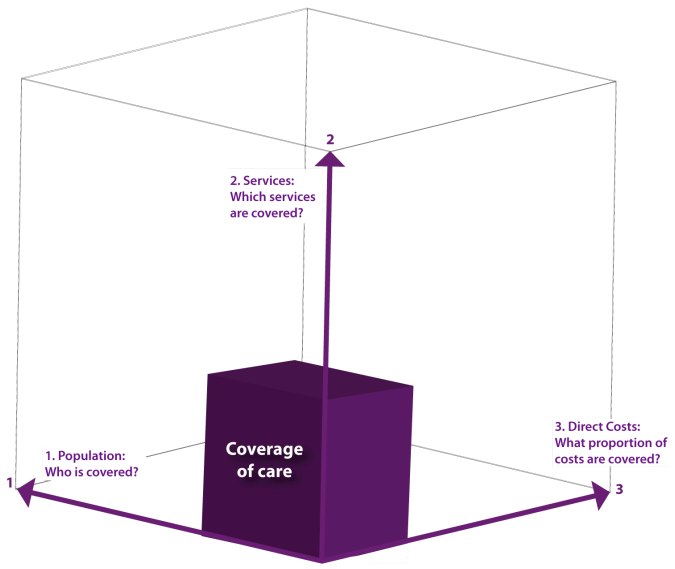
2. The Current State of the Situation

The COVID-19 pandemic further disrupted essential services in 92% of countries at the height of the pandemic in 2021. Up to 2022 there were reported disruptions in 84% of the countries. To build back better from the declining statistics, WHO recommends reorienting health systems using a primary health care (PHC) approach which is a whole-of-society approach to health that aims to ensure the highest possible level of health and well-being. Most (90%) of essential UHC interventions can be delivered through a PHC approach, potentially saving 60 million lives and increasing average global life expectancy by 3.7 years by 2030. [4]

C. Concept of Universal Health Coverage-"The Three Pillars"

1. Financial Coverage

Financial coverage is an important component of Universal Health Coverage (UHC), making sure that people have access to necessary healthcare services without going through financial problems and situations that make it harder to reach. It includes systems that



protect individuals from extreme out-of-pocket expenses, such as insurance schemes, government funding, and community-based financing. Financial coverage aims to reduce the economic barriers to accessing healthcare, thereby promoting equity and improving health outcomes. Eventually, strong financial coverage is essential for achieving universal health coverage and ensuring that all individuals can access the healthcare services they need, regardless of their economic status. [5]

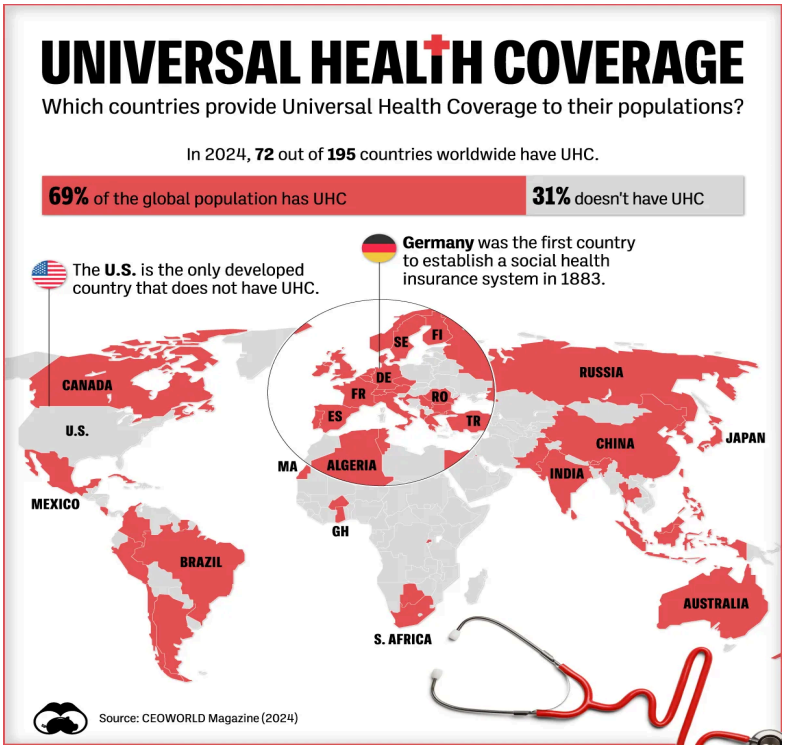
Organizations such as the World Health Organization (WHO), the World Bank, and the International Monetary Fund (IMF) play important roles in improving financial protection in healthcare systems worldwide. These institutions propose policies that improve insurance coverage and reduce out-of-pocket expenses. Examples of these policies include:

- Joining forces with the World Bank on the sustainable financing accelerator of the Global Action Plan for Healthy Lives and Well-being for All, as well as the health financing workstream of the Access to COVID-19 Tools (ACT) Accelerator,
- Engaging with the IMF on sustainable financing issues under the framework of the WHO Montreux Collaborative. A joint review of extra-budgetary funds for COVID-19 by the WHO and the IMF was released in August 2020,
- Collaborating with both the IMF and World Bank to work on health budget execution issues, a new program to mobilize health and finance leaders to address bottlenecks in public expenditure management systems.

By protecting collaboration among governments, NGOs, and private sectors, these organizations work towards creating sustainable financial coverage systems that promote health equity. Alertnet, Association of Medical Doctors of Asia (AMDA), CARE humanitarian organization fighting against global poverty, Emergency Nutrition Network, Global Humanitarian Assistance, Health Link, HealthNet TPO, Humanitarian Practice Network, InterAction, MERLIN, Oxfam, Save the Children

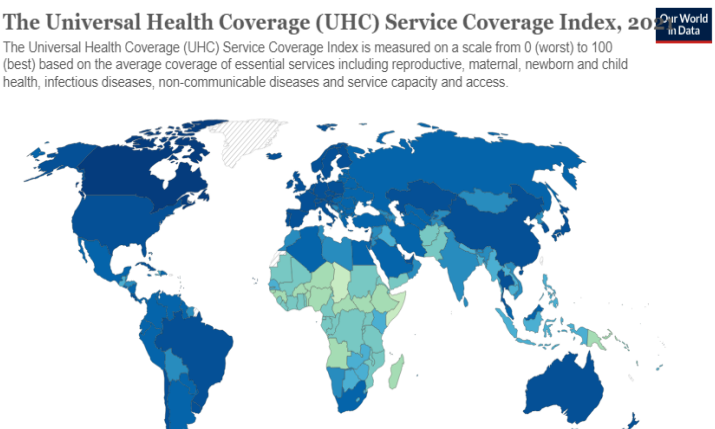
U.K. (SCF), SPHERE are some of the non-governmental organizations that the World Health Organization financially supports in the hopes of better health standards across the world. [6]

2. Population Coverage



Population coverage is an essential element of Universal Health Coverage (UHC), focusing on making sure that all individuals, regardless of their socioeconomic status, or geographic location, have access to essential health services. This perspective emphasizes inclusivity, making a goal to reach marginalized and underserved populations, including rural communities, women, children, and the elderly. Population coverage involves identifying and addressing barriers that make a wall against access, such as cultural, logistical, and financial obstacles that people come across. The World Health Organization (WHO) and UNICEF play important roles in implementing these targeted interventions and programs based on communities, these organizations work to ensure that every person, those in vulnerable situations particularly, can receive the necessary and fundamental healthcare services. Ultimately, strong and reliable population coverage is essential for improving health situations, reducing health inequalities, and achieving the goals of UHC. [7]

3. Service Coverage



Service coverage is a component of Universal Health Coverage (UHC), which makes sure that a wide range of health services is available to all

individuals. This includes protection, curation, and rehabilitation to meet the population's diverse needs. Service coverage involves not only the availability of services but also their quality and accessibility, ensuring that all individuals can receive appropriate healthcare on time. Organizations such as the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the International Federation of Red Cross and Red Crescent Societies (IFRC) work to enhance service coverage globally around the world. WHO provides frameworks and guidelines to strengthen health systems, while PAHO focuses on improving health service delivery in the Americas region and the IFRC engages in community health programs, emphasizing the importance of local access to essential healthcare services. [8]

D. Research Systems for Universal Health Coverage

1. Defining Norms for Health Standards

Defining norms for health standards is important for ensuring the quality and safety of healthcare services worldwide. These norms establish benchmarks for clinical practices, patient healthcare, and health system performances, guiding healthcare providers in delivering effective and equitable services. According to the World Health Organization (WHO), health standards are essential for promoting consistency in healthcare delivery and improving patient outcomes (WHO Health Systems). The International Organization for Standardization (ISO) emphasizes the importance of developing international standards that suggest collaboration and improve the safety of healthcare services (ISO Healthcare Standards). By sticking to established health standards, healthcare systems can encourage public trust and ultimately contribute to better healthcare. [9]

2. Strengthening Research Systems

Strong research systems enable the generation of evidence that informs health policies, practices, and interventions, ensuring that they are effective and responsive to community needs. The World Health Organization (WHO) highlights the need for comprehensive research frameworks that enhance capacity building and promote collaboration among stakeholders (WHO Health Research). Additionally, the National Institutes of Health (NIH) advocates for investments in research infrastructure to facilitate the translation of research findings into practice. By creating partnerships among academic institutions, governments, and healthcare providers, these efforts contribute to a more informed health system capable of addressing emerging health challenges and obstacles. [10]

Note: Each of these outcomes depends on inputs, processes and outputs (to the left), and eventually makes an impact on health (to the right). Access to financial risk protection can also be considered an output. All measurements must reflect not only the quantity of services, but also quality and equity of access (first cross panel). Equity of coverage is influenced by "social determinants" (second cross panel), so it is vital to measure the spectrum from inputs to impact by income, occupation, disability, etc.

E. Public Awareness

1. International Universal Health Coverage Day

International days and weeks are occasions to educate the public on issues of concern, mobilize political will and resources to address global problems, and celebrate and reinforce the achievements of humanity. The existence of international days predates the establishment of the United Nations, but the UN has embraced them as a powerful advocacy tool.

On December 12, 2012, the United Nations General Assembly endorsed a resolution urging countries to accelerate progress toward universal health coverage (UHC) – the idea that everyone, everywhere should have access to quality, affordable health care. On 12 December 2017, the United Nations proclaimed 12 December as International Universal Health Coverage Day (UHC Day) by resolution 72/138.

International Universal Health Coverage Day aims to raise awareness of the need for strong and resilient health systems and universal health coverage with multi-stakeholder partners. Each year on 12 December, UHC advocates raise their voices to share the stories of the millions of people still waiting for health, call for the leaders to make a change and convince them to make bigger and smarter investments in health, and also encourage everyone to make commitments accordingly to help change the statistics of universal health coverage for the better. [11]

2. Awareness Walk for UHC

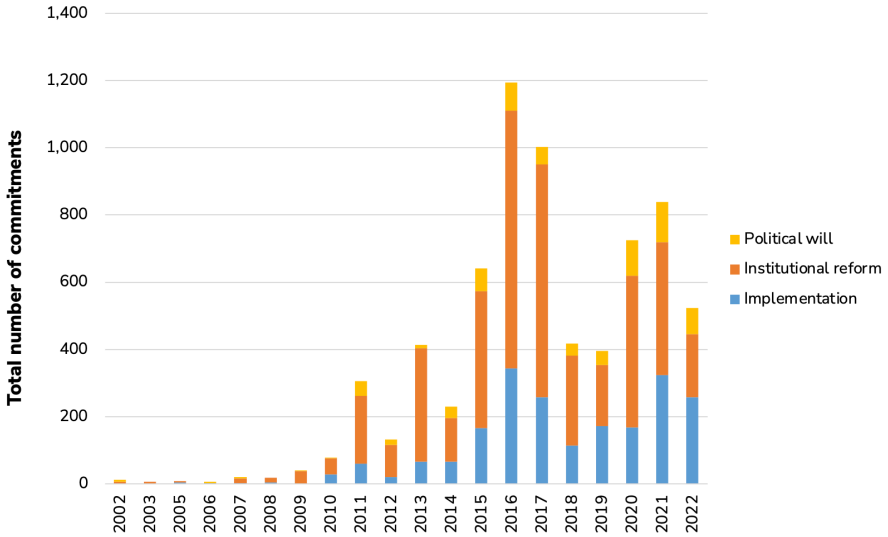
On September 22nd, 2019, Thousands of people attended a Sunday morning walk/run event in Central Park to raise awareness for Universal Health Coverage, co-hosted by the World Health Organization and the City of New York. The event brought together New York locals, UN officials, and people from all around the world to commit to health

and wellness on an individual and global level. Staff from UN offices around the world such as UNICEF, WHO's Western Pacific Regional Office, and Pan-American Health Organization attended the event, and many major global health organizations such as Vital Strategies also showed up to support. A number of world leaders also participated in the fun run, including the President of Palau, Thomas Remengesau Jr., and Norway's Minister of Health, Bent Høie. [12]

F. Political Commitments for UHC

The resolution on Transforming Our World: the 2030 Agenda for Sustainable Development adopted the target of achieving universal health coverage by 2030, including financial risk protection, access to quality essential health services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all was passed by the United Nations on 25th of September, 2015. [13]

After the wavering statistics during 2018-2019, the United Nations adopted resolution 74/2 and Member States reached an agreement on a Political Declaration and reaffirmed their high-level political commitment to UHC.



Between 2019 and 2021, the number of countries that had expressed an unwavering commitment to UHC increased consistently, and the volume of countries' UHC commitments also increased, with a significant increase from approximately 250 to around 600 individual commitments worldwide. The increase in commitments mirrored a similar trend observed after the adoption of the SDGs in 2015 when UHC became an integral part of SDG 3.

In 2022, however, the once-promising momentum towards UHC showed signs of slowing down and even reversing in some countries. In the midst of competing policy priorities, certain governments have not given health and UHC the priority they demand and have focused instead on other areas, such as education, infrastructure, and defense. Hence, a second UN High-Level Meeting on Universal Health Coverage took place during the United Nations General Assembly (UNGA) high-level week on 21 September 2023. This follow-up meeting provided countries and stakeholders with an opportunity to reinvigorate progress towards delivering health for all. [14]

G. The Effects of War on UHC

Health coverage should include all important factors that might supply physical injuries, malnutrition, and mental health problems in an affected area, including an analysis of the food economy of the area, disease trends, as well as patient caring practices.

The Director-General of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, has expressed great concern that assaults on healthcare personnel, patients, and medical facilities “must not become the norm.”.However, reports from various conflict zones around the globe consistently indicate that hospitals are being bombed and healthcare workers are under attack. The situation is made worse by the use of explosive weapons in crowded areas, which results in significant harm to civilians and essential services, including hospitals.

Gathering accurate information in war zones is tough. Many healthcare incidents go unreported because of fears of retaliation or the dangers of collecting data. Sometimes, sharing this information

can be risky, as opposing groups might use it to influence public opinion or increase tensions. Despite these difficulties, organizations like the WHO, the Safeguarding Health in Conflict Coalition (SHCC), and the International Committee of the Red Cross have been monitoring attacks on healthcare for years. Their findings indicate a rise in both the number and deliberate targeting of healthcare facilities in certain areas. In 2023, 480 healthcare workers lost their lives during conflicts, which is almost double the number from the previous year. From January to September 2024, the WHO confirmed nearly 700 attacks on healthcare facilities and staff in Ukraine and the Occupied Palestinian Territory, resulting in over 500 injuries and nearly 200 deaths among patients and healthcare workers. In places like Sudan and Myanmar, hospitals and clinics are still being attacked, leaving millions without basic medical care. By January 2024, 84% of health facilities in Gaza had either been damaged or completely destroyed. This situation leaves many people without necessary medical care, makes chronic illnesses worse, and allows diseases to spread freely.

The Geneva Conventions of 1949 and their Additional Protocols are key parts of International Humanitarian Law, which aims to protect health workers, hospitals, and patients during times of war. These laws were created after World War II to ensure that even in conflict, people can get medical help without fearing for their safety. Intentionally attacking medical services breaks international law and can sometimes be considered a war crime.

Today, every recognized country in the world has agreed to follow these laws. In 2016, the United Nations Security Council passed a resolution that condemned attacks on health care and called for stronger measures to ensure these laws are followed.

However, attacks on health care still happen. Earlier in 2023, Ukraine requested the International Criminal Court to look into attacks on a children's hospital in Kyiv. Humanitarian and human rights groups are increasingly calling for stronger accountability, which could involve the International

Criminal Court and national courts. Some suggest a wider approach that views attacks on health care as a public health issue, rather than just a legal matter.

1. Health Coverage in War Zones

a) Physical Injuries

In times of armed conflict, international humanitarian law (IHL) provides rules to protect access to health care. These rules bind both State and non-state armed groups. In situations that do not reach the threshold of armed conflict only international human rights law (IHRL) and domestic law apply. In principle, IHRL applies at all times, unless States decide to derogate from it. Laws of International Humanitarian Law for physical injuries states:

***Attacking, harming, or killing**

The rights of the wounded and sick must be respected in all circumstances; attempts upon their lives and violence against their personnel are directly forbidden. In certain circumstances, the denial of medical treatment may represent cruel or inhuman treatment, an insult to self-respect, in particular, humiliating and discrediting treatment, or even torture if the necessary criteria are met.

***Searching for and collecting**

Health Coverage in an armed conflict must take all possible measures to search for and collect the wounded and sick without delay. If circumstances permit, they must make arrangements for the removal or exchange of the wounded and sick.

***Protection and care**

Governments in an armed conflict are expected to protect the wounded and sick from pillage and ill-treatment. They must also make sure that sufficient medical care is provided to them as far as practicable and with the least possible delay.

***Treatment without discrimination**

The wounded and sick must be treated without discrimination. If distinctions are to be made among them, it can be only on the basis of their medical condition. [15]

b) Cases of Malnourishment

Malnutrition can not be considered in isolation, it is considered as part of a wider strategy aimed at improving the short, mid, and long-term prospects for improving the nutritional situation of people in the warzone. Assessment, monitoring, and information needs are as follows:

(1) Health coverage works on practicing a strategy aimed at improving the nutritional status of children both in the short and long term,

(2) In the provision of emergency relief, more emphasis is given to the rehabilitation of agriculture, livestock, and fisheries to enhance local capacities to meet the community's food needs and to improve household food security,

(3) The nutritional problems of lost and orphaned children are given priority and this is done in a culturally appropriate fashion as they are the people who are most vulnerable to malnutrition and death,

(4) Programs are designed to take advantage of periods of calm and improve the capacity of the population to survive periods of crisis,

(5) Given the long-term nature of the responses that are required in conflict situations, programs concentrate on using and strengthening local capacity and skills in all sectors. At all levels of society, local structures through which to work are identified and there is considerably more local involvement in decision-making processes,

(6) There is a need to identify ways of working in areas that are outside the control of government or where there is no government. Supporting needy children throughout the conflict is a priority. [16]

c) PTSD and Other Mental Health Problems

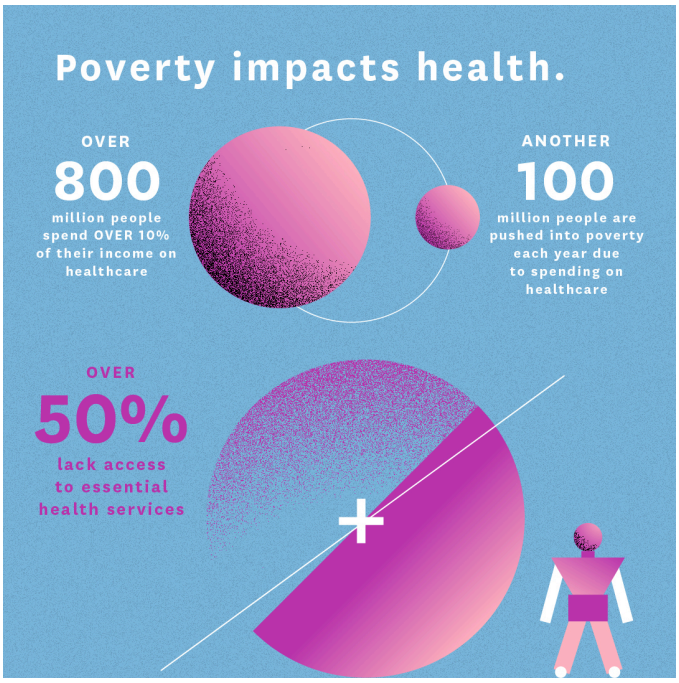
Armed conflicts have a devastating impact on the mental health of affected populations. Post‑traumatic stress disorder (PTSD) and major depression(MD) are the most common mental disorders in the aftermath of war for both adults and children, occurring in up to one-third of the people directly exposed to traumatic war experiences. The meta-analysis reports data on prevalence rates of depressive, anxiety, and post-traumatic stress disorders among people living in war and conflict-affected areas, including military populations and general populations (civilians or refugees).

There is a large variability of prevalence for all disorders, ranging from 3.2 to 79.6% for depression, from 4.2 to 94.8% for anxiety, and from 3.9 to 69% for PTSD, but also the aggregate prevalence rates, according to a random-effects model, are higher for depression and anxiety (respectively 28.9% and 30.7%) than for PTSD (23.5%). Interestingly, rates are very significantly higher among civilians than military populations in regard to depression and anxiety (respectively 33% vs. 24% and 38.6% vs. 16.2% for anxiety); with a non-significant difference for PTSD (respectively 25.7% vs. 21.3%).

To decrease these rates, collaborations between local authorities and international organizations are set up from the onset of a crisis and involve the development of interrelated systems of care that can be sustained following the withdrawal of international aid, which is invariably the endpoint of any intervention. [17]

H. Statistics Around the Globe

Universal Health Coverage (UHC) aims to ensure 100% universal access to health services without financial barriers, regardless of one's economic capability or social standing. [18] UHC monitoring is through the biannual Global Monitoring Reports, produced in concert by WHO and WB. The most recent report, Tracking Universal Health Coverage-Global Monitoring Report 2023, gives a mixed account of progress worldwide. Though the data point towards good improvements in the expansion of health services, it shows that about 4.5 billion people, which roughly corresponds to 58 percent of the world's population, lack access to essential health services. [19]



In addition, the report brought to light worrisome increases in catastrophic health expenditure. Since 2019, more than 1 billion people in the world have spent over 10 percent of their household income on out-of-pocket medical expenses, putting a heavy financial burden on them as well as increasing the probability of pushing them into or deeper into poverty. It has very drastic implications for the most impoverished populations, especially in low- and middle-income countries, where health costs tend to consume much of household budgets. Hence, it makes conditions worse regarding existing inequalities and hampers the efforts to get rid of poverty. Findings of the Global Monitoring Report 2023 indicate a pressing demand for invigorated, joined-up global action on gap closures in health coverage. It requires strong investments in health systems, comprehensive reforms to reduce out-of-pocket payment burdens or some combination of both. [20]

V. Case Studies

A. Work of United Nations

***Strengthening NCD Care in Humanitarian Settings**

The conventional approach to providing health services to conflict-affected populations during humanitarian emergencies has focused on saving lives and treating acute communicable diseases, such as measles, malaria, diarrhea, and respiratory infections. In such cases, patients presenting with non-communicable diseases are transferred (NCD) to secondary or tertiary care facilities or specialists. This has cost implications for the humanitarian partners providing quality primary health care in refugee camps. UNHCR decided to address this problem through targeted clinical training to address the most commonly found NCDs within PHC settings in refugee camps. This entailed: the roll-out of simplified clinical protocols; the inclusion of all basic essential medicines found in the WHO Model List of Essential Medicines; and targeted capacity building for clinicians, nurses, and community health workers, as task shifting required everyone to play a key role in the management and follow up care of NCD patients. UNHCR

leads the informal working group on NCDs in humanitarian settings and is currently developing operational guidance, indicators for improved monitoring of NCDs, and improved clinical management through targeted capacity-building interventions. The group brings together many partners, including the Centers for Disease Control and Prevention (CDC), HelpAge, the International Committee of the Red Cross (ICRC), the International Medical Corps (IMC), Save the Children, and WHO, as well as experts from academic institutes.

***Safeguarding The Quality of Cancer Care in Low- and Middle-income Countries**

Radiation beams generated by the radiotherapy machines used in cancer clinics need to be periodically checked using precise dose measurements because incorrect radiotherapy beam doses have the possibility to result in inadequate radiation doses being administered to patients which could potentially lead to ineffective treatments, and radiation injuries, and can have dire consequences. To verify the accuracy of radiation beam calibration, cancer clinics in LMICs are being offered a service by IAEA/WHO that supports radiation oncologists to protect patients from the unintended consequences of an overdose of radiation. Since its beginnings in 1969, over 2,300 clinics in 134 countries have used the service, and over the years, the participating clinics have had positive feedback with 95% acceptable results since 2018 and these services have been reported to increase their accuracy with time constantly.

***Integrating Mental Health and Psychosocial Support into Primary Care**

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)'s Mental Health and Psychosocial Support Program (MHPSS) seeks to protect and promote the right of

Palestine refugees to enjoy the best possible state of mental health and psychosocial well-being. The MHPSS program was launched to serve a population experiencing psychological distress and living in a context where there are a limited number of mental health professionals available. MHPSS interventions aim to enhance the psychological and social well-being of individuals and their communities by empowering community and individual resilience. These interventions are not limited to emergencies or other problems but rather aim to support psychosocial well-being and empowerment processes. These processes are beneficial to both Palestine refugees and the health professionals supporting them. The integration of mental health and psychosocial support into UNRWA's Family Health Team model was initiated in July 2017 in all areas of operations. The process is part of a three-year integration plan supported by the Government of Japan. The integration plan is being implemented in 88 of 143 (61.5%) of UNRWA's health centers by 1,825 staff members who have received comprehensive training on psychosocial support and WHO's Mental Health Gap Action Programme (mhGAP) by certified WHO trainers. [21]

B. Initiatives of Countries

*Japan

Japan is one of the top ten countries known for having an excellent healthcare system, and its government has made universal health coverage (UHC) a key part of its global health efforts. After World War II, Japan achieved UHC in 1961, thanks to several important factors, including strong leadership from the government.

UHC was a major goal for Japanese lawmakers as they worked to rebuild the health insurance system after the war, aiming to ensure that everyone had coverage. For any country to reach UHC, having enough financial resources is essential, and Japan's quick economic growth after the war helped make

this goal more achievable. At first, employers had to insure their workers and cover more than half of the insurance premiums through the Employees' Health Insurance Programme.

In 1958, lawmakers passed the National Health Insurance Law, which required people not covered by employer plans to join a new social health insurance program called the Community-based Health Insurance Programme. Government officials looked at health systems in other countries and created the Community-based Health Insurance Programme to fit Japan's needs. The 1958 National Health Insurance Law was a crucial step toward UHC in Japan, as it not only required citizens to participate but also made it necessary for all local governments to set up health insurance and cover at least 50% of health costs.

***Rwanda**

Many African countries are making great progress towards Universal Health Coverage (UHC) to meet the goals set by the Sustainable Development Goals. Rwanda stands out as a leader in this area, with over 90 percent of its people having health insurance. After the 1994 Genocide, Rwanda's health system changed a lot, but a major part of its national health plan was the launch of Community-based Health Insurance (CBHI) in 2006.

The government made it mandatory for everyone to join at least the basic health plan. With CBHI, people pay insurance premiums based on how much money they make. The richest individuals pay the most, while about 25 percent of the poorest people don't have to pay anything and can still access health services. Lawmakers have worked hard to increase the health resources available to all

Rwandans. Recently, they created the Health Financing Strategic Plan 2018-2024 to improve efficiency, offer suitable benefits, and protect families financially.

Rwanda's health financing has three main goals: 1) raising money; 2) pooling resources; and 3) using resources wisely. The government contributes about 17 percent of the funds for health services, while external funding makes up around 60 percent of the total health budget, mainly from the US Government and the Global Fund. Thanks to these investments, Rwanda has built many healthcare facilities equipped with essential tools and medicines. Each of the 30 districts has a hospital with at least 15 doctors who can perform basic surgeries. Additionally, 45,000 community health workers have been trained to help expand access to health services in more rural areas. [22]

VI. Notable Non-Governmental Organizations

***Oxfam**

Oxfam is a global movement of people, working together to end the injustice of poverty and its effects on health coverage. This means that they tackle the inequality that keeps people poor by delivering development programs to conflict areas and public education to teach people about practical health actions. They also start campaigns and support advocates in their journey to strive for better health standards. They strive to help people build better lives for themselves, and for others. 80% of their funding comes from institutional and public fundraising. They work for Universal Health Coverage around the globe, they believe health insurances leave the poor behind. [23]

***International Medical Corps**

The International Medical Corps relieves the suffering of those affected by conflict, disaster, and disease, often in difficult and dangerous

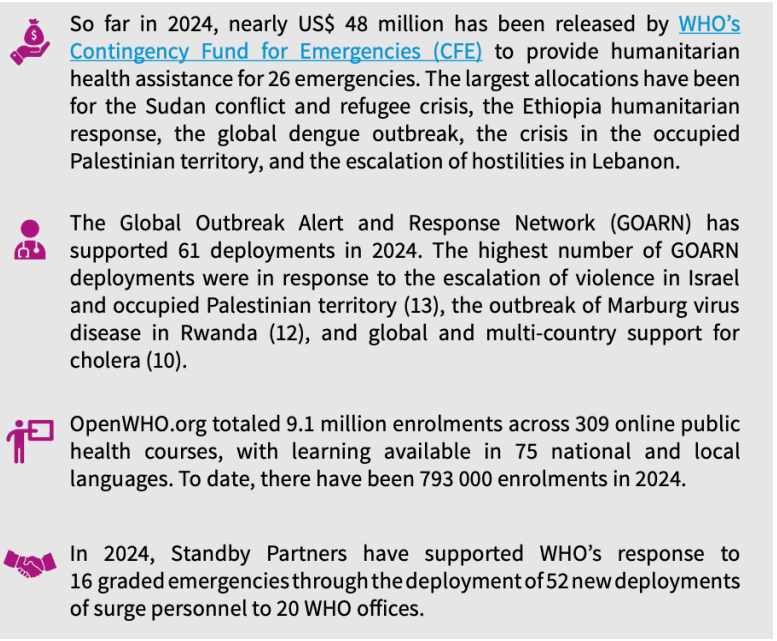
environments. They deliver vital healthcare services and training that help devastated populations move from relief to self-reliance. They work all around the world helping people reach better health standards. They are the Global First Responders for health. “We deliver emergency medical and related services to those affected by conflict, disaster, and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance, and become effective first responders themselves.” They also support other organizations that help people with non-communicable diseases in conflict regions. [24]

VII. Active Work and Reports by the United Nations Regarding the Agenda

WHO’s global monitoring report for 2023 on tracking universal health coverage shows that the world is off track in making significant progress towards achieving UHC by 2030. In total, 4.5 billion people were not fully covered by essential health services in 2021, and 2 billion people experienced catastrophic health spending or impoverishing health spending (namely, any form of financial difficulty) due to out-of-pocket spending on health in 2019, the most recent year for which data are available. Since 2000, the size of the global population with out-of-pocket health spending exceeding 10% of the household budget has continuously increased to surpass one billion people in 2019.

From 29 to 31 October 2024, the 74th session of the WHO Regional Committee for Europe took place in Copenhagen, Denmark, bringing together health ministers and high-level delegates from the 53 Member States of the WHO European Region, as well as representatives from partner organizations

and civil society. A major milestone was achieved for the Region as Member States adopted two critical strategies aimed at enhancing health emergency preparedness and response across the region: the Preparedness 2.0 regional strategy and action plan and the Emergency Medical Teams (EMT) regional action plan. Preparedness 2.0 is WHO/Europe's new regional strategy and action plan for health emergency preparedness, response, and resilience for the next five years (2024–2029). This forward-thinking plan takes preparedness to the next level as it builds on lessons learned from recent crises to close gaps in health security and strengthen collective readiness for future threats. The Regional European EMT Capabilities Hub (REECH) based in Türkiye will provide the training and expertise needed to strengthen EMT capacities across the Region while a Knowledge and Information Management Emergency Platform (KIMEP) will help to coordinate teams in the field, monitor progress, and ensure that EMT systems are sustainable and meet WHO standards of care.



As of the most recent report by the United Nations from the 15th of November, 2024, WHO is actively responding to 41 emergencies across the world. 11 of those emergencies were grade 3 emergencies with maximal response urgency. [25]

VIII. Points a Resolution Should Cover

- Propose ideas on how to provide economic support and aid for universal health coverage.
- Determine the diplomatic initiatives that countries could take.
- Negotiate what type of healthcare initiatives such as data sharing, and joint research efforts to address health crises, definitive norms and laws, stronger research systems, vaccination campaigns, healthcare infrastructure improvement, and international collaboration could be taken in order to improve UHC and how to implement those.
    - Outline these long-term goals and objectives to address the issue comprehensively.
- Discuss preventive measures for healthcare crises.
- Determine how countries can improve the three pillars of UHC (population coverage, service coverage, and financial coverage)
- Foster cooperation among member states, regional organizations, or international bodies to tackle the issue.
- Specify immediate concerns and priorities such as war zones or pandemic zones.
- Help raise public awareness and improve education regarding healthcare.
- Highlight successful examples and accommodate new models for different nations.

IX. Further Reading

- WHO: Universal Health Coverage - What does it mean?
- https://www.who.int/campaigns/universal-health-coverage-day/2024
- https://www.who.int/health-topics/universal-health-coverage#tab=tab_1
- https://www.who.int/data/#data
- https://www.who.int/about/accountability/results/who-results-report-2022-2023/executive-summary
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