UNDP Study Guide for Simulations of the United Nations Development Program (UNDP) at the NUST International Model United Nations

Improving Healthcare Access and Reducing Health Inequalities

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Committee Introduction:

The United Nations Development Program, UNDP, was formed in 1965 by the United Nations General Assembly, through the combination of the United Nations Special Fund, founded in 1958, and the United Nations Expanded Programme of Technical Assistance, founded in 1949. UNDP, the principal United Nations agency for international development, strives to end poverty and lessen inequality in 170 nations and territories. UNDP's mandate is to end poverty, build democratic governance, rule of law, and inclusive institutions; UNDP advocates for change, and connects countries to knowledge, experience and resources to help people build a better life. In order to achieve its aim, the Sustainable Development Goals (SDGs), also known as the 2030 Agenda, has been put in place. The SDGs are a set of goals adopted by the United Nations in 2015 in order to obtain global harmony and prosperity by 2030; UNDP assists nations in building institutional capacities, partnerships, leadership talents, and policies. UNDP promotes growth and improvement and links nations to resources, expertise, and information to help people have better lives. [1]

Topic Introduction

Access to healthcare is a basic human right and necessity, however unfortunately, not everyone has the privilege of receiving it. According to the World Health Organization (WHO), in 2021, 4.5 billion people, which is more than half of the human population, did not have proper or full access to necessary health services [2]. This could be due to a variety of factors acting either independently or by interlinking with others, such as race, gender, religion, ethnicity, sexual orientation, geographical location, etc. While all SDGs are important and matter, the topic of this committee corresponds mostly with the following SDGs:

SDG 3 - Good Health and Well-being - Development and health are interlinked; healthy humans promote development which in turn promotes health. This has been shown time and time again in various studies for example, in the 11 years between 2000 and 2011, around 24% of full income growth in low to middle income countries directly correlated to health improvements. SDG 3 is further divided into 13 targets which can be summarized as focusing on reducing maternal mortality and ending infant mortality. The prevention of noncommunicable diseases has been stressed upon and a light has been shone on treating and preventing drug abuse (including tobacco). There is also an emphasis on ending epidemics which have been plaguing nations for decades by supporting medical research and the development of vaccines, as well as strengthening nations with tools for better detection and risk management. The importance of Universal Health Care including universal access to sexual health have also been stressed. [3]

SDG 5 - Gender Equality - The health of women is as consequential as the health of men. As stated above health and development are interlinked but, despite making up nearly half of the world's population, women

are overlooked exponentially. In 2024, nearly half of all married women lack control over their own sexual and reproductive health and in a research done in 2022, 66 out of the 120 countries being researched i.e 55% of nations lack laws required to protect women. For this session, target 5.3, 5.6 and 5.c are brought under the spotlight. Target 5.3 states that harmful practices done on womens body like Female Genital Mutilation should be eliminated. Target 5.6, like target 3.7, aims to ensure universal access to sexual and reproductive health as well as reproductive rights (in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences). Lastly, Target 5.c states that enforceable legislation for the promotion of gender equality and the empowerment of all women and girls should be brought into place. [4]

SDG 10 - Reduced Inequalities - Inequality is a threat to development; without development, health worsens. SDG 10 aims to reduce inequality within people and within nations, to reduce the gap in per capita income between countries and to address the unfair distribution of resources which include medical resources. As of 2024, discrimination on the basis of gender, race and age affects 1 in 6 people. Without income equality, access to healthcare for individuals becomes difficult. The following targets hold significance when discussing health inequality. Target 10.1 addresses income inequality by aiming to achieve and sustain income growth of the bottom 40% of the population. Target 10.3 intends to ensure equal opportunity for all and to eliminate discriminatory laws and policies. [5]

SDG 16 - Peace, Justice, and Strong Institutions - The 2030 agenda was adopted in 2015 and since then, between 2022 and 2023, civilian casualties have increased by 72%. Exposure to violence causes psychological distress on humans such as the development of psychological disorders like Dissociative Identity Disorder (DID), Post Traumatic Stress Disorder (PTSD) and symptoms of anxiety and depression [6]. Mental health is as important as physical health and a peaceful society is important for mental health. SDG 16 consists of twelve targets out of which targets 16.1 and 16.b relate to this session's topic. Target 16.1 aims to reduce all forms of violence, including conflict related deaths by sex and age, and ensuring the safety of all. Target 16.b aims to enforce non-discriminatory laws and policies. [7]

KEY DEFINITIONS:

Health: Health is more than just the absence of illness or disability; it is a state of whole physical, mental, and social well-being [8].

Inequality: An inequality is the state of not being equal in aspects such as opportunities, rights, etc [9].

Health Inequalities: Health inequalities are unjust and preventable disparities in health between members of the general public and between social groupings [10].

Health Literacy: The personal traits and social resources required for people and communities to get, comprehend, evaluate, and use information and services in order to make health-related decisions are referred

to as health literacy [11].

Health Equity: The condition in which everyone has an equal and just chance to reach their optimal level of health is known as health equity [12].

Female Genital Mutilations: Female Genital Mutilations, FGMs are any and all operations that either partially or totally remove a female's external genitalia for non-health or non-medical related reasons [13].

Abortion: Abortion is the termination of a pregnancy usually through medical procedures, and it is performed mostly during the first half of the pregnancy [14].

Privatized Healthcare: The people and institutions that provide health services but are not officially owned or controlled by governments are known as the private health sector [15].

Universal Health Coverage: Universal health coverage ensures that everyone has access to high-quality health care whenever and wherever they need it, without having to worry about money [16].

Mental Health: A state of mental health is defined by emotional stability, positive behavioral adjustment, a relative lack of anxiety and incapacitating symptoms, the ability to build healthy relationships, and the ability to manage life's typical demands and stressors [17].

Long COVID: A chronic illness that lasts for at least three months following a SARS-CoV-2 infection is known as long COVID [18].

Cultural Relativism: The idea that all cultures are equally valid and should be interpreted according to their own parameters, and that there is no common benchmark by which to compare them. [19]

Universalism: According to universalism, generalized rules, values, or concepts can be applied to all individuals and cultures, irrespective of their specific setting. [20]

WOMEN'S BODILY AUTONOMY:

DENIAL OF BASIC RIGHTS:

The ability of women aged 15 or over to exercise their sexual and reproductive health rights and make their own educated decisions about their own body including their sexual life, the use of contraceptives, and reproductive health care without any social, financial, and legal restrictions is known as women's autonomy. The First Article of the Universal Declaration of Human Rights states that every human is born equal in regards to dignity and rights [21], yet women still are not considered equal or given the right to even exercise their rights in many different aspects of life. According to the 2021 UNFPA State of World Population report, about 80% of countries have laws promoting a healthy sexual life, only 56% have policies promoting comprehensive sexuality education, only 71% guarantee access to maternity care and full legal access to contraception, and approximately only 55% of women worldwide are fully empowered to make decisions regarding healthcare, contraception, and sexual consent [22]. The report then further states that In at least 20 countries, "marry-your-rapist" laws allow men to avoid prosecution by marrying their victims; 43 countries lack laws criminalizing marital rape, over 30 nations impose restrictions on women's freedom of movement outside the home, and children with disabilities—especially girls—are nearly three times more likely to

experience sexual violence [22]. Denying anyone the right to make informed decisions about their own body is a huge infringement of one of the most fundamental human rights, and this is the reality of most women across the globe.

FEMALE GENITAL MUTILATION:

Another detrimental violation of a human right that women and girls face across the world is FGM, Female Genital Mutilation. According to a WHO Fact Sheet, female genital mutilation is a widespread practice in 30 countries in Africa, the Middle East, and Asia, where it has affected over 230 million girls and women. The treatment of the health complications of female genital mutilation is estimated to cost health systems $1.4 billion annually; unless immediate action is taken to end the practice, this number is expected to rise. Based on the degree and type of damage done to the female genitalia, there are four main categories of female genital mutilation. In Type 1, the clitoral glans and/or clitoral hood are removed entirely or partially, whereas in Type 2, the clitoral glans and labia minora—and occasionally the labia majora—are removed as well. Type 3, or infibulation, involves cutting and repositioning the labia, frequently with stitching, to create a seal that narrows the vaginal entrance. All additional dangerous activities, including pricking, piercing, scraping, and cauterizing, are included in type 4. Every kind of FGM violates the rights and health of women and girls while causing serious physical and psychological harm. According to WHO, female genital mutilation damages healthy genital tissue and interferes with normal body functioning, causing serious harm and no health advantages. While long-term repercussions may include menstrual and urinary problems, uncomfortable sexual encounters, challenges during childbirth, and psychological disorders including anxiety and depression, short-term consequences can include excruciating pain, excessive bleeding, infections, and even death. Health hazards are further increased by the need for repeated procedures for severe types, such as infibulation (Type 3). [23]

Reasons why a practice such as FGM exists vary. Social acceptance, religious beliefs, misunderstandings about hygiene, maintaining a girl or woman's virginity, making the lady "marriageable," and boosting male sexual pleasure are the most commonly stated justifications for performing and allowin female genital mutilation [24]. Some cultures view female genital mutilation as a necessary condition for marriage and a rite of passage into maturity [24]. Such allowed cultural practices lead to considering the question - How can universal human rights be balanced with cultural practices, and where should the line be drawn between cultural relativism and universalism in healthcare?

DIAGNOSTIC ERRORS:

A diagnosis is the main difference between life and death, and misdiagnoses are getting increasingly common, especially for women. This major issue in women's health care is highlighted by a survey conducted by Higgs LLP, which found that 24% of women had a gynecological illness that was misdiagnosed, including endometriosis, PCOS, pregnancy, ovarian cysts, and period pain and cramps. Endometriosis was the most

commonly misdiagnosed gynecological illness among those listed, impacting almost one out of ten women surveyed. According to 5% of respondents, polycystic ovarian syndrome (PCOS) was the second most frequently misdiagnosed illness in the survey, behind endometriosis. Furthermore, 4 percent of women between the ages of 16 and 34 said that their pregnancies had been misdiagnosed. According to the poll, neurological and mental problems, including eating disorders, anxiety, depression, ADHD, and autism, are also commonly misdiagnosed in women, affecting 6% of those surveyed. [25]

ABORTIONS AND REPRODUCTIVE HEALTH:

Abortion is a standard medical procedure that is extremely safe if performed according to the WHO's approved protocol in accordance with the length of the pregnancy [26]. One of the leading causes of maternal mortality and morbidities is unsafe abortion, and about 45% of abortions are unsafe [27]. An estimated 25 million unsafe abortions occur per year, and it causes about 7.9% of maternal deaths, with the largest impact on women and girls from marginalized groups or living in poverty [27]. Nearly every unsafe abortion death occurs in a country where the law and/or practice severely restrict abortion [27], thus showing the effects of bans or restrictions on abortions. To highlight the impacts of these bans and restrictions, statistics also show that in countries where abortion is legal or the laws are less restrictive had lower abortion rates than those with extreme restrictions [27]. Thus, the bans imposed on abortions do not actually decrease the number of abortions, rather just decrease the number of safe abortions. It is to be noted that denying any woman the right to an abortion is equivalent to violating a woman's right to privacy, autonomy and bodily integrity, freedom of expression, freedom of conscience, freedom of religion or belief, equality and nondiscrimination, freedom from gender-based violence, torture, and harsh, inhuman, and degrading treatment [28].

AFFORDABILITY OF HEALTHCARE:

The first and foremost important thing when it comes to access to healthcare is the means to pay for it, or afford it. Affordability of healthcare is important in not only surgeries, operations, medical procedures, etc., but also is very relevant to day-to-day medical expenses such as medicines. At least 10% of the household budgets of 800 million individuals are presently spent on medical bills for themselves, an ill child, or another family member [29]. These costs are so exorbitant for about 100 million people that they are forced to live on $1.90 or less per day, which puts them in severe destitution [29]. While essential medical amenities like family planning and infant immunization are growing more accessible in other regions, Sub-Saharan Africa and Southern Asia still have significant gaps in service availability [29]. Families in these regions face greater financial hardship because they must pay for these services out of pocket [29], which could possibly cause them to choose between basic necessities, or being alive and healthy at the cost of not being able to provide for themselves. This is not only an issue in lower income regions, but we see this in higher income regions as well such as Eastern Asia, Europe, and Latin America where an increasing proportion of people spend 10% of their family income at the very least on out-of-pocket medical bills [29]. According to the World Health

Statistics 2023, 4.4% of the global population or 344 million people were forced into poverty because of out-of-pocket medical expenditures [30]. Less than one-third of nations have increased access to health services and decreased catastrophic out-of-pocket medical expenses during the last 20 years [31]. Paying for medical treatment out of pocket can also lead to people skipping necessary care and put families in a difficult situation where they must decide between paying for a doctor's appointment, purchasing food and water, or sending their kids to school [31]. Compromises and sacrifices such as these could be the difference between the quick detection and cure of a preventable illness or severe sickness, or in extreme cases, even death [31].

In some cases, affording or being able to pay for health services isn't even part of the equation. For instance, if a patient makes minimum wage, the average daily cost in a Nigerian hospital is nearly equal to a month's earnings [32]. Affordability isn't only an issue in low-income countries, but is very prevalent in middle and high income countries as well. South Africa's average monthly salary is about $500, yet hospital visits often cost between $100 and $200 [32]. A survey conducted in the United States related to the affordability of healthcare revealed shocking figures. Many insured working-age adults who responded to the survey stated that paying for their medical care was extremely or somewhat challenging [33]. Numerous insured adults reported that they or a family member had postponed or neglected necessary medical care or prescription medication because they were unable to pay for it [33]. Medical debt is causing many people to put off or avoid seeking care or filling medications, and insurance coverage does not stop people from accumulating it [33]. The goal of SDG target 3.8, universal health coverage (UHC), is to guarantee that everyone has access to the necessary preventive, curative, and rehabilitative medical care without facing financial hardship [56].

HEALTHCARE CRISIS IN CONFLICT ZONES:

GAZA:

On October 7, 2023, Hamas launched an air, sea, and land attack on Israel from the Gaza Strip. The October 7 incident was the bloodiest day for Israel since its independence, with over 1,200 people killed, mostly Israeli nationals. During the attack, about 240 humans were taken hostage [34]. Since then, over 40,000 Palestinians have been killed by Israel, and an estimated average of 130 Palestinians are killed everyday [35]. In order to obtain critically needed medical care, an estimated 12,000 people are awaiting departure from Gaza [36]. OCHA, The United Nations Office for the Coordination of Humanitarian Affairs, cautions that the health crisis in Gaza is getting worse due to a scarcity of reasonably priced hygiene products and restricted access to sanitary facilities and clean water [36]. 40 000 cases of Hepatitis A have been documented [37]. According to OCHA, just 67 of the 157 aid missions that were scheduled to go to northern Gaza in July 2024 were made permissible by Israeli authorities [37]. For operational, logistical, or security reasons, the remaining ones were either canceled, obstructed, or refused [37]. The worsening health situation in Gaza disproportionately affects women and girls: more than 5,000 female cancer patients cannot receive treatment; 25% of women report having skin infections, which is twice as many as men; and they account for the majority of gastrointestinal

and hepatitis A illnesses [38]. According to UN Women's most recent Gender Alert, which was based on research, including a survey carried out throughout Gaza, "more than 5,000 female cancer patients need immediate treatment, but all services have been suspended." [38]. There is a shortage of systemic therapy and radiotherapy, and the only cancer facility in the Strip is no longer operational [38]. Due to a lack of necessary neonatal drugs and increased problems throughout pregnancy, delivery, and the postpartum period, an estimated 155,000 pregnant and nursing women in Gaza are having significant difficulty getting prenatal and postnatal care [38].

SUDAN:

More than 11.5 million people, including internally displaced people (IDPs), asylum seekers, and refugees, were displaced as a result of deadly fighting between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) in Sudan on April 15, 2023 [39]. Many of Sudan's pre-existing problems, such as recurrent battles, disease outbreaks, political and economic instability, and climate emergencies, were made worse by this conflict [39]. The humanitarian situation has been harsher since the latest disputes started on April 15 [36]. The Famine Review Committee formally acknowledged famine in Sudan's Darfur region in August 2024 [39]. Extreme food, water, medical, and fuel shortages are plaguing the nation, and over half of its 25.6 million people experience acute food insecurity, with 8.5 million of them living in emergency situations [39]. Since the majority of Sudan's hospitals and health clinics were forced to close, two out of three civilians lack access to basic medical care [40]. Since the conflict started, shelling and airstrikes have devastated numerous health institutions and killed and injured doctors and nurses [40]. There are more and more reports of healthcare institutions being looted and vandalized, of workers and patients being threatened or physically harmed, and of citizens being denied access to healthcare services. Important services like maternity care, childcare, and immunizations are denied to entire populations [40].

AFGHANISTAN:

People in Afghanistan experienced severe persecution and human rights abuses amid economic disruptions and a worsening humanitarian crisis [41]. The Taliban imposed more and more restrictions on women and girls, seemingly with the goal of removing them entirely from public spaces [41]. International calls have been made to look into this persecution of women as a crime against humanity [41]. The right to free speech was undermined, and anyone who peacefully voiced opinions against the Taliban were subjected to torture, arbitrary arrest, enforced disappearances, and illegal incarceration [41]. The WHO issued a warning that millions of people, including 2.3 million children at risk of acute malnutrition, were at danger of disease and malnutrition due to inadequate or nonexistent access to food and medical care [41]. Delivering humanitarian aid became even more difficult in April when the Taliban expanded the restriction on women working outside the home to include positions with the UN [41]. Afghanistan's healthcare system is still reliant on foreign assistance and is still insecure since it lacks the necessary facilities and funding [41]. International humanitarian aid cuts in 2023, with more expected, and a protracted drought have made it more difficult to

obtain enough food and have made the situation worse [42]. Although humanitarian help temporarily grew in 2021–2022, it was discontinued in 2023 after the Taliban took charge [42]. The World Bank and other donor nations and organizations stopped sponsoring development, including health [42]. Many Afghan healthcare experts left the country or quit their employment as a result of the drastic decline in development support, which rocked the public health system and the economy [42]. The imposition of strict hijab rules and Taliban regulations, particularly the requirement that female healthcare workers be accompanied by a mahram (male relative guardian) when traveling or in certain situations during work hours, have made it extremely difficult for women to provide and receive healthcare [42].

SAHEL:

One of the worst humanitarian and security crises in the world is affecting the Sahel, a large semi-arid region of Africa that encompasses the nations of Burkina Faso, Mali, Mauritania, and Niger [43]. Massive displacement has occurred throughout the region as a result of indiscriminate attacks by militias and armed groups, insecurity, severe human rights violations, including violence against children and gender-based violence, and the effects of climate change [43]. Pastoralism and farming, which are extremely vulnerable to the effects of climate change, are the main sources of income for communities throughout the Sahel [43]. In their own countries, more than 3.8 million individuals are internally displaced [44]. In the Sahel, the mortality rate for mothers is 100 times greater and individuals live 20 years less on average than in Switzerland [45]. WHO said that attacks on healthcare facilities were responsible for 122 deaths in 2021 alone [45]. Large-scale epidemics frequently strike the area [45]. Yellow fever transmission is at a 20-year high, and over 110,000 cholera cases were reported in 2021 [45]. The World Health Organization reports that 384,000 people died from malaria in the continent in 2019 [46]. The peak malaria period in the Sahel was longer and more severe than in prior years [46].

UKRAINE:

In February of 2022, a debilitating and destructive attack was carried out on Ukraine by Russia. The effects it has had on the healthcare it's citizens receive has been irreversible. The UN documented 1,336 attacks on Ukraine's healthcare infrastructure, including the destruction of 84 ambulances and 699 hospitals [47]. Attacks by the Russian Armed Forces have led to the deaths of 198 health workers, including the injuries of 137 [47]. This has inevitably led to many health workers being forced into joining the army. Over 30,000 medical professionals joined the Armed Forces, and thousands more have emigrated or been internally displaced, severely compromising healthcare access for 30% of the Ukrainian population [47]. The war in Ukraine has triggered a devastating mental health crisis as well. The World Health Organization estimates that nearly 10 million Ukrainians are at risk of mental health issues, with 3.9 million experiencing moderate to severe symptoms [47]. These issues are exacerbated by constant attacks that disrupt their access to education [47]. There is a dire need to support mental health interventions to address the psychological effects of war, including trauma-informed care, peer support programs, and psychoeducation for caregivers [47].

These constant attacks force the people of Ukraine to be unable to seek proper health care, if any, they can find in the immediate area [47]. At the same time, it is a medical problem with far-reaching devastating consequences. Primary health care (PHC) services for women's and children's health are hampered. The long-term effects on mother and child health and death throughout the crisis era are yet unknown [48].

COVID-19 AND ITS EFFECTS:

An infectious condition called coronavirus disease (COVID-19) is brought on by the SARS-CoV-2 virus [49]. When an infected person coughs, sneezes, speaks, sings, or breathes, tiny liquid particles from their lips or nose might spread the virus [49]. COVID-19 was the reason behind the 2020 pandemic and lockdowns, and its effects are still prevalent today. Black African men had a 3.7-fold higher chance of dying during the first wave of COVID-19 than their white British counterparts, and disabled individuals had a three-fold higher risk [50]. Not all of the COVID-19 public health messaging was inclusive and culturally competent [50]. The primary cause of the difficulties that people in poverty encounter is their unstable financial status [51]. Physical and mental well-being, food quality, living conditions, pharmaceutical costs, healthcare access, health literacy, and access to pertinent internet resources are all adversely impacted by poverty [51]. Poverty-related issues have been made worse by the COVID-19 epidemic, which has also increased social isolation and marginalization [51]. Socioeconomic differences continue to cause health inequities in Austria, despite the country's 99.9% population coverage and generally excellent healthcare quality [51]. While some people have benefited greatly from digitization in terms of education and resource access, it has also increased disparities and inequities, especially for children who lack access to digital infrastructure for social and educational engagement [51]. These elements may impair general development, restrict health literacy, including actions that promote health, and maintain health inequalities, which may have an effect on children's future health outcomes and capacities [52]. According to studies, between 10 and 20 percent of SARS-CoV-2 infections may progress to symptoms that can be identified as long-lasting COVID [52]. During the first two years of the pandemic (2020–21), it may have affected 17 million people throughout the WHO European Region [52]. One in three adults in the UK stated in March 2022 that the COVID-19 epidemic had negatively impacted their mental health [50].

ABUSE AND MISUSE OF POWER IN THE HEALTHCARE SECTOR:

The abusing and misusing of power is a pandemic of its own that many people still face across the globe today in various countries. Pregnant women may be the focus of punitive laws and practices in nations like El Salvador, Norway, Russia, Ukraine, and the United States, depending on their actual or perceived behavior [53]. For instance, in the United States, women who miscarried or were suspected of hurting their fetus have been prosecuted under "fetal assault" legislation, which permits fetuses to be legally regarded as "victims" of assault [53]. While many US states have added similar definitions of “person” to state criminal codes to

include fertilized eggs, embryos, or fetuses as potential "victims" of violent crime [53], hundreds of women in the USA have been arrested, questioned, prosecuted, and detained after telling a health care provider what they believed to be confidential information, or simply while seeking routine or emergency medical care [50]. Such adverse legislation violates women's human rights, including their right to bodily autonomy [53]. The controversial 2-finger test, which is used to determine a rape victim's sexual history, is still utilized in nations like India, even though the government has called for its outlawing [54]. According to an OHCHR report, nations like Poland and Slovakia are accountable for involuntary sterilization of women from marginalized communities, women with disabilities, and ethnic and racial minorities because of discriminatory beliefs that they are "unfit" to have children, and this issue is becoming more widespread worldwide [55]. These extreme measures are being taken by those in positions of authority in the healthcare industry to discriminate against women's reproductive rights [55]. There have also been documented instances of medical confidentiality and secrecy violations in healthcare settings, such as when medical staff denounce women when they show evidence of an illegal abortion and when they try to get confessions in exchange for potentially life-saving medical treatment following an abortion [55]. Access to a safe abortion procedure is nearly impossible for many rape survivors due to a complex web of procedural obstacles, as well as governmental ignorance and obstruction [55].The Human Rights Committee ruled in the seminal case of K.N.L.H. v. Peru that denying someone a therapeutic abortion violates their right to be free from cruel treatment [55]. Discrimination in health care settings can also be encouraged and sustained by national laws, regulations, and practices, which may prevent or deter people from obtaining the wide range of health care services they may require.

HEALTHCARE WORKFORCE CHALLENGES AND THEIR IMPACTS:

According to WHO, there should be at least 49 doctors, nurses, and midwives per 100,000 individuals [56]. Only when healthcare professionals are well compensated for their time and aren't overworked can UHC be adopted; otherwise, patients will turn to private hospitals, further privatizing healthcare services. There are 55 countries on the WHO's 2023 health workforce support and safeguards list. Regarding universal health care, these nations have the most urgent health workforce issues. Specifically, these nations have: 1) a universal health coverage service coverage index below a specific threshold; and 2) a doctor, nurse, and midwife density below the global median (i.e., 49 per 10,000 people) [57]. The Canadian Institute for Health Information (CIHI) reports that during one year, employees in Canada worked an average of 8.2 hours of paid overtime and 5.8 hours of unpaid overtime per week, which is equal to almost 9000 full-time jobs [58]. Error rates increased when nurses in the US worked 29.1% of shifts with less than six hours of sleep [59]. According to a research in Psycho-Oncology, 35% of oncology nurses felt that their personal performance was lacking, and 30% of them reported emotional tiredness [59]. Depressive disorders and other mental health illnesses, as well as the possibility of leaving their professions, are risks for nurses [59]. Errors brought on by fatigue may cause discomfort, infection, or even death for the patient. Urinary tract and surgical site infections were more common in patients of nurses who were suffering from nursing burnout, according to one study

[59]. These research results and studies not only show but prove that putting pressure on healthcare workers and denying them the right to their rightfully earned money and rest doesn't only impact the workers physically and mentally, but also negatively affects their patients, critical thinking, and judgment skills, therefore affecting the overall healthcare system.

DISCRIMINATION IN THE HEALTHCARE SECTOR

When individuals and groups are treated unfairly or negatively because of traits like sexual orientation, race, gender, age, or color, this is known as discrimination [60]. In many hospital settings, gender discrimination is extremely prevalent. 90% of people exhibit a gender bias against women, according to a 2020 United Nations research [61]. Prejudice that gives preference to one gender over another is called gender bias [61]. Gender prejudice is reinforced by inequity in medical research, and actions that raise the risk of patient death can result from gender bias [61]. Whereas sex refers to bodily traits like genitalia, gender is based on an individual's self-identification [61]. Both gender and sex biases are possible, and these biases frequently intersect [61]. Because men don't have menstrual periods and can't get pregnant, many scientists previously thought that men would make the perfect test subjects [61]. One factor contributing to the greater rates of heart attack deaths among women is the belief that heart attacks primarily affect men, as well as a lack of knowledge about how they impact women, due to the test subjects for heart attack related studies being men [61]. Information about heart attacks in women, particularly how their symptoms differ from men's, has only lately come to light [61]. This is a result of gender bias against women. Knowledge gaps have resulted from medical research's lack of inclusion. This indicates that physicians are more knowledgeable about male health than female, intersex, and trans health [61]. For instance, according to one survey, half of participants had to instruct their physicians on how to care for transgender individuals [61]. Gender stereotypes influence how physicians treat patients and interact with them. According to a 2018 study, for instance, physicians frequently perceive males with chronic pain as "brave" or "stoic," while they perceive women with chronic discomfort as "emotional" or "hysterical." [61]. Furthermore, the study discovered that physicians were more inclined to treat women's pain as a result of a mental health issue as opposed to a physical one [61]. Similar results were found in a 2018 poll of doctors and dentists: Despite the fact that women made up 40% of the participants, many of these medical experts thought that women overstated their suffering [61]. Employees who participated in the survey, representing various racial and ethnic backgrounds, ages, genders, and care settings, had firsthand experiences with patient prejudice and viewed it as a severe issue [62]. Compared to their older or white peers, younger health care workers and health care workers of color were more likely to admit to seeing this discrimination [62]. Just a little below half of all healthcare professionals surveyed, about 47%, said they are stressed out by this discrimination [62]. This explains that discrimination against patients does not only affect them, but has a negative impact on the mental health of the healthcare workers as well.

Racial and ethnic discrimination has become quite common in the healthcare sector. According to a study,

Black Americans are often undertreated for pain when compared to White Americans, and such actions stem from the false beliefs healthcare workers have about the biological characteristics of Black Americans, and how those characteristics differ from White Americans. The study further revealed that over 50% of the people sampled not only accepted and believed these beliefs, but also endorsed them. According to research, Black patients are less likely than white patients to obtain pain medicine, and if they do, they receive smaller dosages of it. [63]

Racial discrimination is also quite prevalent in research and clinical trials, leading to results that apply to only a specific racial group, rather than most of the population. For instance, 75% of research participants in the United States are white, despite the fact that white people make up 60% of the population; 8% are African-American/Black, despite the fact that African-American/Black people make up 13% of the population; and 11% are Latino/Hispanic, despite the fact that Latino/Hispanic people make up 18% of the population. People's chance of developing various disorders can be influenced by demographic characteristics such as race, socioeconomic level, and handicap. It may also affect how they react to medical treatments and how their general health turns out. Clinical research findings and judgements on whether to begin or discontinue clinical treatments are more likely to apply to a broad patient population if the participants are more diverse. Restricting clinical research diversity may result in conclusions and outcomes that are not universally applicable, which may cause patient deaths or poor health. [64]

Racism and discrimination in the health sector is not only faced by patients, but also by the workforce. In a survey done in the UK, it was found that more than 75% of those surveyed said they had at least one encounter with racism at work in the previous two years. Of these, 17% frequently encountered such situations. Racist experiences included social exclusion, bullying by patients and coworkers, prejudiced remarks, being denied opportunities, increased scrutiny of one's job, and persistent name mispronunciation. Compared to doctors trained in the UK, foreign-trained physicians encounter racism more frequently. Racist experiences are notably underreported. 71% of those surveyed who had firsthand experience with racism decided not to tell anyone about it. Respondents most frequently cited lack of faith that the issue would be handled (56%) and concern about coming out as a problem (33%), as the main reasons for not reporting experienced situations. The most frequently reported result among those who did report was that nothing was done (41%). Nearly 25% of those surveyed stated that they had thought about quitting their employment due to racial discrimination, and 9% indicated they had done so. [65]

Logistical challenges also reduce people's access to healthcare, and although present all over the world, such challenges are usually prevalent in developing, or under-developed. Examples lie ahead. From 2010 to 2021, Colombian patients faced a scarcity of 219 medications. Between 50 and 80 percent of medical equipment is thought to be malfunctioning in underdeveloped nations. Thirty percent of the pharmaceuticals provided to the former Republic of Macedonia arrived either expired or on the verge of expiration in a single year.

Shortages of masks, gloves, and gowns were a worldwide occurrence at the start of the pandemic, brought on by panic buying, stockpiling, growing demand, and unprepared health systems. It significantly increased the risk of illness for frontline healthcare personnel. Drug shortages affected 11% of patients in Côte d'Ivoire undergoing combination antiretroviral treatment for HIV, which led to treatment discontinuation and doubled the risk of care interruption or death. As demonstrated in Uganda and Nigeria, medicine stock shortages can cause service disruptions, which raises the risk of antibiotic resistance and treatment susceptibility and exacerbates health disparities. According to a hospital trauma nurse, one patient nearly bled to death because of lack of a tourniquet that worked effectively, at a large district hospital in the province of Mpumalanga, South Africa. [66]

ISSUES SURROUNDING MENTAL HEALTH:

Mental health is a crucial aspect of health and wellbeing that supports both our individual and group capacities for decision-making, interpersonal interaction, and societal influence [67]. Mental health is not only essential to individual, social, and economic growth, but is also a fundamental human right [67]. Some biological and psychological traits, including emotional intelligence, substance addiction, and heredity, can make a person more vulnerable to mental health problems [67]. Poverty, violence, inequality, and other negative social, economic, geopolitical, and environmental factors might increase a person's risk of developing mental disorders or mental health problems [67]. Although risks can appear at any point in life, they are especially harmful when they arise during developmental stages, particularly in one's early childhood [67]. For instance, bullying is a major risk factor for mental health disorders, and strict parenting and physical punishment are known to harm children's health [67]. Depression and anxiety were the most prevalent mental illnesses in 2019, affecting 970 million individuals worldwide [68]. Having a mental illness raises the risk of suicide and human rights abuses tremendously and usually people with serious mental illnesses die 10 to 20 years faster than the average population [68]. Mental health issues become even more serious when involved with other factors of discrimination such as gender, race, ethnicity, etc, and the following statistics stand as proof of this. In the United Kingdom, African-Caribbean men and women are more likely to be diagnosed with schizophrenia and have greater rates of post-traumatic stress disorder and suicide risk [69]. By the age of 11, children from the 20% of households with the lowest incomes are 4 times more likely than those from the 20% with the highest incomes to experience severe mental health issues [69]. Mental health issues are 3 times more common among children and adolescents with learning disabilities than in the general population [69]. Mental health issues are twice as common among deaf persons [69]. Of those who suffer from mental health issues, only 1 in 3 can get the help they require [69]. In England, mental disease makes up 21.3% of the overall morbidity burden, together with substance abuse [70]. Nearly 551,000 people in England are estimated to have more severe mental illness (SMI), such as bipolar disorder or schizophrenia, according to recent data; however, this number is probably underestimated because it only includes those who have been diagnosed and listed on general physician records [70]. The economic and social costs of poor mental health are

estimated to be £105 billion annually in England. These costs include the direct costs of providing health and care, the indirect costs of lost employment, and the human costs of a lower quality of life [70]. There are notable differences in service accessibility amongst groups, highlighting either over- or under-representation based on the level of need [71]. An analysis of ethnic disparities in the NHS Talking Therapies programme found that access to services was lower for people of mixed origin from "white and Black Caribbean," "any other mixed background," and "other ethnic groups" [71]. Such statistics prove the need for better access of mental health services to all people regardless of their class or ethnic background, gender, age, etc.

As a basic human right, mental health is a crucial aspect of health and wellbeing that supports both our individual and group capacities for decision-making, interpersonal interaction, and societal influence [67]. However, mental health is often overlooked due to social stigmas or lack of access to appropriate resources. While psychological disorders take a toll on the individual, a rise in people suffering from such disorders like depression place a burden on the economy. It is estimated that between 2011 and 2030, the loss of output due to mental health will account for over 16 trillion dollars [71]. In England alone, the economic and social costs of poor mental health are estimated to be £105 billion [69]. Moreover, on an individual level, people experiencing major depression and schizophrenia have a 60% greater chance of premature death than the general population accompanied with a higher rate of poverty, homelessness and incarceration. Certain groups experience higher rates of mental illness than others, termed as "Vulnerable groups," typically consisting of minority groups, indigenous populations, older people [71]. For example, the African-Caribbeans in the United Kindom are more likely to be diagnosed with schizophrenia and have greater rates of post-traumatic stress disorder and suicide risk [68]. In England, mental disease makes up 21.3% of the overall morbidity burden, together with substance abuse [69]. Suicide is the second most common cause of death among young people. Mental disorders can arise due to various determinants, starting as early as adolescence for instance children exposed to neglect, suffering from chronic health conditions, exposure to substance abuse and more [71]. SDG 3.4 aims to reduce death by noncommunicable diseases (which include psychological disorders) by a third [70] and WHO's Structure of the Comprehensive Mental Health Action Plan 2013–2030 sets out a plan to promote mental well being with the main objectives including strengthening of information systems, effective leadership and governance of mental health, provision of mental health and social care services in community-based settings and implementation of strategies to prevent mental disorders [71].

OBSTACLES FACED DURING IMPLEMENTATION OF LAWS AND POLICIES:

In many countries, healthcare laws are getting harder and harder to implement. Reasons such as low income per capita, or decreasing fertility rates and an aging population are all factors that lead to a difficulty in making laws that are able to outline [72]. Population aging, combined with a changing epidemiological pattern, will pose two other challenges: pressures for a change in the healthcare delivery system and the

likelihood of a more rapid rise in health care costs [72]. In a survey done in healthcare centers in Thailand, more than 90% of both groups thought that there had been problems in the items such as 'quality improvement (QI) activities' and 'integration and utilization of information' [73]. The items considered by health care professionals as major obstacles included 'adequacy of staff' (34.6%) and 'integration and utilization of information' (26.6%), for example [73]. For surveyors, 'integration and utilization of information' was ranked highest as presenting a major obstacle (43.9%), followed by 'discharge and referral process' (31.7%) and 'medical recording process' (29.3%) [73]. According to the Institute of Reproductive Rights, 40% of women live in areas where abortion is and reproductive rights are legally restricted. The United States, El Salvador, Nicaragua and Poland are a few of the countries where abortion and reproductive rights are heavily regressed, even in cases where abortion is required in order to save the life of a patient with a problematic pregnancy [55] [73]. Either the case is turned down by healthcare workers, or if carried out both the patient and their doctor can be prosecuted. In cases such as this, women are less likely to seek out abortions or use alternative methods for abortion, which can lead to an array of psychological and physical trauma that could be avoided [74]. The reality of the situation is that in many countries, womens healthcare and especially sexual health is seen as a taboo subject, leading to many obstacles arising due to the stigma around abortions, or cases of sexual assault [74]. In the case of developed countries, such as the United States of America, the President's Advisory Commission on Consumer Protection and Quality in the healthcare Industry (1998: 21) noted that "today, in America, there is no guarantee that any individual will receive high-quality care for any particular health problem." [75]. Additionally it is stated in a by the National Library of Medicine of the USA that, 98,000 people per year, die from medical errors, which could be solved by the implementation of better healthcare laws [75]. This report was made in 2005 and in recent years it has only gotten worse. In a recent report from John Hopkins university, it has been estimated that the number of deaths per annum by medical errors is 250,000 [76].

One factor contributing to the challenges encountered when putting laws and policies into effect is legal pluralism. The concept of legal pluralism describes the existence of many laws or legal systems within a single geographic area that is delineated by the traditional borders of a nation state [77]. The way the international community develops national and international gender equality and health solutions needs to change. The development of solutions to reduce gender inequality and advance health should take socio-cultural concerns into account as well. When designing public health interventions, those in the North or West frequently fail to take into account the different worldviews of many people in the global South or East, which results in approaches that are poorly understood and unpopular and have no effect on development or health. For many people in the South and East, community values or their extended family or tribe are their primary allegiances. This has caused a split in many nations between their constitutionally based legal systems, which enforce human rights principles, and their parallel informal, customary, or religious legal systems, which support patriarchal norms, beliefs, and institutions.

PAST ACTION AND RESOLUTIONS:

UN Action/Resolutions

Alma-Ata Declaration (1978):

The Alma-Ata Declaration expressed the need for urgent action by governments and health and development workers to promote the health of all the people of the world. It intended to outline the exact parameters of universal healthcare, and actions that the world community can take to reach it. Primary health care is what the Alma-Ata Declaration intends to provide to all affected and unaffected populations of the world. It is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. [78]

Every Woman, Every Child:

With the aim of ensuring that adolescence, children and women not only survive but thrive, every woman, every child was launched in 2010 under the leadership of the United Nations Secretary General. A global strategy focusing on ending preventable deaths and ensuring health and well-being, 62 countries and 150 stakeholders have pledged nearly 30 billion US dollars to reduce maternal, newborn and under-five mortality and to end malnutrition and ensuring access to sexual and reproductive health-care services. [79]

UN General Assembly Resolution 67/81 (2012) - Global Health and Foreign Policy:

The UN General Assembly Resolution of 2012 had decided to emphasize, the right of every human being to the enjoyment of the highest attainable standard of physical and mental health, without distinction as to race, religion, political belief, economic or social condition, and the right of everyone to a standard of living adequate for the health and well-being of oneself and one's family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond one's control. It recognizes the responsibility of Governments to urgently and significantly scale up efforts to accelerate the transition towards universal access to affordable and quality health-care services. It also recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services, with extensive geographical coverage, including in remote and rural areas. [80]

Political Declaration of the High-Level Meeting on UHC (2019):

It aims to provide universal health coverage to the world community. It has outlined specific goals such as reaffirming the right of humans to primary healthcare benefits despite race, gender, religion etc. It recognizes that health is an investment in the human capital and social and economic development, towards the full realization of the human potential and significantly contributes to the promotion and protection of human rights and dignity as well as the empowerment of all people. [81]

United Nations Relief Works Agency for Palestine Refugees (UNRWA):

Established in 1948 following the first Arab-Israeli War, UNRWA provides health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance, including in times of armed conflict. Over 7 million patients in 140 locations are assisted by 1800 female staff and 3000 health staff with the help of UNRWA. [82]

NGO Efforts:

Doctors Without Borders/Médecins Sans Frontières (MSF): [87]

MSF is a financially independent NGO operating in 70 countries with a team of 69,000 doctors, nurses and logisticians to provide the highest possible quality medical assistance to people in crisis/conflict zones regardless of their identity and beliefs. In Gaza, the MSF is distributing sanitized water, hygiene kits, medical equipment and building latrines. In Sudan, the MSF is working in 11 out of 18 states supporting 21 hospitals and 12 clinics as well as providing emergency surgeries, malnutrition screening and maternal and pediatric health care. [83]

International Committee of The Red Cross (ICRC):

The ICRC provides basic necessities like shelter, food, water and medical assistance to those affected by armed conflict. Additionally, the ICRC raises awareness about the effects of armed conflict and advocates for the victims of armed conflict and helps resolve missing person cases. In Afghanistan, the ICRC has provided primary health care to over 400,000 patients, resolved 113 missing person cases and provided physical therapy. In Ukraine, the ICRC provided housing to over 10,000 families, provided over 150,000 marking materials to first responders and distributed food parcels in hospitals. [84]

Association of Medical Doctors of Asia (AMDA): [87]

Providing medical aid to individuals affected by natural and human-made disasters in over 50 states, in collaboration with UNHCR, WHO, UNOCHA and more, AMDA is an international organization based in Japan with consultative status with ECOSOC. After the disastrous earthquake in Haiti in June 2023, AMDA's Haiti relief team provided medical assistance to those affected as well as distributing food which included snacks for children. [85]

Save The Children U.K. (SCF): [87]

Established in 1919, U.K. based SCF is a Non-Governmental Organization with Save the children organizations being established in 29 other countries, SCF focuses on providing children in areas affected by crisis and poverty with education and healthcare. In Sudan, SCF has reached 1.5 million children by implementing programs that provide vaccination, healthcare, food, water and education. In Guatemala, a nation plagued with malnutrition; a nation where 46% of children under 5 suffer from malnutrition, SCF is working on educating families on healthy diets and treating as well as preventing malnutrition. [86]

QUESTIONS A RESOLUTION MUST ANSWER:

- What measures may be taken to provide underprivileged communities worldwide proper access to healthcare?
- How can inequalities brought about by racial, gender, and geographical issues be addressed and resolved by the global community?
- What steps should be taken to ensure patient and healthcare worker safety while bolstering healthcare services in areas affected by conflict?
- How can countries work together to lower the cost of healthcare services without sacrificing accessibility and quality?
- What actions can be implemented to guarantee access to quality mental health treatments while raising awareness of mental health issues and lowering stigma?
- How can social and cultural obstacles to healthcare be successfully removed?
- What regulations can be put in place to guarantee each individual is treated equally and to fight prejudice in healthcare systems?
- How can we attain universal health coverage while preserving universal human rights and preserving cultural diversity?
- When it comes to healthcare regulations that address harmful practices, how much should universalism prevail over cultural relativism, if it should at all?
- In the context of equality and access to healthcare, how can the idea of cultural relativism be balanced with the obligation to protect universal human rights?
- How can competing legal systems be reconciled to put healthcare access first, and what part does legal pluralism play in promoting or impeding healthcare equity?
- How can global organizations collaborate with communities and local governments to overcome the obstacles that legal pluralism presents when putting healthcare policies into practice?
- What structures can be put in place to guarantee that healthcare regulations are both internationally applicable and culturally appropriate?

- How can power abuse and institutionalized discrimination against underrepresented groups be prevented in healthcare systems?
- What steps can be taken to guarantee that healthcare professionals have the tools and resources they need to meet the various demands of the communities they serve?

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