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**PROVIDING AFFORDABLE AND ACCESSIBLE HEALTH CARE SERVICES FOR
MINORITIES IN LDCs AND LEDCs**

WORLD HEALTH ORGANISATION

Forum: World Health Organization (WHO)
Issue: Providing affordable and accessible health care services for minorities in LDCs and LEDCs
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INTRODUCTION

Health care services can look very different and depend on the country's infrastructure and its inhabitants. In many developing countries one can see that health care services are being established in cities and even tend to spread to more rural areas. While we appreciate this development, we want to raise the question of providing affordable and accessible health care services for minorities in LDCs and LEDCs. It is mostly acknowledged that minorities are treated differently when receiving health care services. Several studies show that implicit bias is common within the healthcare system in MEDCs. In LDCs and LEDCs that are still developing their infrastructure, implicit bias and socioeconomic status have to be considered in order to provide the same care for minorities. Often minorities are more affected by socioeconomic factors because of their status in society, education, and profession. Their socioeconomic status affects the affordability of health care services.

DEFINITION OF KEY TERMS

Least Developed Countries (LDC)

Least developed countries (LDCs) are low-income countries confronting severe structural impediments to sustainable development. They are highly vulnerable to economic and environmental shocks and have low levels of human assets.

Less Economically Developed Countries (LEDC)

LEDCs can be identified by three main factors. The people have low incomes and secondly poor nutrition, health care, and education. Thirdly, the economy of LEDCs is usually unstable. This means that the nation's agriculture, trade, and industries are not very secure and may go downhill very easily. According to the UN, more than 80 percent of the world's population live in LEDCs. In 2013 the total number of people living in LEDCs was 5.9 billion. Of those, about 900 million lived in LDCs.

More Economically Developed Countries (MEDC)

There are different ways to identify an MEDC. The term usually applies to places that have strong economies where most of the population enjoys a good standard of living. This means that they receive good education, health care, and employment opportunities. Most MEDCs have secondary industries, such as manufacturing goods, and service industries, such as banking and insurance. Primary industries of mining, farming, and fishing are not usually as important to the economy.

Implicit Bias

Thoughts and feelings are “implicit” if we are unaware of them or mistaken about their nature. We have a bias when, rather than being neutral, we have a preference for (or aversion to) a person or group of people. Thus, we use the term “implicit bias” to describe when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.

Socioeconomic Factors

Socioeconomic factors are lifestyle components and measurements of both financial viability and social standing. They directly influence social privilege and levels of financial independence. Factors such as health status, income, environment, and education are studied by sociologists in terms of how they each affect human behaviors and circumstances.

Socioeconomic Status (SES)

Socioeconomic status encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class. Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society.

Economic Sectors

One classical breakdown of economic activity distinguishes three sectors:

- Primary: involves the retrieval and production of raw materials, such as corn, coal, wood or iron. Miners, farmers and fishermen are all workers in the primary sector.

- Secondary: involves the transformation of raw or intermediate materials into goods, as in steel into cars, or textiles into clothing. Builders and dressmakers work in the secondary sector.
- Tertiary: involves the supplying of services to consumers and businesses, such as babysitting, cinemas or banking. Shopkeepers and accountants work in the tertiary sector.

United Nations Sustainable Development Goals (SDG)

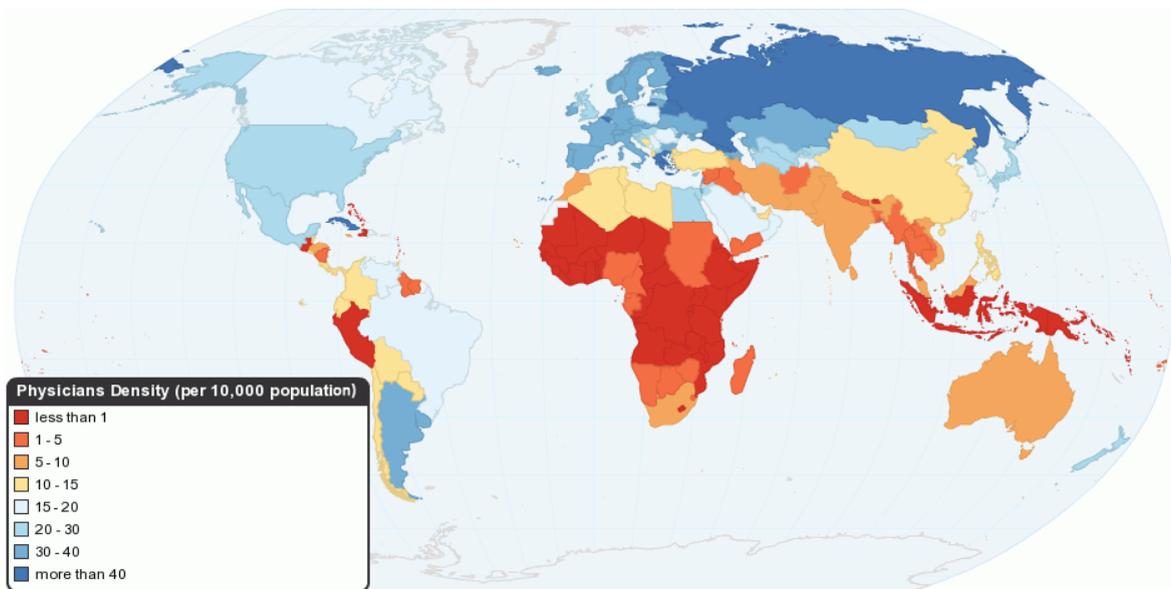
The Sustainable Development Goals are the blueprint to achieve a better and more sustainable future for all. They address the global challenges we face, including poverty, inequality, climate change, environmental degradation, peace and justice.

Universal health coverage (UHC)

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.

GENERAL OVERVIEW

Health care services vary in different ways, depending on the country's infrastructure, the level of technology, and also the quality of the service. The World Health Organization published a graph on the global concentrations of health care resources, as depicted by the number of physicians per 10,000 individuals, by country. It was published in the WHO report, World Health Statistics 2010.

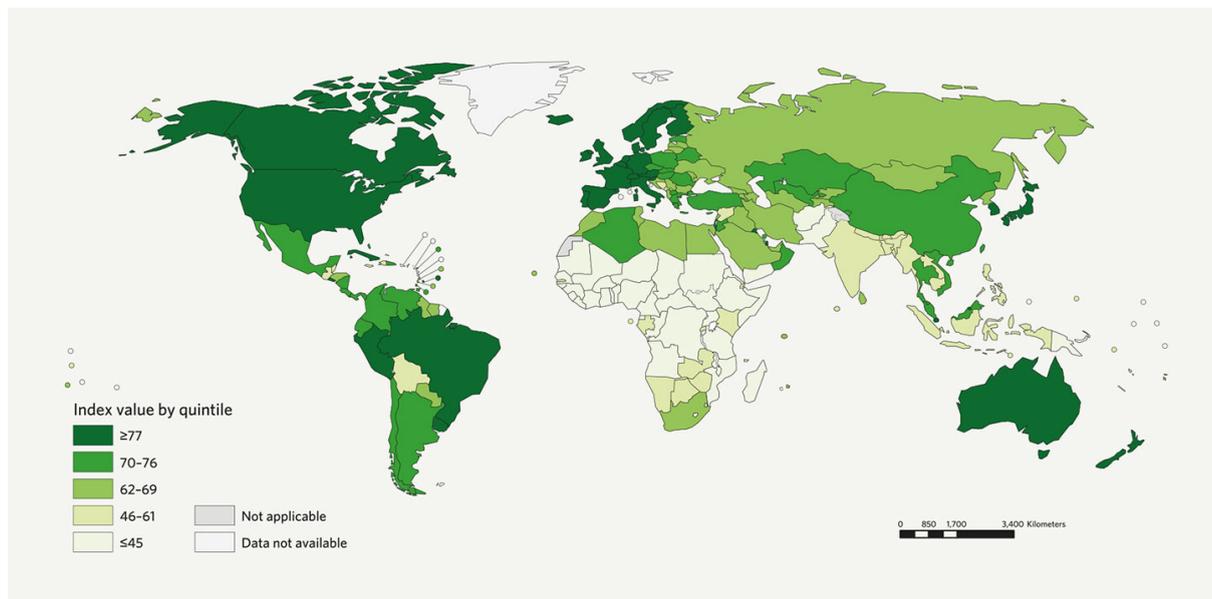


The countries with a smaller Physician density are primarily LDCs and LEDCs. In countries with mostly primary sectors of economy, citizens do not live in cities but in rural areas. This makes it challenging for governments to establish an infrastructure with health care services that are accessible to everyone. Especially minorities who can have barriers such as linguistic and cultural differences struggle to receive health care services.

The disparities in access to health care services for minorities in MEDCs are shown in a substantial research base. An US report on disparities within the healthcare system showed that if minorities even have access to health care services, they experience inferior quality care, and therefore poorer access. Another study from the UK shows that satisfaction surveys for the NHS differentiate for ethnic minorities and the surveys did not even include disparities in health and quality of care.

Overall, minorities have worse access to health care services in MEDCs. The challenge for LDCs and LEDCs is not only to improve the accessibility and affordability for minorities but primarily to establish a health care infrastructure. Although this can be challenging, we as the World Health Organization want to come up with resolutions to support LDCs and LEDCs and to pursue equitable access for minorities.

The affordability of healthcare services to minorities is the second main goal for your resolutions. The socioeconomic status (SES) and minorities are deeply intertwined. One's race or ethnicity often affect one's SES heavily. Because of the SES and its impact on one's education, financial security, and quality of life, it affects human functioning and the physical as well as mental health. That is why there is a correlation between low SES and lower educational achievements, poverty, and poor health. Good Health and Well Being is one of the United Nations Sustainable Development Goals (SDG) which is why the WHO makes an effort to spread Universal health coverage (UHC). While one can see that there has been progress during the last centuries, almost half of the world's population still does not benefit from a complete coverage of essential health services. The following graph was published in the World Health Statistics Report of 2017. It shows the Variation of UHC service coverage Index.



MAJOR PARTIES INVOLVED

World Health Organization

WHO, founded in 1948, is the United Governments organization that links nations, organizations, and people to promote health, keep the world safe, and assist the underprivileged, so that everyone, everywhere can obtain the best possible health.

United Nations Forum on Minority Issues

The Forum on Minority Issues is to provide a platform for promoting dialogue and cooperation on issues pertaining to minorities.

United Nations Country Team

In terms of strategy, priority is placed on the UN Country Teams in order to strengthen the work on anti-discrimination and protection of minorities at the country and regional levels. Under the Action Plan, capacity-building at UN Country Team level is to be achieved inter alia through knowledge exchange on practice, including training on anti-discrimination and minority rights in order to help develop, include and/or support minority-related issues in efforts such as implementation, programmes to combat racial discrimination and protection of minorities.

QUESTIONS TO CONSIDER

How can health care services be more accessible in rural areas?

How can employees deal with their biases in workplaces that provide health care services?

How can governments help minorities to overcome challenges such as linguistic and cultural differences?

Can LDCs and LEDCs adapt to the standards of health care services in our globalized world and provide affordable access to these health care services for minorities? And how?

How can medical practitioners be prepared for the growth of various ethnic communities and linguistic groups, each with its own cultural traits and health profiles?

Can the collection of ethnic minority data help the progress of equitable access?

FOR FURTHER READING

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01223-2>

<https://www.nejm.org/doi/full/10.1056/nejmra1110897>

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