Forum: Economic and Social Council (ECOSOC)

Issue: Ensuring transparency and equality in healthcare systems

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INTRODUCTION

Health is considered to be the most important aspect of one's life. In the health sector, there are two major types of institutions; those that focus on physical health and those which focus on mental health. Healthcare systems around the world handle multiple thousands of patients daily, making them one of the most essential public services in any given nation. But, that does not mean that they are perfect. From unfair pricing policies to corruption and inequality, this essential service has many flaws that must be resolved immediately.

The first issue that needs to be examined is the lack of equality and equity in healthcare systems. Both terms aim to offer equal care to everyone, although equity describes the end of institutional bias against certain groups, which leads to equality. The most prominent types of inequality in healthcare are based on the patient's financial situation, ethnic background, race, or gender.

An example of how certain groups are benefitted, due to their social status, is the priority given to Greek clergy during the COVID Pandemic - who required treatment in Intensive Care Units (ICU).

Although certain clergymen opposed the protective measures imposed by the government, they were given express treatment due to their status, leaving other people to die.

Another aspect that needs to be taken under consideration is monetary transparency and the possibility of corruption in healthcare systems. Some of the leading factors in corruption in this sector are related to the misuse of funds or grants given to a nation's healthcare system or the inflation of running costs, which allow hospital owners or the government to pocket the remaining money. Governments also face the problem of a medical "black market" arising in their borders, which opens up more possibilities for corruption or illegal practices.

To summarize, healthcare systems should strive to give equal care to all patients and use their income to improve their infrastructure, train their staff and provide top-level treatment. If these systems remain unchecked, we are in danger of not being able to rely on medical institutions for our health.

DEFINITION OF KEY-TERMS

Transparency

The attribute of being done openly and without secrecy. The lack of corruption from an institution.

Equality

A situation in which men and women, persons of different races and religions, and so on, are treated equally and given equal opportunities in different sectors of society.

Equity

Equity is a system of thought, where the differences between people are acknowledged, and believes that all disparities must be mitigated.

Healthcare System

A nation's hospitals, both public and private, along with any other institutions that offer treatment for illnesses, including pharmacies, clinics, government ministries, and independent doctors.

Health Disparity

A practice in healthcare systems, where the virtues of equality, equity, and transparency are not followed.

Corruption

Powerful individuals' dishonest or deceptive behaviour, frequently involves bribes. Usually committed to gaining more power or better treatment.

Nepotism

The act of hiring, promoting, and/or benefiting a person in a certain position for being related -often by blood- to a more senior official.

Bismark/Beveridge models

The Bismark and Beveridge models describe how a healthcare system works. The Bismarck model outlines the basis for a centralized system -where the patient pays a fee, while the Beveridge model presents the role of the state in healthcare and how taxes can pay for running costs.

BACKGROUND INFORMATION

Inequality in Healthcare

One of the major societal issues that are preventing healthcare systems from becoming equal and transparent is the mistreatment of certain patients, based on their physical or social characteristics. Although discrimination, in general, is disadvantageous to society, when discussing this issue on the topic of healthcare it becomes fatal, as patients who are being discriminated against could pass away due to mistreatment.

Discrimination based on ethnic background/gender

Racism is a system that decides on opportunities and values of people based on their physical characteristics, like the colour of their skin, or other attributes, like religion, gender, and/or sexual orientation.[1] This system consists of institutions, rules, behaviours, and conventions, which lead to situations where some people have unfair advantages and others are unfairly disadvantaged.

In healthcare, there are certain examples explaining this phenomenon. For example, melanoma - a cancer that targets white people at a higher percentage - is more lethal, when contracted by a person of color. This difference between contraction and lethality exists because doctors diagnose this cancer at later stages in people of colour. It is important to note that, although systematic racism has been mostly documented in the US, other nations also face this problem.

Responding to racism in healthcare can force Black patients to choose between basic respect and continued care

Which of the following have you done because of racism you've experienced while dealing with the healthcare system?

Saw another healthcare professional	36 %
Delayed making a health decision	28 %
Didn't make a follow up appointment	28 %
Stopped getting treatment	24 %
Called out the offender	22 %
Continued as if nothing happened	22 %
Did nothing	8 %
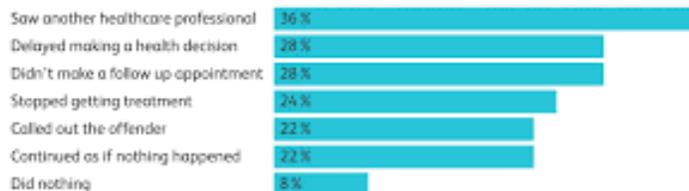
Among Black respondents who reported experiencing racism in a healthcare setting. N=332

verywell
Source: Verywell Black Health Experience Study (January 2022)

The gender of a patient can also play a role in the lack of equality in healthcare. A 2021 study by the *Journal of Pain*[2] has found that doctors often attribute physical pain in women to psychological reasons, rather than actual pain and discomfort. The above means that a female patient is more likely to be sent home without treatment for a health problem she may have developed. The lack of gender-affirming care also contributes to health inequality, concerning anti-LGBTQI+ laws passed in recent years.

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[1] "Racism in health care can impact treatment decisions, study finds." *WTTW News*, 20 Feb. 2022, www.news.wttw.com/2022/02/20/racism-health-care-can-impact-treatment-decisions-study-finds.

[2] Zhang, Lanlan, et al. "Gender Biases in Estimation of Others' Pain." *Journal of Pain by the USASP*, 5 Mar. 2021, www.jpain.org/article/S1526-5900(21)00035-3/fulltext.

This type of discrimination is not current. In the 1980s and 1990s, patients with HIV-AIDS were often discriminated against, as most patients having this disease were members of the LGBTQ+ community. Therefore, a healthcare crisis, the so-called HIV Crisis, resulted. Homosexual people were blamed for its spread, as it is a sexually transmitted disease (STD) that could be connected to this group, due to misinformation at that time. As this is a chronic issue, the solutions found should ensure that such an issue will not arise in the future.

Discrimination based on wealth/social status

Avoidable, unjust, and systematic disparities in health between various groups of individuals are known as health inequalities. Social, cultural, political, economic, and environmental aspects are just a few of the many things that impact one's health and well-being.

Even while overall death rates have been falling, a significant body of research has shown that socioeconomic disparities in mortality have been expanding over the past few decades. U.S. research shows that economic and educational disparities have expanded over time when comparing statistics from the 1960s to those from the late 1970s and the 1980s. Similar expanding socioeconomic disparities in mortality have been seen in Finland, Norway, Sweden, the Netherlands, England, Wales, and France.

Bearing the above in mind, a connection between the socioeconomic status of a patient and the treatment they receive can be easily made. This phenomenon of social inequality has led people to seek treatment from alternative institutions, often paying outrageous sums of money to get basic treatment.

Health risks (i.e. higher mortality rates) can be observed in areas with many instances of health inequality. The nations with the narrowest wealth disparities and the lowest percentages of people living in relative poverty have the greatest life expectancies. Though, this does not mean that this is an issue only concerning LEDCs.

One of the main reasons for the low quality of life is long-term conditions. Due to the significance of having high-quality employment for both physical and mental health, long-term issues can indirectly impact health in addition to their direct effects on health status.

Long-term health issues are more common among individuals in lower socioeconomic categories, and these issues are typically more severe than those that affect those in higher socioeconomic groups. Having numerous long-term ailments concurrently is also more likely due to social hardship, and on average, those in the poorest areas of a country experience multiple long-term conditions 10 years earlier than those in the least deprived areas.

When a patient is treated can also be affected by socioeconomic factors. In the Balkan Region of Eastern/South-eastern Europe, for example, patients are often placed on a waitlist,

which can postpone their treatment for a long time. Those who can pay are often moved up or excluded from such lists.

Corruption and Transparency in Healthcare

A complex web of relationships between patients, providers, payers, suppliers, and policymakers makes up the dynamic health industry. It is particularly susceptible to corruption because of its inherent complexity. In healthcare systems worldwide, corruption, which is typically characterized as the "abuse of entrusted power for private gain," is an issue. It is crucial to remember that "corruption" includes not just behaviours that are prohibited in the majority of nations, but also those that are arguably immoral and, when widespread, undermine and breed trust in the healthcare systems.

Corruption can take many different forms in the health industry and can be found at all organizational levels, from governmental institutions to those responsible for providing immediate treatment. The reasons for corruption in the health industry also vary by nation. Corruption affects both the private and public sectors and the pharmaceutical industry.

Corruption and Transparency in the public sector/Misappropriation of Funds
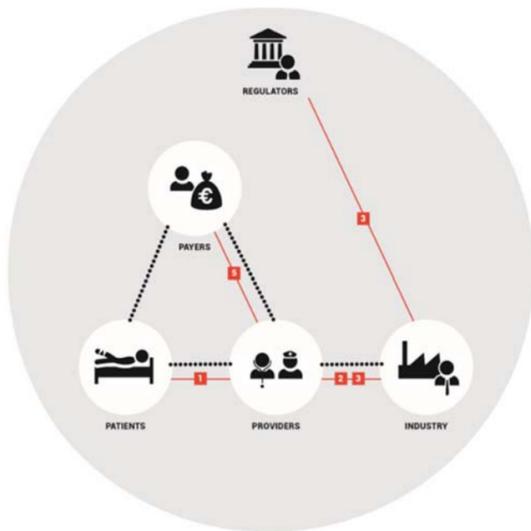
In the public sector, corruption is often seen in the form of monetary misappropriation. There are many aspects to this issue, including bribery, underfunding of national healthcare systems, among others. The issue of nepotism is also prevalent, especially in nations where this sort of system is not actively discouraged.

As social groups argue for higher spending, there are rolling local crises regarding underfunding in healthcare worldwide. Life only has two certainties: death and scarcity. A long, high-quality life without pain, disability, or suffering from the moment of conception until death is the exception, not the rule. Most people suffer from morbidity throughout their lives and get costly, usually ineffective therapies.

Who is treated and who is left to die is determined by principles and behaviours, most of which are simply implicit. Therefore, the question of policy is not whether to ration access to health and social care, but

Figure 2: chart showing the various methods (and people) that can corrupt a national (public) healthcare system.

rather how to do so. However, society and its political leaders are hesitant to face this truth.[3]

Bribery is one of the most common forms of corruption, especially in the healthcare sector. As seen in the study by the European Union's Updated Study on "Corruption in the Healthcare Sector" (2017) [see: F2], the money goes from the patient to the healthcare providers, there can also be other -often illegal- payments, to ensure better service. Furthermore, there are cases where a government state inflated running costs for its health system, to receive heightened grants and use the difference for personal gain.

Residents of certain countries believe that there is widespread corruption in their nation's healthcare system. The abuse of power and the mistreatment of employees is also prevalent in corrupt healthcare environments.

In a corrupt public healthcare system, the act of nepotism is also relatively common. For example, nations in South-Eastern Europe tend to hire people with connections to the national government, often in management positions. By hiring people "loyal" to a government, they ensure that the healthcare system serves their interests and follows all guidelines, orders, and restrictions imposed on the system.

Once a health system and the impacts of corruption on the system have been correctly mapped, an intervention can be developed.

Transparency and Corruption in the private sector

Similar disparities also exist in the private healthcare sector. Private hospitals and medical institutions in many countries are more prone to corruption, as there is often little to no regulation by national governments as to how they work, due to the already existing disintegration in these nations.

When public sector employees decide to engage in personal activities while at work, this is viewed as frequent, unapproved absenteeism. When healthcare professionals pursue dual-practice, or simultaneously provide clinical care in the public and private sectors, poor and/or irregular pay promotes absenteeism. Dual practice is forbidden or well-regulated in many MEDCs, where the government is better, the private sector is organized, and the health systems are well-developed, making it less likely to cause absenteeism.

In the health industry, there is also a lot of asymmetric information. Not each party (patients, staff, the government) has equal access to information. This makes it challenging to oversee the deeds of many parties completely, hold them accountable, uncover abuses, and

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[3]"Updated Study on Corruption in the Healthcare Sector." *Language selection | Migration and Home Affairs*, www.https://home-affairs.ec.europa.eu/system/files/2020-09/20170928_study_on_healthcare_corruption_en.pdf. Accessed 26 June 2023.

assign blame. Patients are in a vulnerable situation if providers choose to misuse their discretion and make decisions about their care without fully understanding the implications or determining if a charge is accurate or not. This becomes more difficult when governments overlook the private sector, which fosters more corruption

Due to the issues presented in the public sector, many patients, therefore, prefer the private healthcare system. But, most private clinics overcharge for their services. This leads people to purchase insurance contracts. These can often regulate which doctors and clinics a patient can visit, which means that clinics could pay a small fee/bribe to the insurance company and get an inflated amount of paying customers, regardless of the service the clinic offers.

Access to services can be improved by making enough expenditures on the infrastructure, machinery, and supply chains for pharmaceuticals and consumable supplies. This could help prevent the continuation of an unregulated private sector within LEDCs health systems.

Ethics of Bribery in exchange for better treatment

The practice of bribery is common in corrupt healthcare systems. As was mentioned previously, certain regions of the world work on a waitlist system for admitting patients. When a patient requires care, they or their relatives will often pay a sum of money - in cash - to the doctor, to admit the patient at an earlier time, often postponing those who might need urgent care. Seeing as this payment is off-the-books, the money received goes directly to the doctor or other service provider, which constitutes pure profit.

Not only is the practice itself unethical, but both parties should not give or accept these bribes. But, the current system in the nations where this system exists does not allow for its omission. Patients and their families often face the dilemma of either not supporting this system but risking the patient's health, or supporting the system and ensuring that the patient will be treated as soon as possible.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

Canada

Canada's publicly funded healthcare systems, which are located in each province and territory, provide healthcare. It is universal and is governed by the rules of the Canada Health Act of 1984. Universal access to publicly funded health treatments is viewed by Canadians as a basic idea that assures national health insurance for everyone, wherever they live in the country, according to the 2002 Royal Commission. Canada's legal framework also prohibits most corruption axes from flourishing. Thus, the Canadian healthcare system is seen as one of the best in the world in terms of transparency.

France

The World Health Organisation (WHO) ranked French Healthcare as the best in the world in its 2000 report. France has universal healthcare, following both the Bismarck and Beveridge models; the Bismarck model outlines the basis for a centralized system, while the Beveridge model presents the role of the state in healthcare. French citizens are insured with Statutory Health Insurance (SHI). Although healthcare is not completely free, the French government pays a part of the health costs for each citizen. This system is known as co-payments.

Greece

Greece's healthcare system comprises both a universal system funded by state health insurance and private healthcare. Changes were made to the Greek healthcare system in July 2011. For a maximum of one year, unemployed Greeks had access to public health insurance; after that time, access to care ceased and patients were required to cover their costs. Even though they are technically illegal, many free clinics supported by private donations have appeared and are permitted to continue operating. Greece also suffers from bribery issues. It is not uncommon for patients to pay doctors extra money, placed in unmarked envelopes, for them to get priority in treatment. This practice is called "enveloping".

Sierra Leone

Nations in Africa often face problems in various sectors, due to major political and/or financial crises that have occurred since decolonization. The most extreme example of this is the nation of Sierra Leone in West Africa, which was ranked by the World Health Organization as one of the worst healthcare systems in the world (ranked 191st) in their 2000 report. The nation, which was involved in a brutal civil war until 2002, still tries to recover any remaining infrastructure.

The country's medical facilities were looted and destroyed during the war. As a result of this, and because the majority of Sierra Leoneans live in rural areas, only a small percentage of the population has access to health care.

Due to insufficient infrastructure, services in rural and distant areas may be few or non-existent. Major cities and tourist destinations are more likely to have good medical facilities, university hospitals, and specialty cardiac care centers. These nations also deal with corruption and bribery.

United States of America (USA)

The United States of America is the only Most Economically Developed Country (MEDC) to not yet have universal healthcare. In 2018, it was recorded that 27.5 million people (8.5% of

the population) did not have any kind of insurance[4]. Under the Obama Administration, the Affordable Healthcare Act was passed, which brought the number of uninsured down from the previous 46.5 million (~15% of the population). People of colour and the poor, along with other minorities, are more likely not to have insurance. Due to the non-universal system, and the cost of insurance, many Americans need to choose between either having a massive financial burden or not getting the healthcare they need.

European Union Commission

The EU Commission published a study in September 2017, presenting their results on healthcare systems in the European Union. The EU's 28 members were included in the study, although Greece, Croatia, Hungary, Lithuania, Poland, and Romania received particular attention. The study is supported by desk research, an online survey distributed to individuals or organizations around the EU, thematic interviews with different organizations working in the healthcare sector, and fact-finding missions. It provides additional in-depth analysis and examples concerning the six chosen nations.

World Health Organisation (WHO)

The World Health Organisation (WHO) is the leading organization for global healthcare. Thus, they play a major role in the functions and virtues of a proper healthcare system. Every year they release rankings of the most efficient systems in the world. Their 2000 report focuses on equality and transparency, among others.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
1842	A report by Chadwick E. is published on the sanitary conditions of the UK's labour class, which becomes the first to indicate statistical discrepancies in life expectancy based on class or living conditions, kicking off the debate on health equity.
April 7, 1948,	The founding document of the World Health Organisation comes into effect, establishing the WHO; an organization that seeks to better global health and provide equal opportunities to everyone.

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[4] Source: Shvili, Jason. "10 Countries Without Universal Healthcare." *WorldAtlas*, 30 May 2020, www.worldatlas.com/articles/10-notable-countries-that-are-still-without-universal-healthcare.html.

December 10, 1948,	The ratification of the Universal Declaration of Human Rights (UDHR), which includes Article 25, requiring an equal standard of living and well-being.
November 1966	The first article using the terms "health and equality" is published by Michael Meltsner. The report focuses on the treatment African-Americans received in Southern hospitals and how African-American Doctors were also discriminated against.
2000	The Office of Disease Prevention and Health Promotion released the governmental document named "Healthy People 2010", which aimed to extend life expectancy and remove any health disparities affecting any part of the US population.
December 9, 2003,	The UN Convention Against Corruption is ratified. This document, although not focusing on healthcare, provides Member States with ways various corruption techniques can be combated, i.e. money laundering and abuse of power.
2007	The WHO document "Strengthening Health Systems to Improve Health Outcomes" is released. It outlines the WHO's research on what causes problems in the health sector and how it planned to respond to said problems.

RELEVANT UN RESOLUTIONS, TREATIES, AND EVENTS

UNIVERSAL DECLARATION OF HUMAN RIGHTS, ARTICLE 25

The Universal Declaration of Human Rights (UDHR) is a fundamental document of the UN. It was written by delegates from many corners of the globe, each with their own legal and cultural perspectives, and it was the first document to call for the protection of basic human rights everywhere. In the case of healthcare, Article 25 is the most interesting, as it outlines the right a human person has to healthcare, along with other fundamental protections.

The 25th Article of the Declaration clearly states the essential services and freedoms a person requires. Among them is the right to adequate healthcare. The article itself is based on

the then-US President, Franklin Roosevelt's "4 freedoms" vision; the freedom of religion, freedom of speech, the freedom from want (i.e. an equal standard of living and equal access to services), and the freedom from fear.

By using Article 25 as a basis for improved healthcare systems, it can be ensured that all people will have access to proper care because they are born human, which would lead to equality in healthcare.

CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

The Constitution of the WHO is the founding document of the Organisation, detailing the functions, virtues, and structure of the World Health Organisation. Due to the Organisation's importance, its founding document is a primary source for seeing how it could aid in healthcare issues.

The Constitution focuses on how international healthcare should work and provides the basis for equal and accessible health. The WHO describes one of the fundamental rights of every human being, regardless of ethnicity, religion, political opinions, economic or social condition, as having the best possible health. A common concern, according to the Organization, is unequal development in different countries in the promotion of health and illness control, particularly communicable diseases.

In summary, the Constitution suggests the implementation of equal and transparent healthcare systems as a cause that all nations must try to achieve.

SUSTAINABLE DEVELOPMENT GOALS

The Sustainable Development Goals (SDGs), also known as the Global Goals, are a set of 17 interconnected goals that are meant to act as a shared blueprint for peace and prosperity for people and the planet. Established in 2015, the UN believes that they can be achieved by 2030. Goals 3, 10, and 16 for healthcare play a major role.

Goal 3: Ensure healthy lives and promote well-being for all at all ages

SDG3's main goal is the promotion of health. Healthy lives and the well-being of all people are important causes, making Goal 3 a principal virtue in the topic of equal and transparent healthcare.

Goal 10: Reduce inequality within and among countries

The 10th Goal promises that by 2030 inequality will be reduced across the world. Inequality within a nation can affect its healthcare system, by making it more difficult for certain groups to receive adequate healthcare.

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels

The idea of accountable and inclusive institutions extends to transparent and equal healthcare systems. By holding institutions and organizations accountable, it's ensured that corruption will not spread as easily.

Equal institutions, based on peace, justice, and equality also promote the idea of health equity and health equality.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE,

Healthy People, 2010

A comprehensive national agenda for illness prevention and health promotion is provided by Healthy People 2010. It is intended to act as a guide for enhancing everyone's health in the United States during the first decade of the twenty-first century. A framework for enhancing the health of every American during the first ten years of the twenty-first century, Healthy People 2010 has 467 objectives aiming for this goal. Healthy People 2010 includes removing health disparities as a major point, which would aid in healthcare equality.

Americans With Disabilities Act

As the name suggests, the Americans with Disabilities Act is a US law passed in 1990, which offered accommodations to disabled Americans. Not all forms of disability are visible and the Act presents this fact. The Act is a major step in healthcare equality for this marginalized group.

Updated Study on Corruption in the Healthcare Sector

In 2017, the Commission of the European Union published its updated study on corruption in the healthcare sector. It included general issues and other findings after researching and interviewing staff, stakeholders, and other parties in the 28 -at the time- EU Member States' Healthcare Sectors, with a focus on South-eastern Europe. The study focused mostly on Greece, Croatia, Hungary, Lithuania, Poland, and Romania, as these nations have seen the most issues with corruption in recent years. The study also outlines how corruption can appear in the healthcare system. It allows a nation to work on improving the transparency of its healthcare sector by eliminating the problem at its source.

POSSIBLE SOLUTIONS

Hire and train staff to promote and ensure equality

In discussing health equity, an issue that often comes up is that medical professionals are often not well-trained for certain groups (e.g. patients of colour, women, among others). If doctors, nurses, and other healthcare professionals receive inclusive practical and psychological training, hospitals can become equal and provide each patient with the necessary care.

Ensuring better treatment is the primary goal of equal and transparent healthcare systems. By doing so, they become more trustworthy, which leads to people getting the essential services they deserve. By providing more inclusive training, it can also be ensured that more patients can be cured quickly and efficiently.

This solution is hindered by how discriminatory systems operate. Racism, as a system of thoughts and ideals, is rooted deeply in the mindsets of those who are part of this system (i.e. citizens, staff, etc.). Thus, mitigating the issue of discrimination in healthcare will not be easy, without considering the above.

Furthermore, such a suggestion could be met with opposition, as it could be considered financially detrimental to the healthcare systems that chose to undergo this change.

Establish a strict anti-bribery policy in hospitals

Bribery in hospitals can occur for many reasons and be committed by many professionals in the healthcare system. From receiving prioritized treatment, a position in management, or simply some sort of favour, bribery hinders the progress needed for a transparent healthcare system.

The first step in creating an intervention is gathering feedback from significant stakeholders who represent different system levels and can spot areas that need change. In the case of reducing health sector corruption in LEDCs, these essential stakeholders may include elected authorities and other decision-makers, funders, development organizations, payers, suppliers, providers, and patients.

Anti-corruption policies can be set up at the hospital, regional, or even national level. What policy-makers need to watch out for are the issues that allow bribery to exist in healthcare, such as waitlists, understaffing, and underfunding, among others.

Although such an approach would be the most effective to eliminate corruption at its core, investors and other stakeholders may be opposed to it, as it could conflict with their interests.

Pass legislation to regulate inflation and funding for healthcare systems

Underfunding is also a major issue that leads to corruption in healthcare. While sometimes governments underestimate what percentage of the GDP needs to be put into the

health sectors, other times the excess money goes directly to stakeholders and government officials through various methods, like artificial inflation of running costs.

Any new transparency laws need to include monetary transparency as well. The national health care systems should receive enough money to function properly and to provide adequate care.

By providing the healthcare sector with adequate funding, it can be ensured that hospitals, clinics, and other healthcare providers can operate efficiently, without the need for bribes and malpractices, or other illegal actions. This solution would require governments to adjust their annual budgets, which could lead to unexpected changes in regulation.

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