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A World in Harmony: Creating a Future of Mitigated Polarization by Addressing Ongoing Crises

SA3 Health

Curbing the effects of unsanitary and unsafe medical practices in LEDCs

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RESEARCH REPORT

Forum: Health Committee (SA3)

Issue: Curbing the effects of unsanitary and unsafe medical practices in LEDCs

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Introduction

The issue of adequate and quality health care has been a significant issue that has recently been exacerbated due to the effects of global pandemics. The recent COVID-19 pandemic, on top of this, has brought to light the severity of this issue, specifically within Less Economically Developed Countries (LEDCs). Due to the various financial struggles in such states, many health facilities lack the necessary resources or the attention to detail in procedures that help set the standard for care internationally. As a result, unsanitary conditions and unsafe medical practices often become prevalent in LEDCs, and recent efforts due to the UN's focus on Universal Health Coverage have brought more attention to this issue, prompting efforts around the globe to create a productive system with which quality health care can be provided.

In light of the COVID-19 pandemic and the easily transmissible nature of the virus, such practices begin to garner more and more importance as quality care begins to function as a barrier against the spread of the virus within health facilities and the health workforce. In this age of global health crises, without the implementation of policies to ensure a standard of care, it will become increasingly hard to contain and tackle epidemics or pandemics similar to COVID.

Though some LEDCs might have significant economic issues that have prevented further investment in health care up until now, it is crucial to recognize that a quality care system that is both safe and sanitary will allow states to benefit significantly financially as well since a sizeable amount of funds are spent in correcting the repercussions of both unsafe and unsanitary practices.

Definition of Key Terms

Universal Health Coverage is the idea that all quality health services are available to populations in need, no matter when and where they need them, and without any resulting monetary difficulty. This refers to the full breadth of health services, including rehabilitation, treatment, prevention, etc. Universal Health Coverage also wishes to counteract consequences, such as poverty, due to individuals paying for health services, making the healthcare system sustainable, equitable, and accessible. **[1]**

Quality of Care is the ability of medical practices to promote the desired health outcomes among populations that also implements current professional knowledge. According to a recent report by the World Bank, WHO, and OECD, quality of care is characterized by the seven measurable characteristics below. **[2]**

Effectiveness is any form of medical practice that is based on scientific knowledge and evidence.

Safety in this context can be interpreted as care that minimizes preventable harm to the patient due to errors in practice, such as infections, permanent injuries, etc.

People-centeredness indicates that care would directly satisfy the patient's preferences, needs, and values, building a rapport and engaging with them, answering all their questions, and engineering the care to be given around their desires and values.

Timeliness pushes for care that is not delayed, where patients don't have to wait for long periods. A timely healthcare system would be able to recognize and tackle any urgent conditions that need to be immediately treated while making sure that regular/follow-up visits do not have a long waiting period.

Equity would ensure that a patient's care would conserve the same standard of quality regardless of the patient's identity, race, sex, gender, ethnicity, geographical location, socioeconomic status, etc.

Integration would mean that any care that a patient receives from different facilities would be coordinated.

Efficiency suggests that care does not waste resources like medicine or time. An efficient system would prevent repetitions occurring within the system to not waste valuable resources or negatively affect the energy and ideas of the practicing health professionals.

General Overview

The issue of universal health coverage and, therefore, quality of care have been among the main targets of the World Health Organization (WHO) since its conception. With the 1978 Alma-Ata Declaration (more on this later), WHO, while promoting universal health coverage, recognized that the situation in LEDCs was often much worse as health care was inadequate due to a lack of funding and resources. In this regard, within the Alma-Ata Declaration, WHO states, *"The existing gross inequality in the health status of the people, particularly between developed and developing countries as well as within countries, is politically, socially, and economically unacceptable and is, therefore, of common concern to all countries."* **[3]** Therefore this *common* concern and goal become the very foundation of this issue regarding the making of sanitary and safe practices in LEDCs increasingly available.

Though the issue has been discussed for quite some time, the care in some LEDCs remains substandard. This became evident as a result of the Ebola virus outbreak. While the outbreak had a devastating effect on societies, it also highlighted all the aspects of the healthcare system that was insufficient in such countries. Following the Ebola outbreak in countries such as Guinea, Liberia, and Sierra Leone, individuals experienced mistrust of the healthcare systems in these states due to significant delays and insufficiencies in care. For example, Sierra Leone's healthcare system had a "low density of human

resources for health, low capacity for disease surveillance in the community, infrastructural deficits in health facilities, and weak supply chains for essential medicines." **[2]**

The critical thing to note is that all aspects of quality of care are closely linked to each other, meaning that the absence of one can directly affect principles such as safety, meaning even the procurement of steady supply chains and sound infrastructure mentioned above are critical to creating an environment within LEDCs that is sanitary and safe.

In a broader context, it is essential to note that this issue is global in nature as the total cost of errors in practice is "estimated at US$ 42 billion annually, not counting lost wages, foregone productivity or health care costs" [2] A significant constituent to this issue is LEDCs as ten percent of their hospitalized patients end up with infections compared to seven percent in countries with more developed economies. **[4]** It is imperative to see that even a three percent increase in infection rates means that a tremendously large population is affected.

The reason behind this is ultimately the difference in the quality of care. To put this in perspective, measures such as primary resources, including "clean water, reliable electricity, good sanitation, and safe waste disposal," is present. A survey conducted nine years ago indicated that 25% of Nigerian facilities don't have access to reliable water and electricity or have sanitation. More so, WHO claims that 40% of facilities in LEDCs lack improved water and 20% lack sanitation. These rudimentary needs significantly affect the creation of sterile and sanitary environments within facilities; thus, their absence poses many risks to patients' health, as can be seen in the previously mentioned fact that 10% of hospitalized patients are expected to get an infection of sorts during their stay. **[2]** On top of the lack of infrastructure, there is also, at times, an absence of effectively enforced minimum standards of regulation and care, which needs to be amended. In some countries, medicine use isn't regulated to a satisfactory level, so much so that only 30-40% of countries in LEDCs are treated with medicines adhering to guidelines, **[2]** while some countries allow unprescribed use of medications such as antibiotics, **[5]** putting many populations in danger. The extent to which a lack of regulatory systems is prevalent can also be seen in the fact that three out of ten countries do not have a regulatory national system/authority that focuses on how and which technologies are used in medicine. **[6]**

Recently, with Sustainable Development Goals, health systems and the quality of care have garnered more attention from all states, primarily due to goal 3.8, which aims to provide Universal Health Coverage. Therefore, when moving forward, curbing the effects of unsanitary and unsafe practices in LEDCs will become an integral part of the action plan ahead.

Major Parties Involved and Their Views

OECD, which stands for Organization for Economic Co-operation and Development, is mostly comprised of developed countries. It works internationally to guide and aid countries in policy-making and tackling certain global or, at times, regional issues. In the context of this issue, they have been working to help countries "achieve high-performing health systems by measuring health outcomes & the use of health system resources as well as by analyzing policies that improve access, efficiency & quality of health care." **[7]** To achieve universal health coverage, improve the quality of care, and tackle unsafe

and unsanitary practices, the OECD has also started the OECD Health Care Quality Indicators Project, which aims to investigate the differences in quality of care through a focal point on the indicators of quality that they have identified. **[8]**

The World Bank has dedicated particular attention to health coverage among its other efforts. It has been continuously participating in efforts to set a standard for international quality, preparing reports alongside WHO and OECD to analyze the situation at hand as well as suggesting possible reforms within policy-making such as with "Delivering quality health services: a global imperative for universal health coverage"

WHO, since its formation in the year 1948, has focused on furthering the goal of universal health coverage. It is one of the major parties in health emergencies, guiding, directing, and coordinating a global response. With its Triple Billion targets, WHO works to induce good health using scientific policies and programs. **[9]**

Sub-Saharan Africa, as a region, is a major party involved in the issue at hand, as it is one of the regions that suffer the most from health care of subpar quality. Only 73% of healthcare facilities in the region have alcohol-based hand rub or water and soap available at designated locations for medical care and attention, and only 37% have handwashing facilities at toilets, including water and soaps. **[10]** Creating an unsanitary environment and preventing proper sterilization efforts. In fact, 22% of facilities in Sub-Saharan Africa have no sanitation services whatsoever. In the least developed countries (including those in Sub-Saharan Africa), the figure can rise to 79% of facilities without sanitation. On top of this, more than 1 in 10 healthcare facilities in Sub-Saharan Africa lack access to electricity, and more than half function with unreliable power, making Sub-Saharan Africa one of the major parties involved. **[11]**

South and Southeast Asia, much like Sub-Saharan Africa, has significant issues regarding safe and sanitary practices. Many of the statistics referenced above for Sub-Saharan Africa are also accurate for South and Southeast Asia. For example, one in ten facilities in South Asia also lacks electricity access. On top of this, some research indicates that in countries such as India, 62.9% of injections in countries like India were administered unsafely. **[12]**

Timeline of Events

The historical background of an issue is crucial to understanding the subject in depth. Therefore, please provide a chronological list of events relevant to the topic at hand. Please use the following table format for the timeline.

April 7, 1948	*World Health Organization was founded with the mission of universal health coverage and directing responses to and eliminating global health crises.*
May 23, 2005	*International Health Regulations were signed to detect and combat global health emergencies*

December 26, 2013	*Ebola Outbreak started in a Guinean village, proving devastating for the globe while the subsequent health crisis began*
March 11, 2020	*COVID-19 was declared as a global pandemic, emphasizing the importance of universal health coverage.*

Treaties and Events

International Health Regulations (IHR), after being signed, functioned as a set of legally binding international rules. Though the regulations specifically refer to the spread of disease, it is essential to realize that it sets a precedent for the establishment responsibility of all member states to provide aid in combatting global health crises. A similar system could be utilized for this issue.

Alma-Ata Declaration is significant because it sets the foundation for understanding quality of care and urges member states to work towards universal health coverage. The Alma-Ata Declaration also recognizes the right of people to individually or collectively contribute to the planning and implementation of health care. Additional policies can be implemented with this principle in mind to combat the issue. Moreover, the Alma-Ata sets the groundwork to understand policy-making in response to most global health crises or this particular issue.

The 1948 Universal Declaration of Human Rights & 1966 International Covenant on Economic, Social, and Cultural Rights is essential because it recognizes safe, sanitary, and quality health care as a necessary right of all individuals. As a result, the issue at hand becomes vitally crucial as it also becomes a human rights issue. On top of this, the right to health states explicitly that all countries, regardless of economic development, are responsible for providing adequate and quality health care to their citizens. It specifically says that financial struggles in LEDCs do not absolve them of this obligation. **[13]**

Evaluation of Previous Attempts to Resolve the Issue

There have been regional attempts to solve this issue in recent years, showing that high-quality health care is attainable. An example is that of the Ugandan model involving the participation of citizens and communities in efforts to design a healthcare system, which has resulted in a 33% reduction in child mortality. **[2]** Such participation in health care on the part of citizens directly addresses the integration aspect of quality of care. This focus has amounted to significant improvements, as can be seen in the statistic provided. Moreover, an NGO in Chile called “Me Muevo” functioned as a patient-led initiative that directly tackled expensive medication and care for rheumatoid arthritis, lobbying to make all medication more affordable. This resulted in the Chilean government adopting Ricarte Soto Law on high-cost medication and treatment. As a result, the medication cost for rheumatoid arthritis dropped from 1500$ a month to only 200$. This attempt to make medication indicates more soundly that community-led initiatives can be highly effective in changing national policies.

Another example to note is that after the Ebola outbreak, previously mentioned countries such as Sierra Leone, Guinea, and Liberia all emphasized quality health service delivery systems to prevent other outbreaks from occurring. Liberia, for example, developed a plan to invest in an effort to build health system resilience and implement health equity funds prioritizing quality. **[2]** This attempt was also successful in rebuilding the trust placed in healthcare systems after the effects of the Ebola outbreak, as it notably improved the quality of facilities within these regions.

However, the lack of resources or continuous access to such resources in LEDCs remains to be a significant barrier to quality, safe, and sanitary health care that remains to be tackled effectively, even when considering various attempts such as those detailed above.

Possible Solutions

When possible solutions are being drafted, a great place to start is thinking about how new policies can tackle the seven characteristics of quality care, as each of them is interconnected and directly related to creating a safe environment. In this regard, it is always important to promote quality policy-making and strategize for long-term changes to health systems within singular nations in order to fit a broader and common understanding of quality care. As a result, organizations within countries could be founded in countries that oversee or guide these areas. A great place to start with such an organization would be the promotion of creating a policy document under a multistakeholder process guided by the ministry of health. [2] Moreover, it is also imperative that a system for external evaluation is created that is both available to and recognized by the public while also functioning on a standardized definition/*indicators* of quality and a minimum safety standard. This system also presupposes and urges the transparency of countries regarding the quality of health practices in order to further the goal of universal health coverage. It could also be useful to create opportunities for morbidities and mortalities to be reviewed and discussed, providing a collaborative working experience and transparent review system. If so, healthcare workers could examine and improve their practice, identifying areas that need to be worked on that directly impact patient outcomes and adverse events without the threat of punishment or “fear of blame.” It can also be important to continue to train a workforce that focuses on quality health care in LEDCs as an increase in the number of qualified healthcare workers and facilities would significantly help alleviate some stress on individuals and facilities that might allow them to practice more safe and sanitary medicine. You can also think of new ways to include individuals in policy-making procedures regarding healthcare systems or the ways in which healthcare is carried out. This would increase a sense of trust in the healthcare system, while the involvement of such a population would, in one way or another, prompt better policies and safer environments. Thus national organizations affiliated with WHO could be formed to educate citizens and involve them in the decision-making process. Most importantly, however, the rudimentary resources for necessary health care and technological infrastructure for increased effectiveness and quality need to be provided to LEDCs. To do this, multinational organizations or help funds could be created since the lack of reliable resources remains an issue that needs to be addressed globally, as it is prevalent in many geographic areas. Any newly proposed solution should address this lack of adequate infrastructure in order to create a quality healthcare system that is, most of all, sustainable.

Useful Links:

- https://www.kff.org/wp-content/uploads/2013/01/8099.pdf
- https://www.kff.org/global-health-policy/issue-brief/assessing-the-role-of-treaties-conventions-institutions-and-other-international-agreements-in-the-global-covid-19-response-implications-for-the-future/
- https://www.who.int/news-room/fact-sheets/detail/patient-safety

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[6] Mohara A, Youngkong S, Velasco RP, Werayingyong P, Pachanee K, Prakongsai P et al. Using health technology assessment for informing coverage decisions in Thailand. Journal of Comparative Effectiveness Research. 2012;1(2):137–46.

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[10] "Half of health care facilities globally lack basic hygiene services." 30 Aug. 2022, https://www.who.int/news/item/30-08-2022-half-of-health-care-facilities-globally-lack-basic-hygiene-services---who--unicef. Accessed 8 Mar. 2023.

[11] "Close to one billion people globally are served by health-care ...." 14 Jan. 2023, https://www.who.int/news/item/14-01-2023-close-to-one-billion-people-globally-are-served-by-health-care-facilities-with-no-electricity-access-or-with-unreliable-electricity. Accessed 8 Mar. 2023.

[12] "Regional strategy for patient safety in the WHO South-East Asia ...." https://apps.who.int/iris/rest/bitstreams/913677/retrieve. Accessed 8 Mar. 2023.

[13] "The Right to Health - OHCHR." https://www.ohchr.org/Documents/Publications/Factsheet31.pdf. Accessed 8 Mar. 2023.