

# IMUN GENERAL ASSEMBLY

## Officer Report 2021

*Research Report on the question of sustainably rebuilding health infrastructures post-crises.*

The healthcare systems around the world have suffered tremendously because of the pandemic. Hospitals became cluttered and with large scarcity in resources to treat patients. Further, most hospitals were unable to provide essential services for their patients. Consequently, countries had to implement emergency solutions to accommodate for all the disruptions. However, with what seems to be the start of the end of the current pandemic, countries must focus on returning to normalcy.

The coronavirus pandemic has forced many countries' healthcare systems to begin prioritizing and deciding what should be treated and what will be temporarily set aside. According to the World Health Organization (WHO), one third of healthcare services continue to be omitted because of the pandemic ("90 percent"). Furthermore, "Millions of people are still missing out on vital healthcare" the area most affected are "day-to-day primary care [...], long term care for chronic conditions, rehabilitation, and palliative end-of-life care" ("90 percent"). As well as "substance use disorders, neglected tropical diseases, tuberculosis; HIV and hepatitis B and C; cancer screening, and services for other noncommunicable diseases including hypertension and diabetes; [...] urgent dental care; and malnutrition" ("90 percent"). Normally, this would not be the case, hospitals would be able to treat several different patients with these conditions and have no real issue, this is the aim of this issue, and all delegates should be focused on this.

Another large impact faced by the healthcare facilities are the financial challenges caused by the Coronavirus pandemic. As claimed by the American Hospital Association, the financial impact of the pandemic on hospitals and healthcare systems across America is of 202.6 billion dollars in lost revenue ("What will"). Additionally, the "United Nations (UN) projects that it will cost the global economy around 2 trillion dollars" because of the impact of the pandemic ("What will"). The main cause of this lost revenue is the lack of preparedness from countries' health systems. Hospitals were missing the adequate resources to combat the virus, causing them to make urgent decisions which in return led them to enormous debt. In this part of the issue, delegates should focus on methods to provide hospitals with the resources needed to treat all types of diseases and reach normal standards for hospitals.

Lastly, due to the coronavirus many countries needed to implement emergency solutions to help the healthcare systems deal with the virus. For example, "In France, the number of overnight hospitalization beds decreased by 4.2% while outpatient care beds increased by 7.4% and in-home hospitalization increased by 3.4%" (Kaye et al.). As well as using the military to help the health system not collapse because of the pandemic. Similarly, with the other disruptions, delegates during the debate should focus on returning to normalcy, in this case it achieved by removing the temporary infrastructures and making hospitals capable of managing a large number of patients.

Is it important that delegates understand that normalcy does not mean returning back to the health infrastructure we had previously, that would be a waste of resources and time. In this specific context normalcy means taking the necessary steps to eliminate as much havoc and damage present in the current health systems. It means to make efforts to decrease the stress currently present in the healthcare system. The aim of the issue is to make it possible

for hospitals to prioritize certain treatments before the coronavirus. It does not implicate getting rid of the virus as that would be impossible, but simply creating the necessary infrastructure to make hospitals and other forms of healthcare capable of treating patients with all types of diseases which were neglected during the pandemic. For example, rehabilitation, tuberculosis, HIV, cancer, diabetes, tropical diseases depending on the country, within more. Delegates should first research the main disruptions caused by the pandemic in their countries' healthcare system. It is recommended for delegates to research this according to the three aspects introduced previously and use them as a guide. For example, in the United States the biggest setback for the health system were the financial challenges they had to face. Once it is clear what the main disruptions are in each country, delegates should research methods to overcome these disruptions and come back to normalcy – according specifically how it has been defined for this issue. Followingly, it will be presented the main methods and solutions which are currently in use, nonetheless delegates should still try to be creative with their solutions and think globally

The important aspect of this issue, which has been emphasized throughout the research report is that after a crisis it is impossible to return to the old normal. A crisis can change everything, varying from people's attitude to the overall environment, hence what society considers normal changes as well. As Ian Davis, former managing director of McKinsey & Company, stated amid the last global financial crisis, “‘What will normal look like?’ While no one can say how long the crisis will last, what we find on the other side will not look like the normal of recent years” (Sneader and Singhal). All delegates must keep this in mind while creating solutions as it is the most essential aspect of the debate.

According to McKinsey and Company, a worldwide management and consulting firm, the healthcare system needs to go through five stages in order to return to normalcy (Sneader and Singhal). These stages are resolve, resilience, return, reimagination, and reform (Sneader and Singhal). Luckily, the first two stages are underway, meaning the solution by delegates need to target the last three stages, always referencing to what has been stated previously throughout the research report.

Additionally, figure 1 is a table summarizing the main struggles faced by the healthcare system in European countries. The table is provided by Eurohealth’s analysis on the first wave of the pandemic. It shows the areas of weakness in the healthcare system, and as such delegates can use it to understand what infrastructure needs to be rebuilt.

**Table 1:** Resilient strategies in response to the COVID-19 pandemic and relevant elements

Strategy	Elements
<b>Governance</b>	
(1) Adequate and effective leadership	Having a clear vision; Reliance on best available evidence but adopting the precautionary principle where evidence is uncertain; Culture of learning; Ability to act fast; Effective and transparent communication (esp. about uncertainty); Community participation; Participation in the international community (e.g. joint procurement, clinical networks, etc.)
(2) Effective coordination	Presence of a clear and widely understood strategy; Coordination within government (horizontal and vertical); Coordination between the government and key stakeholders including civil society; Measures taken at the appropriate organisational tier, balancing local knowledge with economies of scale; Coordination with international partners and supranational bodies
(3) Effective communication systems and flows	Having (or establishing) well-functioning communication channels linked to lines of accountability, incl. hard and soft infrastructure
(4) Surveillance enabling timely detection of shocks and their impact	Having effective and well-integrated surveillance systems (see under 'Resources' below); Surveillance systems that follow a 'one health' approach and generate timely and accurate data
<b>Financing</b>	
(5) Ensuring sufficient monetary resources in the system and flexibility to reallocate and inject extra funds into the system	Ability to increase and deploy monetary resources quickly and where needed, subject to safeguards to prevent fraud and corruption
(6) Purchasing flexibility and reallocation of funding within the system to meet changing needs	Ability to quickly adapt procurement and payment systems while maintaining transparency, timeliness, and quality, including measures to prevent corruption <sup>1</sup>
(7) Comprehensive health coverage with effective access	Having a comprehensive and evidence-based package of services that is properly resourced, organised and distributed; Monitoring changes in access to services and eliminating financial and other (e.g. technological, physical) barriers to access; Identifying vulnerable population groups (ensuring that appropriate data are collected) <sup>2</sup> and ensuring adequate access to services
<b>Resources</b>	
(8) Appropriate level and distribution of human and physical resources	Having strong (or strengthening) public health capacity (with a system to Find, Test, Trace, Isolate, and Support <sup>3</sup> ); Having strong (or strengthening) primary health care (key role in maintaining non-COVID essential services to populations); Ensuring adequate hospital capacity, including intensive care units and step down facilities (and contingency plans to increase them); Ensuring sufficient supply of personal protective equipment
(9) Motivated and well-supported workforce	Ensuring mental health (e.g. psychological counselling), family (e.g. childcare), physical (e.g. respite breaks) and financial support for health care workers
(10) Ability to quickly increase capacity to cope with a sudden surge in demand	Ability to increase physical capacity if needed (e.g. via repurposing of wards, reallocating patients to lower levels of care (as appropriate), developing new wards or hospitals, using all available capacity irrespective of ownership, etc.); Ability to mobilise additional human resources including via training of existing workforce or adapting their roles, recruiting and training volunteers (e.g. to take samples)
<b>Service delivery</b>	
(11) Alternative and flexible approaches to deliver care	Flexibility to implement new care pathways across the health systems and within facilities; Using digital technologies to deliver health services safely; Ensuring support systems for vulnerable people especially those in isolation
(12) Ability to deliver services safely	Mechanisms in place to ensure effective implementation of infection prevention and control in health care settings
(13) Ability to share best practice	Two-way sharing of best practice: from policymakers to clinicians and from clinicians to policymakers

Source: Authors drawing on the COVID-19 resilience policy brief (forthcoming) to be published at: <https://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries>

Figure 1 - table summarizing struggles of health systems ("Health Services")

For example, delegates may notice that healthcare systems around the world were complaining about lack of resources during the pandemic, thus, a solution should be made addressing this problem, and ensuring it will not be present again. Such as by making a distribution service specifically for healthcare which is more reliable in cases of crisis. One method to do this is by having the healthcare equipment and resources being prioritized over any other product being distributed. Another possible method is by creating an organization aimed at providing the hospitals with all the resources they need. They could do this by being the middleman between the healthcare system and the factories and also with the distribution firms. Either way a very strong and elaborate framework would need to be made to make the solution possible. Another solution to increase the resources in is by creating a plan or framework to rapidly build temporary hospitals in times of crisis. The plan should account for and include methods to increase the number of healthcare professionals and also the space accessible to them, as a result also increasing the number of patients, they can take care of.

Additionally, the EuroHealth stresses the importance of “Restarting more routine hospital activities during COVID-19” as a part of the process of returning to normalcy ("Health Systems"). To do this they utilized the following four strategies: “prioritization or rationing of treatments, converting clinical spaces to separate patients, using virtual treatments, and implementing COVID-19 free hospitals or floors” ("Health Systems"). Even though these are part of the problem faced in this issue, these strategies may still be used to then return to normalcy. The best way to explain it is for instance taking one step back to enable you to take 2 steps forward in the future. Overall, these solutions were extremely effective in their respective countries, nevertheless it is not the returning to normalcy being sought after in this issue.

Another great possible solution is the utilization of the private sector of the healthcare market. The private sector, meaning not government controlled, was significantly less affected by the pandemic than the public sector. Many private hospitals did not collapse as a result of the pandemic, unlike their public counterparts ("Health Systems"). For these reasons it is highly advisable to encourage the private sector to lead the way in the process of returning to normalcy. It would make them responsible for treating patients with diseases that because of the pandemic the public sector cannot cover for. This same result can also be accomplished through sustainable public-private partnerships.

For this issue there are countless outlets of information, mainly coming from non-profit organizations related to the area of health. The World Health Organization (WHO) is one of these great outlets which offers a good general view of the topic. The WHO summarizes the impact the pandemic has had on the countries health systems, and also summarizes the efforts made by the United Nations (UN) and other countries to counter the disruptions by the virus. Some other great organizations to research from are the EuroHealth, for any European and middle eastern countries, and also the African Medical and Research Foundation (AMREF), which strives to improve health service accessibility in Africa. Regarding specific information for individual countries, delegates should use the countries government health website and search in the country's newspaper – as these reflect the countries stance and environment the best. Nonetheless, keep in mind that newspapers most often contain bias, thus delegates should be very wary about how they use them. Another great source of information are previous resolutions by the UN on similar issue, potentially in previous crisis. In terms of the solutions, they are not any solutions currently in place for

this specific issue, nonetheless with enough background information on the issue and some creativity delegates should be able to create some innovative solutions.

Regarding the delegations most affected for the issue at hand, they are the following: The World Health Organization (WHO), and the Asian MEDC's, such as Singapore, China, and Japan, as these countries seem to have made the most progress in the process of returning to normalcy. Also, European MEDC's have experience in this issue. Nevertheless, all countries should make efforts to participate as different countries have distinct resources and needs, thus as more countries engage in debate the resolution will become more accessible for all.

Overall, the pandemic has revealed many problems with the current healthcare system around the world, for example they did not have the adequate nor number of supplies to combat the virus. It forced hospitals to begin prioritizing certain diseases and patients before others. As a result of this, many diseases became neglected during the pandemic. However, with the end of the pandemic approaching the healthcare system around the world should develop ways to become capable of treating a greater number of patients and of diseases. This can be done through several techniques, such as building more hospitals and methods to provide healthcare services, by making a public-private partnership, within more.

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