Forum: Economic and Social Council

Issue: Questioning the Efficiency of Privatization of Health and Education Services

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Position: President

PERSONAL INTRODUCTION

Dear Delegates,

My name is Georgios Dougalis and I will be serving as the President of the Economic and Social Council in the 8th PS MUN. I am currently studying in ACS Athens, and I am pursuing the IB Diploma. I started MUN all the way back in 2014 and the upcoming conference will be my 13th experience.

Having taken up many of the roles available to someone pursuing MUN, from a delegate to an ambassador, and from ICJ Judge and ICJ Advocate to Student Officer; the Economic and Social Council has been working its way up to becoming a personal favorite of mine.

My Goal for the conference is to allow for every delegate to leave being more informed about the issues than when they came. Besides knowledge about the issues themselves, we hope that through our guidance and demonstration, as well as the hands on experience you will get, you will leave a little more skilled in rhetoric, negotiation, and legislative thinking, as well as becoming more comfortable with such notions.

My co-chairs and myself have worked very hard so as to make your research easier (the study guide at hand is a part of this effort) and we would be deeply satisfied if we were to see our committee work blossom, making the experience as worthwhile and enriching as possible for every one of us.

With this purpose in mind I ask you that you do not hesitate to contact me, if and when any issues related to the conference arise. I am a committed believer in the idea that for a successful conference, nine tenths of the work ought to be done prior to the 3 days during which it takes place. In this spirit I put myself in your disposal, and pronounce my willingness to come in contact with you prior to the conference (suggestively in the email address " giorgos.dougalis@gmail.com "), so that I can help you prepare in any way possible, so that we may cherish the best MUN experience.

Looking forward to working with you!

Georgios Dougalis

TOPIC INTRODUCTION

According to research conducted by the UNESCO in 2006, over the subsequent 30 years, more people would receive formal education than in all prior human history (TED). This is a milestone for human development. Also, according to the World Health Organisation, all but 400 million people have access to essential health services (WHO). Both of these statistics indicate that we are rapidly moving towards a future where those two services, namely health and education, will be more accessible than ever, and naturally, more in demand than ever.

It therefore follows that an essential question we need to be trying to resolve, is how to maximise the efficiency of those services. It is in the interest of every state to do so, because as put by Yidan Wang, an official of the Asian Development Bank Institute: "There is a positive correlation between the level of social development and long-term economic growth in that as people become better educated and healthier, productivity rises, social mobility increases, and the economy expands. Health and education for all are thus desirable as they benefit both the individual and society" (Wang).

In attempting to tackle the issue, we are called to question the efficiency of privatizing those services. As stated in a 2009 OECD report: "we have entered a 'new privatisation landscape'" (OECD), and although this has undoubtedly led to progress in both fields we are interested in, we still need to investigate whether or not this progress is on the most efficient track, and determine what course of action should be favored by the UN when it comes to the question of privatising health and education services. Before we proceed however, it is vital that we establish some definitions of a few crucial terms and concepts.

DEFINITIONS OF KEY TERMS

Private Sector:

1). The part of an economy which is not controlled or owned by the government (Merriam Webster).

2). The private sector is the segment of a national economy owned, controlled and managed by private individuals or enterprises. The private sector has a goal of making money and employs more workers than the public sector. A private-sector organization is created by forming a new enterprise or privatizing a public-sector organization. A large private-sector corporation may be privately or publicly traded. Businesses in the private sector drive down prices for goods and services while competing for consumers' money; in theory, customers do not want to pay more for

something when they can buy the same item elsewhere at a lower cost (Investopedia).

Public Sector:

1). The part of an economy which is controlled or owned by the government (Merriam Webster)

2). The general definition of the public sector includes government ownership or control rather than mere function and thereby includes, for example, the exercise of public authority or the implementation of public policy (Encyclopædia Britannica).

Privatisation:

Privatization can refer to the act of transferring ownership of specified property or business operations from a government organization to a privately owned entity, as well as the transition of ownership from a publicly traded, or owned, company to a privately owned company. For a company to be considered privately owned, it cannot secure funding through public trades on a stock exchange (Investopedia).

Public Private Partnerships:

Partnership between an agency of the government and the private sector in the delivery of goods or services to the public (Encyclopædia Britannica).

Consumer goods:

Consumer goods are products that are purchased for consumption by the average consumer. Alternatively called final goods, consumer goods are the end result of production and manufacturing and are what a consumer will see on the store shelf. Clothing, food and jewelry are all examples of consumer goods. Basic materials such as copper are not considered consumer goods because they must be transformed into usable products (Investopedia).

Publics goods:

A public good is a product that one individual can consume without reducing its availability to another individual, and from which no one is excluded. Economists refer to public goods as "nonrivalrous" and "nonexcludable." National defense,

sewer systems, public parks and other basic societal goods can all be considered public goods (Investopedia).

Efficiency:

A measure of the input a system requires to achieve a specified output. A system that uses few resources to achieve its goals is efficient, in contrast to one that wastes much of its input (Encyclopædia Britannica).

BACKGROUND INFORMATION

In addressing the issue at hand, we firstly need to deal with the two most prominent aspects of it. These are undoubtedly interconnected, and they have to do with the pragmatic and ethical concerns. So that we can be more precise, we will deal with the two parts of the issue at hand separately in relation to the above concerns.

Health Services:

The first part of article 25 in the Universal Declaration of Human rights states that: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his 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 his control" (UN). It follows from this, that it is the duty of a society (and humanity as a whole) to provide medical care (health services) to its members. To achieve this, just about every civilised nation has a formulated health system, tasked with administering and providing the health services in question.

Our issue requires that we address the efficiency of health systems, how well they function. In accordance to the World Health Organisation a well-functioning health system has the following roles and obligations:

- "Improving the health status of individuals, families and communities
- Defending the population against what threatens its health
- Protecting people against the financial consequences of ill-health
- Providing equitable access to people-centred care
- Making it possible for people to participate in decisions affecting their health and health system."[1]

[1] WHO

The World Health Organisation goes on to state that they key components of a health-care system are the following:

1). Leadership and governance:

Good practices within which are:

- Ensuring that health authorities take responsibility for guiding the health sector; and for dealing with concerns of both the present and the future
- Defining, through transparent and inclusive processes, policies and regulations on national health so that a clear focus is set, with:
    - A formulation of the country's commitment to high level policy goals
    - A strategy for interpreting those policy goals in terms of concrete components such as: financing, human resources, pharmaceuticals, technology, infrastructure and service delivery, etc.
    - Mechanisms for accountability and reliance
- Effective regulation, legal measures, and enforcement mechanisms
- Effective dialogue with other sectors of the economy
- Mechanisms and institutional arrangements to collect funds and align national priorities(WHO).

2). Health information system:

This specifically includes timely intelligence on:

- Progress in meeting health challenges and social goals, with methods such as:
    - Household surveys
    - Civil registration systems
    - Epidemiological surveillance
- Health financing, including through national health accounts and health financial analysis
- Trends and needs in medication, intel on:
    - Consumption of pharmaceuticals
    - Access to pharmaceuticals
    - Cost of Technology
    - Distribution of infrastructure
    - Adequacy of Infrastructure
- Access to health-related care and on the quality of services (WHO).

This, in turn, requires a variety of institutional mechanisms to be achieved:

- A nation-wide monitoring and evaluation plan
- Arrangements to make information accessible to all involved and impacted, including but not limited to: civil society, health professionals, and politicians (WHO).

3). Health financing:

In the words of the World Health Organisation: "[Health Financing has as its] primary objective is to facilitate universal coverage by removing financial barriers to access and preventing financial hardship and catastrophic expenditure" (WHO).

The following can facilitate these outcomes:

- A compatible system of fundraising
- A system to centralise financial resources and to allow for the to sharing of financial risks
- A financing administration system supported by approved legislation, and clear and precise operational rules to ensure the efficient allocation of funds (WHO).
  4). Human resources for health:

A well trained and experienced health workforce is central to achieving global health, and efficiently distributing health services.

This requires:

- Arrangements for achieving the necessary mix of numbers, diversity, expertise, and competence
- Payment systems that offer sufficient incentives
- Regulatory mechanisms that ensure need-based deployment in the allocation of human resources
- Mechanisms to ensure and further cooperation between all impacted and addressed groups (WHO).
  5). Essential medical products and technologies:

Universal access to health care is dependent on access to affordable medicines, vaccines, diagnostics and health technologies; without those the failure of a system is imminent (WHO).

This requires:

- A products regulatory system for controlling marketing authorizations and safety monitoring of approved technology
- Standardised procedures and equipment usage
- A distribution system functioning through both public and private channels, aiming at allowing access to basic medical products to the most disadvantaged
- A nationwide price monitoring system for medical products
- A national program to monitor prescriptions (WHO).
  6). Service delivery:

At the core of the WHO's approach, as well as our committee's issue, is the fact that "Health systems are only as effective as the services they provide" (WHO).

This critically depends on:

- Tightly and cohesively organised care networks
- Standards, norms and guidance to ensure quality, as well as mechanisms to attain these
- Mechanisms to hold providers accountable and be the voice of the consumers (WHO).

Looking at all of these components identified by the World Health Organisation, our role as a committee is to question the effect that privatisation has had on the efficiency of all those components, ultimately deciding whether or not privatisation is the desirable course of action.

Education Services:

What makes a good educational system is a more philosophical matter, and less easily defined than quality in a health system. The educational values held by proponents of privatisation however, can be somewhat identified in a 2007 report on the matter by the Business Roundtable, a politically conservative group of chief executive officers of major U.S. corporations formed to promote pro-business public policy (Jenkins).

The components are:

1. "Standards. A successful system clearly defines, in measurable terms, expectations for what students need to know and be able to do to succeed in school, in the workplace and in life. A successful system aligns and focuses its policies and programs on student achievement of high academic standards.

2. Assessments. A successful system focuses on results, measuring and reporting student, school and system performance so that students, teachers, parents and the public can understand and act on the information.

3. Accountability. A successful system bases consequences for policymakers, educators, and students on demonstrated performance. It provides students the curriculum, instruction and time they need to succeed. It assists schools that are struggling to improve, rewards exemplary schools and penalizes schools that persistently fail to educate their students.

4. Professional Development. A successful system insists on meaningful preparation and continuous learning for teachers and administrators that drives improved teaching, learning and school management.

5. School Autonomy. A successful system gives individual schools the freedom of action and resources necessary for high performance and true accountability.

6. Parent Involvement. A successful system enables parents to support the learning process, influence schools and make choices about their children's education.
7. Learning Readiness. A successful system recognizes the importance of the years before children come to school. It provides high-quality pre-kindergarten education for disadvantaged children. It also seeks the help of other public and private agencies to overcome learning barriers caused by poverty, neglect, violence or ill health for students of all ages.
8. Technology. A successful system uses technology to broaden access to knowledge and to improve learning and productivity.
9. Safety and Discipline. A successful system provides a safe, well-disciplined and caring environment for student learning."[2]

With those components in mind, we need to look into the 3 most broad types of education providers. Public schools, private schools, and charter schools. The ways in which those 3 types of schools differ are pretty well established.

Public schools are generally primary or secondary schools offering educational services to all children who qualify (usually just by being residents of a the country) free of direct charge, funded mostly through tax revenues. It is not within the scope of these schools to be selective, and generally have admissions open to all students in the geographical area they serve. These schools are under government oversight and have to abide to mandates and have curricular core usually set by the given nation's education ministry.

Private schools are not administered by local, state or national governments. Because of that they retain the right to select their students and are funded either totally or partly by requiring tuition fees to be paid by students. Public schools have to conform to some national guidelines and have an accepted curricular core, but they are more free to deviate and establish unique practices than public schools. Supposedly, because private schools and control their own funds and have to compete with government subsidised public schools, they will be affected by free market principles, thereby maximising their efficiency. Additionally, they allow for diverse learning and more choice in variety of educational services available. At the same time, many private schools (like any private institution) will have the profit motive on their radar, unlike public schools whose mission is to deliver a public service.

Lastly, Charter schools are schools that are funded by the government, but operate independently of the state's public-school system. In some cases, they can even by privately owned. Charter schools are like a fusion of private and public schools, aiming at allowing for the government to subsidise the private sector, thereby

[2] Business Roundtable

empowering it to offer the best quality service on the government's behalf. Charter schools serve as a prime example of privatisation of state assets, and are both criticized, and celebrated for it.

COUNTRIES INVOLVED AND RELATED ORGANISATIONS

Although all countries are both involved, and impacted by this issue, there are some Nations whose policy can serve as a source for empirical judgements of given manifestations of the issue. The state of either health or education services will be discussed with relation to a nation or organism whose policy on the matter is deemed necessary to be discussed because it may shed light on certain aspects of potential policy.

France:

After the end of World War Two, the French private sector was in no position to manage the plans of all the individuals who'd need healthcare coverage (Healthcare Triage). For this reason, France established a public health insurance system, known as social security. Every French resident must pay for mandatory health insurance, and money is gathered by nonprofit funds (Healthcare Triage). There are five of these nonprofit funds, namely:

- General Fund
- Agricultural Fund
- Student Fund
- Independent Fund
- Public Service Fund

85% of the French population is covered by the General fund, but the reason for this is purely logistical, as the differences in benefits and reimbursements between the different funds are virtually non-existent (Healthcare Triage). For French citizens who cannot qualify for any of the above listed funds, the government has a seperate plan which is financed by taxes. This plan actually reimburses better than the other funds listed above, because it is geared towards those undergoing economic hardship, and the government does not expect for them to be able to make pocket payments for their coverage (Healthcare Triage).

All the funds listed above are financed largely by the public, with more than 40% of the costs being covered by payroll taxes, and a third being covered by income taxes (Healthcare Triage). The rest of the costs are covered by tobacco and alcohol taxes, transfers from other branches of social security, and state subsidies (Healthcare Triage). All together those sources cover three fourths of the total healthcare spending in france, and cover conditions such as but not limited to:

- Inpatient care
- Outpatient care
- Specialists' fees
- Dental care
- Gynecological services
- Diagnostic tests
- Diagnostic services
- Prescription drugs
- Medical devices
- Mental health
- Health related transportation
- Homeopathy
- Child care
- Maternity benefits

The remaining one fourth of health service related costs in France are left to the individuals' hands. However, on top of the national social security, French residents can qualify for further private insurance, or further governmental aid for those below the poverty line (Healthcare Triage). In fact, over 90% of the French citizens have some sort of voluntary insurance plan, mostly through their profession (Healthcare Triage).

Additionally, almost 70% of primary care physicians and more than half of the healthcare specialists are self-employed (Healthcare Triage). Two thirds of hospital beds are owned by either the public, or non-profit groups, while the remainder are owned by private corporations (Healthcare Triage).

Medical funds and budgets are set by the French Ministry of Health, which also regulates the prices for procedures and drugs, as well as the number of medical professionals trained (Healthcare Triage). It is also part of the Ministry's role to oversee agreements between social security and unions that represent physicians. Physicians may choose to work outside of the scope set by these agreements, but for this they will be denied the medical tax waivers the French government otherwise guarantees to physicians (Healthcare Triage). Healthcare access is impressive, and it is also guaranteed by the French Ministry of Health, that patients with some illnesses (most notably cancer) can be treated with any sort of medication they agree to, even experimental ones (Healthcare Triage).

France's health services however are overall costly, requiring 11.6% of the Nation's annual GDP (Healthcare Triage). The average cost of health insurance per person is 4118 U.S. dollars (Healthcare Triage). Generally, it is very unlikely that France would be willing to privatise, as its healthcare system is quite functional, however partnerships between public and private sector could be employed so as to increase efficiency, and by extension lower prices.

Canada:

Canadians receive their healthcare coverage through public funding, with spending decisions made at the province level. Most healthcare is "free" for Canadians, with the system being built around not requiring (or at least limiting) out of pocket payments (Healthcare Triage). Medically necessary care is covered, including maternity care and infertility treatments (two things that are not a global given) (Healthcare Triage).

The government covers 70% of total healthcare spending, with the remaining 30% being left up to private spending (Healthcare Triage). Most of the 30% allocated by private spending goes to services such as but not limited to:

- Drug purchases
- Dental care
- Optical care

For those services, most Canadians may enroll in supplementary programs (in most cases provided by their occupation) to cover the costs (Healthcare Triage).

Publicly funded hospitals are required to abide by a fixed budget, which allows for the government to control spending. Most Canadian physicians however operate on a fee-for-service basis (Healthcare Triage). The Canadian model requires public spending but allows for a private delivery system. This in turn allows for the Government to keep spending low, while ensuring that health services are distributed in the most effective way (Healthcare Triage).

Canada's health care system is a single payer system mixed with fiscally conservative government funding. Privatisation would not be on Canada's radar, at least not on grounds of efficiency (in the sense that it is quite efficient by any measure that can be identified), but it could trust the private sector with executive maneuvers.

The United States:

The United States has a mixture of public and private components in its healthcare system. Most hospitals are run by the private sector, with 70% of all hospitals being non-profit, leaving the remainder 30% being for profit organisations. Pharmaceutical and Medical Device Companies are also in the private sector (Healthcare Triage). The United States however has the highest health service expenditure, running at over 8000 U.S. Dollars per person, a value way over OECD standards (Healthcare Triage). This translates to poor efficiency, meaning that way too many resources (in this case money) go into a product (in this case health services) than they have to.

About 60% of US citizens get health insurance from their occupation (Healthcare Triage). The sorts of plans available through this outlet tend to keep charges homogeneous, regardless of factors like age, gender, or past medical history of the patient (Healthcare Triage). They range in benefits, but on average cover the following:

- Preventive care
- Medical care
- Prescription medication.

Any other sort of healthcare coverage in the US is divided amongst the following programs:

- Medicare: A national social insurance program run and administered by the federal government.
    - Medicare part A: a program which covers individuals if they are hospitalised, is easy to qualify for, and is virtually free for those over the age of 65 (Healthcare Triage).
    - Medicare part B: a program which covers outpatient services, which can be (and often is) deferred by individuals still granted insurance from their occupation. It has low deductibles and has a coinsurance of 20%. It covers a wide variety of things, from test and procedures one may require outside the hospital (something not covered by Medicare part A) as well as necessary medical equipment (Healthcare Triage).
    - Medicare part C: an opportunity for private companies to offer medicare-like benefits (this is open to for-profit corporations) (Healthcare Triage).
    - Medicare part D: a program containing the prescription drug plans, which is designed and run by the private insurance companies, but is approved and paid for by the federal government. Individual beneficiaries are allowed to pick and choose the plan they wish to follow (Healthcare Triage).
- Medicaid: A state-based program following guidelines set on the federal level, designed to provide medical coverage for those who cannot afford alternative plans (Healthcare Triage).

One of the big problems with a healthcare system in the private sector, is that although the government is trying to guarantee a service to all, the private corporations are selling a good. When it comes to someone with a chronic illness or a pre-existing condition, there is no reason for any private insurance company to sign that individual up for one of their plans, and if they do so, it will be a very costly plan (Healthcare Triage). The affordable care act (known as Obamacare) tried to make it so that no company could deny an individual insurance, that everyone American Citizen had to have insurance, and also that the prices of different

healthcare plans would not drastically differ, if at all (Healthcare Triage) v. The current administration however is determined to get rid of the affordable care act, or at least heavily amend it.

The United states is attempting to steer its healthcare system towards privatisation, in hopes of increasing efficiency and minimising the high costs of its health services.

The UNESCO:

The UNESCO is an NGO tasked with coordinating international cooperation in the fields of: "education, science, culture and communication". One of the core components of its mission is to ensure that each child and citizen "has access to quality education; a basic human right and an indispensable prerequisite for sustainable development" (UNESCO).

The UNESCO would likely add a much-needed approach to the question of efficiency. Not only do education services have to be of quality, but they also have to be accessible to everyone.

Concordia:

Concordia is a nonprofit, nonpartisan organization that works on building partnerships for "positive social impact" (Concordia). Concordia believes that a more prosperous and sustainable future lies in cross-sector partnerships, and thereby works to bridge the gaps between public and private sector, and further the co-operation of the two (Concordia).

When it comes to the privatisation of health and education services, Concordia would be an ideal organisation for trying to get the public and private sector to work out a smooth and functional transition, or cooperate with through the creation of some sort of integrated model.

Finland

Finland has faith in the principle of social welfare, which manifests itself in its education system (McClatchey). Additionally, the Finnish puts a lot of emphasis of the qualifications and experience of teachers (McClatchey). Even to qualify to teach primary school, one needs a master's degree level of educational training (McClatchey). The skill of the teachers, in addition to the overarching educational philosophy of the country makes the classroom "a very interactive space where pupils can challenge the teacher. The traditional teacher-directed style is not so typical in Finland" (McClatchey).

Class sizes are really small, and the government's control over the educational system allows for them to ensure this. The lack of the free market's corrective and effects seem not to distress the fins, "there are no national examinations or rankings. We don't have that culture of comparing schools. If a school is not doing well, it is not closed down. It is given more resources" (McClatchey).

Although it is unlikely that methods like the ones of the Finnish government can be employed in their exactness in other countries, some parts of their practices can be adopted. For example, even in a more privatised system of education, Finland would support increasing the requirements for teacher skills, so that those employed will be the best available.

TIMELINE OF EVENTS AND PREVIOUS ATTEMPTS TO RESOLVE THE ISSUE

1946	Communicable Diseases Center (CDC) is Established
1974	First Education minister meeting on a European level
1976	First European community action plan for education outlined
1990	"Tempus" Program Launched
1990	The "Global Education for All" movement launched
2000	Creation of the Lisbon Strategy
2000	The UN adopts the Millenium Development Goals
2001	Doha Declaration
2001	ET Work program launched
2009	First BRICs Summit

POSSIBLE SOLUTIONS

This is a twofold issue as can be observed by the title, and it is possible that the direction the committee might want to take will not be the same for both parts of

the issue. It is possible that privatisation of education is deemed efficient while that of healthcare is deemed the opposite.

Possible solutions for healthcare would have to do with ensuring that the goal of the health system's leadership is to provide quality coverage for all, and that if profit was to be extracted, it would not be in the expense of the former. Additionally, information collection would have to be improved, and data collection would have to be achieved either by a designated NGO or a government body, so that the state of efficiency can be documented and assessed. Financing for health services ought to be sorted out, and the source from which the majority of the funds ought to be obtained from should be outlined. It is possible that the government is deemed the appropriate provider of funds for health services, all the while health leadership might be shifted away to the private sector for more efficiency. Even in this case however accountability mechanisms should be established, so that the government's money is demonstrably spent effectively. Also, agreements between public and private sector should be made so that the status of medical professionals is concretely categorised and that the rules and regulations by which they should abide are determined in the most cohesive manner possible. This would mean that questions like whether or not doctors can administer experimental treatments or whether insurance companies can deny coverage need to be settled in a not uncertain term.

With regard to education, again the question of funding is at the core, but here concerns with regard to curriculum content should also be addressed. Should private educational institutions be at all regulated when it comes to what they teach? If yes, how will such regulation be mandated? One way this could be settled would be through establishing federal educational standards, and allowing for flexibility only in how schools reach them. This would mean that a common core exists, all the while allowing for elective deviation from it. As to funding and administration it should be clarified whether the government will have both responsibility for the allocation of resources, as well as the management, or whether privatisation would occur at the executive level. The latter would require regulations as to what corporation can have control of which educational asset (can they manage the entire administration? Or will it only be control over specific departments and divisions?). A way to go about this would be allowing for government funded institutions abiding by the guidelines set above, but ran by private corporations which have to be made accountable as to the way in which they utilize funds. Also it is possible that the government will manage public education on its own, all the while letting the private sector on the field foster separately, and simply allowing the community to choose the better service. This second approach would allow for the government to ensure that there is at least one quality option, all the while allowing for choice within the private sector.

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