

SNIS MODEL UNITED NATIONS, 2022



EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

BACKGROUND GUIDE

Agenda: Deliberation on achieving efficient and accessible healthcare policies in the EU with special emphasis on the instability of European economies.

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LETTER FROM THE EXECUTIVE BOARD

Greetings delegates,

We take immense pleasure in welcoming you to the European Economic and Social Committee, being simulated at Sharanya Narayani International School Model United Nations, 2022. We look forward to an exciting and intellectually stimulating conference.

We're glad that we have had the opportunity to serve as the members of your Executive Board and we assure you that this conference would be a great learning experience for all of you. Furthermore, we not only will share the knowledge that's been passed on to us by our mentors, but also impart all the knowledge that we have garnered in the last few years of our MUNing and on our own journey as delegates and EB members. For some of you, this will be your very first conference. We understand that you may have certain apprehensions and inhibitions regarding the various technical aspects of MUNs and we, as your Executive Board, will continually motivate and guide you through the minutiae of an MUN conference. In order to help you research well, we have prepared this background guide which will introduce you to the committee proceedings, its history, mandate and will further give you an overview of the agenda at hand. We hope this helps kick start your portfolio related as well as agenda related research.

This study guide, although very comprehensive and factual, provides a basic idea of the agenda and arguments in view of the United Nations and may vary from those of the respective country policies. In no way does this guide intend to confine research and thus, the delegates must make it a point not to confine their research to this guide. The guide consists of subjective and factual data with legal arguments, but this is just to make the delegates understand the ways in which they must make their addresses. At the cost of repetition, we strongly emphasise on reading this letter, the suggestions and the guiding questions given in this guide, thoroughly. This Background Guide is only intended to serve as a document introducing you to several important topics you need to know about before debating in the committee. We do not, by any means, intend for you to be limited by the topics mentioned in

this document. We encourage you to conduct extensive research individually and then lobby effectively to make the committee benefit from your unique and valuable viewpoint.

We would be following the UNA-USA Rules of Procedures and hence, your analytical skills, your negotiation skills and your ability of consensus building would be of paramount importance. We would adhere to UNAUSA, figuring prominently in the proceedings with some irregularities as will be necessary as per working methods of an EESC as well as for facilitating debate, as this will be conducted on an offline platform.

As you prepare to become honorable diplomats representing your respective nations, it is imperative for each of you to understand the volume of such a position of power. We expect all of you to display immaculate diplomacy and courtesy during as well as outside the committee. We strongly urge you to be diplomatic, not demanding. We also request you to strictly adhere to your foreign policy.

Feel free to revert back to the executive board for any queries or for any form of assistance you shall need. Wishing you good luck for the conference!

Also take note that no questions to consider section is present in this background guide because the executive board does not want you all to limit the horizons of your research.

Regards,

The Executive Board

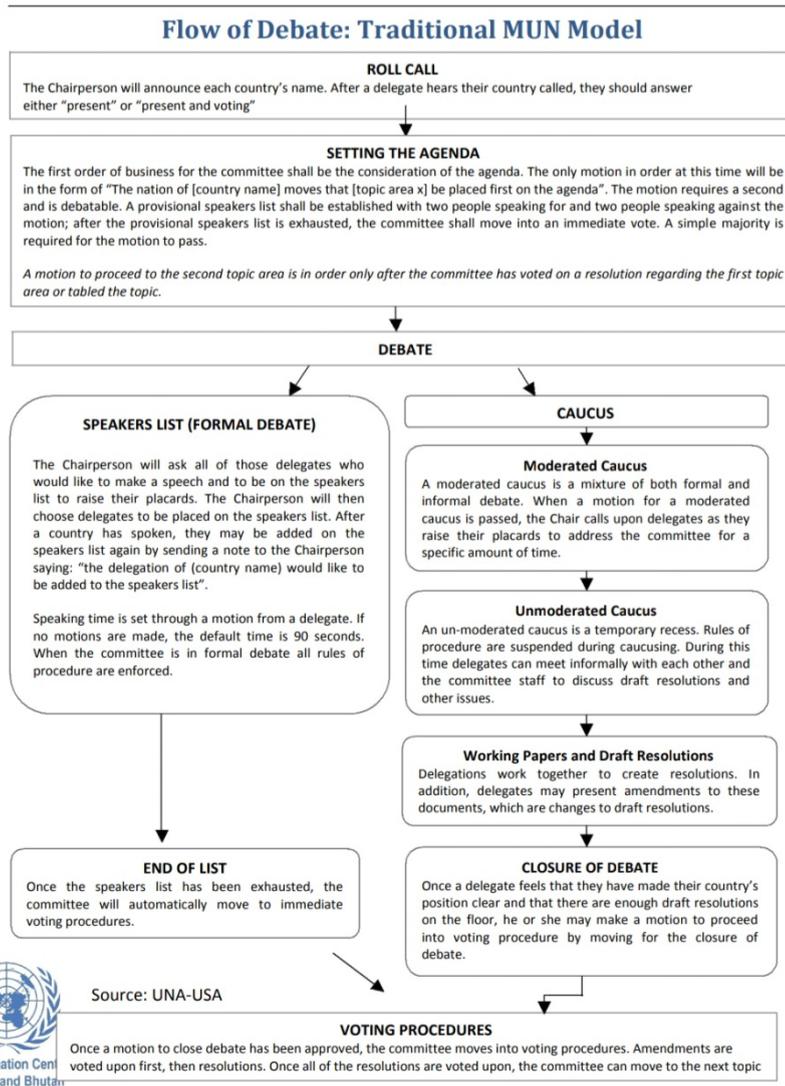
European Economic and Social Committee

Sharanya Narayani International School Model United Nations, 2022.

Sarbangna Mishra (Chairperson)

Aryan Gowda (Vice Chairperson)

BRIEF EXPLANATION OF THE UNAUSA RULES OF PROCEDURE



EVIDENCE OR PROOF ACCEPTED

Following sources will be accepted as credible in the committee:

1) News Sources

a. REUTERS – Any Reuters’ article which clearly makes mention of the fact stated or is in contradiction of the fact being stated by another delegate in council can be used to substantiate arguments in the committee. (<http://www.reuters.com/>)

b. State operated News Agencies – These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any country as such but in that situation, they can be denied by any other country in the council. Some examples are, RIA Novosti (Russia) <http://en.rian.ru>
IRNA (Iran) <http://www.irna.ir/ENIndex.htm>

c. AL JAZEERA (maybe accepted)

d. BBC (maybe accepted)

2) Government Reports

These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country. However, a nuance is that the Executive Board as credible information can still accept a report that is being denied by a certain country. Some examples are Government Websites like the State Department of the United States of America <http://www.state.gov/index.htm> or the Ministry of Defence of the Russian Federation <http://www.eng.mil.ru/en/index.htm> Ministry of Foreign Affairs of various nations like India (<http://www.mea.gov.in/>) or People’s Republic of China (<http://www.fmprc.gov.cn>). Permanent Representatives to the United Nations Reports <http://www.un.org/en/members/>

(Click on any country to get the website of the Office of its Permanent Representative.)

Multilateral Organizations like the NATO (<http://www.nato.int/cps/en/natolive/index.htm>), ASEAN (<http://www.aseansec.org/>), OPEC (http://www.opec.org/opec_web/en/), etc.

3) UN Reports

All UN Reports are considered credible information or evidence for the Executive Board of this joint session. UN Bodies like the UNSC (<http://www.un.org/Docs/sc/>) or UNGA (<http://www.un.org/en/ga/>). UN Affiliated bodies like the International Atomic Energy Agency (<http://www.iaea.org/>), World Bank (<http://www.worldbank.org/>), International Monetary Fund (<http://www.imf.org/external/index.htm>), International Committee of the Red Cross (<http://www.icrc.org/eng/index.jsp>), etc.

BEST PRACTICES FOR RESEARCH BEFORE AN MUN

(You can take these best practices into account, not only for this MUN but for other MUNs as well.)

1. Read the Agenda Guide, least 20 days prior to the conference and make a note of everything that needs to be understood. Do read the Background guide.
2. In case of a crisis situation, always read and look for the analysis and plausible rationale on the updates that may be issued a week before the MUN.
3. Google/Search everything and find relating documents (UN, News articles, Scholarly articles) for whatever was not really understood.
4. After wholly understanding (subject to how in depth you wish to go for the research), try understanding your allotted country's perspective on the agenda!
5. Make the stance in accordance with the country's perspective on the agenda which shall also define your foreign policy (history, past actions etc.)
6. Understand the cues and hints that are given minutely in the Background Guide that may come handy while presentation of contentions in committee.
7. Take a good look at the mandate of council as to what you can discuss and what you can do in this council. This point is placed here, just because your knowledge base shouldn't be limited to the mandate of the council. Know everything, speak whatever the mandate allows.
8. Follow the links given alongside and understand why they were given. Read the footnotes and the links and hyperlinked text.
 - Predict the kind of discussions and on what subtopics can take place, thereby analysing the subtopic research you have done and prepare yourself accordingly.
 - Make a word/page's document and put your arguments there for better presentation in council.

- Ask the Executive Board your doubts, if you have any, at least 10 days before the conference by means of the given email ID and make sure to not disclose your allotted country, until you want to understand the policy of your country.
- Download the United Nations Charter, the Geneva Conventions of 1949 and additional protocols, 1951, 63 Refugee Conventions there to and other relative treaties and documents given.
- Ask questions regarding procedure to speak something etc., if you have any, ON the day of the conference.

INTRODUCTION TO THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

Committed to European integration, the EESC contributes to strengthening the democratic legitimacy and effectiveness of the European Union by enabling civil society organisations from the Member States to express their views at European level.

This Committee fulfils three key missions:

- helping to ensure that European policies and legislation tie in better with economic, social and civic circumstances on the ground, by assisting the European Parliament, Council and European Commission, making use of EESC members' experience and representativeness, dialogue and efforts to secure consensus serving the general interest;
- promoting the development of a more participatory European Union, which is more in touch with popular opinion, by acting as an institutional forum representing, informing, expressing the views of and securing dialogue with organised civil society;
- promoting the values on which European integration is founded and advancing, in Europe and across the world, the cause of democracy and participatory democracy, as well as the role of civil society organisations.

It has the following 6 Sections:

ECO:

Economic and Monetary Union, Economic and Social Cohesion.

INT:

Single Market, Production and Consumption.

TEN:

Transport, Energy, Infrastructure and the Information Society.

SOC:

Employment, Social Affairs and Citizenship.

NAT:

Agriculture, Rural Development and the Environment.

REX:

External Relations.

Membership

Employers, trade unionists and representatives of social, occupational, economic and cultural organisations. Appointed for renewable 5-year term by the Council on a proposal by Member States.

Currently, EESC membership numbers 329 (same as the Committee of the Regions). The number of members per EU state varies according to the population of each state (see table below for state-by-state membership figures; the breakdown is the same for the Committee of the Regions). Members of the EESC are divided into three groups of equal number, employers, employees and a third group of various other changing interests such as: farmers, consumer groups, professional associations and so on.

Members are appointed by the council (by qualified majority) following nominations made by the government of the respective Member State. However, once appointed, the members are completely independent of their governments. They have a renewable term of office of five years. The President of the EESC, elected for a 2+1/2-year term, is Christa Schweng (since 28 October 2020), and the previous presidents were Luca Jahier (2018-2020) Georges Dassis (2015-2018) and Henri Malosse (2013-2015).

MANDATE OF THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

The European Economic and Social Committee was established by the Treaty of Rome of 1957 in order to unite different economic interest groups to establish a Single Market. The creation of this committee gave them an institution to allow their voices to be heard by the European Commission, the Council and the European Parliament. The EESC declares itself to be "a bridge between Europe and organised civil society".

It is mandatory for the committee to be consulted on those issues stipulated in the Treaties and in all cases where the institutions deem it appropriate. The Treaty of Maastricht considerably enlarged the committee's domain. Its influence now extends to matters such as social policy, social and economic cohesion, environment, education, health, customers protection, industry, Trans-European Networks, indirect taxation and structural funds. On certain issues the EESC works in partnership with the Committee of the Regions.

In latest years the committee has taken up the challenge of civil society, opening up its forum to representatives of all sectors, developing two complementary missions:

Involving civil society organisations more in the European venture, at both national and European level, boosting the role of civil society organisations in non-member countries or country groupings where the committee is furthering structured dialogue with civil society organisations, and promoting the creation of consultative structures based on its experiences, not least in the countries applying for EU membership, the Mediterranean partner countries, African, Caribbean and Pacific countries, India, China, Latin America (Mercosur) and Brazil.

It is mandatory for the committee to be consulted on those issues stipulated in the Treaties and in all cases where the institutions deem it appropriate. The EESC may also be consulted on an exploratory basis by one of the other institutions, and under Rule 29(2) of its Rules of Procedure may issue opinions on its own initiative. Around 15% of its opinions are own-initiative opinions.

Own-initiative and exploratory opinions often raise the awareness of decision-making bodies, and of the commission in particular, about subjects which have hitherto barely attracted their attention, if at all. Exploratory opinions drawn up at the request of other institutions before the commission has even drafted its proposals enable the various components of organised civil society represented within the EESC to express the expectations, concerns and needs of grassroots stakeholders.

The Committee adopts on average 170 opinions a year on a wide range of subjects concerning European integration. It therefore plays an active role in the processes of shaping Community policies and preparing Community decisions.

BACKGROUND OF THE AGENDA

BRIEF OVERVIEW

TECHNICAL INFORMATION FOR A BETTER UNDERSTANDING OF THE AGENDA

WHAT IS UNIVERSAL HEALTH COVERAGE (UHC) AS SEEN BY THE EUROPEAN UNION?

UHC embodies specific health and social goals: it is the aspiration that all people can obtain the quality health services they need (equity in service use) without fear of financial hardship (financial protection). As such, UHC promotes realisation of the human right to health, disassociating access to services from ability to pay. This right is declared in the World Health Organization (WHO) Constitution and increasingly in many national constitutions or

laws, thereby reflecting universal social values such as human security, social cohesion, and solidarity.

WHY IS UHC IMPORTANT TO PEOPLE EVERYWHERE?

Over a billion people lack adequate access to needed health services and 100 million are pushed into poverty each year as a consequence of paying for the services they receive.

UHC is a response to this, providing the assurance that the health services people need are available, affordable and of good quality.

Expanding coverage of financial risk protection and effective health services improves population health and productivity, thereby contributing significantly to overall economic and social development. At the same time, financial protection prevents people from being driven into poverty as a result of paying for health services out of their own pocket.

The aspiration to move toward UHC is relevant to all countries, as reflected in the 2012 United Nations General Assembly (UNGA) resolution. All countries can make progress on UHC, expanding the population covered, the package of services, and the extent of financial protection provided. These trade-offs must be considered as additional resources become available, technologies advance and population needs evolve.

WHAT ARE THE HEALTH FINANCING LESSONS FROM COUNTRY EXPERIENCES FOR PROGRESS TOWARD UHC?

Various countries at different income levels have recently made rapid progress towards UHC. There is no “one size fits all,” approach, and countries as diverse as Chile, China, Ghana, Kyrgyzstan, Mexico, Moldova, Rwanda, Thailand and Vietnam have each chosen unique pathways. However, the vast diversity in approaches to UHC does not mean anything goes. Country experience reveals common lessons for success and pitfalls to avoid. Here we outline six lessons in health system financing to guide progress toward UHC. Seeing this, the European Union can work towards having a more robust model to tackle the issue of healthcare financing.

THINGS THAT CAN BE DONE FOR A MORE SUSTAINABLE APPROACH TO HEALTHCARE IN THE EUROPEAN UNION

1. MOVE AWAY FROM OUT-OF-POCKET SPENDING TOWARD PREDOMINANT RELIANCE ON COMPULSORY AND PREPAID FUNDING SOURCES

No country has made substantial progress toward covering the entire population by relying on payments at the point of use or voluntary insurance contributions. Out-of-pocket payments are the most regressive way of financing the health system, placing financial burden on sick and poor people. Countries should eliminate or substantially reduce out-of-pocket payments and expand progressive mandatory prepayment (i.e. various forms of taxation, including compulsory social health insurance contributions) based on ability to pay. The aim is to ensure that there are sufficient resources pooled across the population, and in all cases, public resources have been essential to subsidise the cost of services for poor populations. For example, in China, enrollment in the Rural Community Medical Schemes grew from approximately 10% of the rural population in 2003 to 98% in 2012 following a substantial increase in government subsidies that now contribute an average of 80% of the premium. Low-income countries may need to supplement efforts to improve revenue generation with development assistance to reach even the most basic level of coverage.

2. BREAK OR WEAKEN THE LINK BETWEEN ENTITLEMENT AND CONTRIBUTION

Entitlement should not depend solely on specific contributions made by individuals; otherwise those who are most in need will remain without adequate coverage. Where a high proportion of the population does not have regular, salaried employment, it is difficult to collect direct taxes (e.g. income tax or mandatory health insurance contributions). Greater reliance must be placed on general budget revenues sourced primarily from indirect taxes (e.g., value added taxes), which can be designed to be progressive and are an important

untapped resource in many countries. For example, after many years of trying to expand coverage for the informal sector with a government-run and subsidized contributory voluntary health insurance program, Thailand abandoned this approach in 2002, introducing instead its “Universal Coverage Scheme” (UCS) that is funded entirely from general tax revenues. The UCS automatically covers all citizens who are not covered by either of the two formal sector health insurance schemes.

3. EXPAND FISCAL SPACE TO INCREASE PUBLIC SPENDING ON HEALTH

As demonstrated in the lessons above, public financing is critical to subsidise the costs of care for poor and sick populations and to ensure equity on the path to UHC. In many countries, this will require increasing public spending on health, either by prioritizing health financing in national budget allocations, expanding the overall level of public revenues (through progressive mechanisms) and expenditures, or implementing a combination of the two. Subsidizing the healthcare sector can also reap great benefits for healthcare industries with reduced average costs which can in turn reduce the price for treatment and care. Mexico’s commitment to move toward UHC was reflected in an increase in public spending on health by an average of 5% annually from 2000 to 2006. Turkey’s increases in public spending between 1995 and 2010 contributed greatly to significant improvements in service delivery and to improved access for the underserved and rural populations, with a key focus on priority services for mothers and children.

4. BUILD STRENGTH IN NUMBERS AND ENABLE CROSS-SUBSIDIZATION BY CONSOLIDATING RISK POOLS

Fragmentation of risk pools inhibits countries’ ability to distribute prepaid funds for health in accordance with need. To respond to this challenge, countries should build pools that cover people of different economic and health statuses to enable the redistribution of resources. Many countries, e.g. Thailand and Mexico, historically developed health insurance schemes for civil servants and/or formal sector workers before extending explicit coverage to the rest of the predominantly poor population.

Recent efforts to consolidate the risk pools - incorporating the informal sector and the poor into the existing schemes - have proven difficult. As a result, governments have been forced to spend more resources to gradually equalize the benefits across the population.

5. IMPROVE EFFICIENCY AND EQUITY TO ENSURE MORE HEALTH FOR THE MONEY

WHO has estimated that between 20% and 40% of health expenditures are wasted in most countries. Effective purchasing of health services can improve efficiency and release funds that can be reinvested to increase the coverage and quality of care. Such strategic purchasing involves shifting from historical, bureaucratic resource allocation processes towards data-driven approaches that use information about the provider's performance and/or the health service needs of the population they serve. Kyrgyzstan and Moldova, for example, moved away from a system where the number of inpatient beds drove hospital budgets, to a mechanism that pays hospitals according to the number of treated patients and severity of their conditions.

Hospital managers responded by reducing the fixed costs of their physical infrastructure, enabling them to shift resources toward medicines and supplies.

This efficiency gain benefited those living in poverty most of all by reducing their need to pay for these items directly at the point of service. Similarly, global evidence on the effectiveness of interventions delivered by relatively low-cost community health workers have been shown to improve health outcomes and access to health services for remote and disadvantaged populations.

6. ALIGN PURCHASING WITH BENEFITS TO TURN PROMISES INTO RESULTS

One particularly promising direction has been to create an explicit link between purchasing mechanisms and declared benefits for the population. For example in Kyrgyzstan, when an ineffective fee exemption system was replaced in 2001 by a mechanism to pay providers more to treat people in exempt categories, there was a dramatic decline in out-of-pocket payments by people in exempt groups. Chile introduced the same principle with its Universal Access with Explicit Guarantees (AUGE) program in 2005, which guaranteed the entire population a set of 69 defined interventions. Provider payment arrangements were designed to increase access and quality while reducing wait times and co-payments for these services.

It is also the same principle reflected in Burundi's free maternal and child health services program, which is supported by a mechanism that pays providers for the services provided to pregnant women and children under 5. These experiences highlight the importance of aligning declared service entitlements with payment mechanisms that enable such promises to be realized.

There is a need to develop and implement national standards for examinations by which doctors, nurses and pharmacists are able to practice and get employment.

Rapidly develop and implement national accreditation of hospitals; those that do not comply would not get paid by insurance companies. However, a performance incentive plan that targets specific treatment parameters would be a useful adjunct.

CONCLUSION

Experience demonstrates that real progress is possible in countries at all income levels. Each country's pathway will differ depending on the local context, however the above lessons are essential for equitable and effective progress.

Country experience provides valuable lessons that are derived from specific technical details in health financing arrangements rather than the reform labels. Labels such as "social health insurance," "community insurance," or "tax-funded systems" have little meaning by themselves and hide the complex choices and options available to countries as they raise, pool, and use funds to ensure the availability and use of quality services.

Health system financing is an essential component but progress towards a more sustainable healthcare system also requires coordinated actions across the pillars of the health system of the European Union with particular attention to strengthening human resources for health.

The current economic condition in the European Union as a result of the Russia-Ukraine conflict has taken a toll on the healthcare policies in nations and it must be looked at with great importance.

QUESTIONS A RESOLUTION MUST ANSWER

(QARMA)

- 1. What can be the guidelines to work in line with these revisions, to implement them?**
- 2. How to re-assess the European health standards, taking into account the European economy?**
- 3. What other improvements can be made in the health sector in underdeveloped health systems in Europe?**
- 4. How will the EU countries' work on the pre-preparedness of any other illness be managed?**
- 5. How would the nexus between the EESC, World Health Organisation and World Bank help in mitigating the critical economy of the European Union?**
- 6. How to track the shortcomings in the European approach when it comes to providing Universal health coverage?**

LINKS FOR FURTHER RESEARCH

1.

<https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/industrial-changes-health-sector-own-initiative-opinion>

Mitigation Strategies for Pandemic Influenza A: Balancing Conflicting Policy Objectives and its implications on UHC:

<https://www.google.com/url?sa=t&source=web&rct=j&url=https://journals.plos.org/ploscompbiol/article%3Fid%3D10.1371/journal.pcbi.1001076&ved=2ahUKEwin9ZXj8sDrAhVRWysKHXYcBJoQFjAPegQICRAB&usg=AOvVaw1Qb1s1-qyfV0KNqJaPVS-->

2. EESC endorses a robust and inclusive EU Health Union:

<https://www.eesc.europa.eu/en/news-media/news/eesc-endorses-robust-and-inclusive-eu-health-union>

3. How to effectively mitigate the impact of COVID-19 on our business?

<https://www.google.com/url?sa=t&source=web&rct=j&url=https://www2.deloitte.com/hr/en/pages/about-deloitte/articles/COVID-19-How-to-effectively-mitigate-impacts-pandemic-on-your-business.html&ved=2ahUKEwin9ZXj8sDrAhVRWysKHXYcBJoQFjADegQIAhAB&usg=AOvVaw3s5hqYg9um42-GQdw-fYfj>

4. Strategies for Health Infrastructure in the European Union:

https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.ncbi.nlm.nih.gov/books/NBK54163/&ved=2ahUKEwin9ZXj8sDrAhVRWysKHXYcBJoQFjACegQIAxAL&usg=AOvVaw0QQYJl3pJudgN_0mQR0PIm

5. Global Health Security at the World Economic Forum:

<https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.weforum.org/projects/managing-the-risk-and-impact-of-future-epidemics&ved=2ahUKEwin9ZXj8sDrAhVRWysKHXYcBJoQFjAEegQIBRAB&usg=AOvVaw0j8UBqOYsUFPHbJXDLeMVU>

7. Will we help the world rise stronger after COVID-19?

<https://www.un.org/development/desa/en/covid-19.html>

8. An Overview of Universal Health Coverage:

<https://www.worldbank.org/en/topic/universalhealthcoverage>

MORE LINKS FOR REFERENCE AND OTHER IMPORTANT DOCUMENTS:

1. <https://apps.who.int/iris/bitstream/handle/10665/327356/9789289051750-eng.pdf>
2. <https://www.un.org/pga/73/event/universal-health-coverage/>
3. <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>
4. <https://www.un.org/en/observances/universal-health-coverage-day/background>

5. <https://www.who.int/news/item/23-09-2019-who-welcomes-landmark-un-declaration-on-universal-health-coverage>
6. <https://www.unaids.org/en/topic/UHC>
7. <https://www.uhc2030.org/>
8. <https://www.commonwealthfund.org/international-health-policy-center/system-features/how-does-universal-health-coverage-work>
9. <https://www.oecd.org/health/universal-health-coverage.htm>
10. <https://sdg.iisd.org/events/high-level-meeting-on-universal-health-coverage/>
11. https://ec.europa.eu/international-partnerships/topics/universal-health-coverage_en
12. <https://apps.who.int/iris/bitstream/handle/10665/204630/9789290232872.pdf?sequence=1&isAllowed=y>