

**Report on work done by EPSU 2009-2014 on health and social services**  
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**Introduction of Resolution 11 "Health and Social Services:  
Combating liberalisation and meeting future needs"**

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Dear Chairperson, presidium and congress colleagues,

My name is Liza di Paolo-Sandberg and I am from Kommunal in Sweden.

During the past mandate period I have been the Chairperson of the Standing Committee on Health and Social Services.

It has been a tremendously exciting and challenging task. The Committee has achieved its work thanks to its dedicated and purposeful committee members, and I want to thank all of you, and also especially convey my warm thanks to Carola for all your support. Last, but not least, to my lifeline Mathias Maucher, who has stood by me, even when things have been tough.

The health and social services sector represents 3.5 million workers organised in a number of trade unions in some 40 countries of Europe. 80% of those who work in this sector are women. The workers are employed in the public, the private and the not-for-profit sectors.

Today I want to present resolution number 11, Health and Social Services – "Combating liberalisation and meeting future needs".

**But first of all a look back at the past.**

I want to highlight some of the results we have achieved during the period 2009 - 2014.

The first item I want to record is how we have worked to influence the objectives and content of EU legislation in matters of relevance to our committee.

Directive 2011/24 EU – Application of patients' rights in cross-border healthcare, will be my first example.

EPSU campaigned throughout 2009 about the Council's proposal, and the Executive Committee made a statement regarding the vote. This was followed by a letter to the EU's Health Ministers, in which we emphasised that the directive should be based on Treaty Article 152 regarding public health, and not on the internal market. The letter also pointed out how important it was for the directive not to undermine the member states' ability to plan their national health systems.

All this lobbying was finally rewarded when a number of EPSU's points were taken into account in the final compromise. The affiliates agreed to monitor the conditions that give the member states scope to act, when the directive is transposed into national legislation, in terms of procedure or the institutions concerned.

My second example is Directive 2013/55 EU – Recognition of professional qualifications.

EPSU worked proactively with this issue from 2011 to 2013. EPSU organised two consultations in 2011 and then prepared its position paper. This document has since been used as the basis for amendments and for meetings with MEPs. The position was primarily based on making use of the information systems of the internal market, language requirements/tests as a part of recognition, continuous professional development, training requirements for doctors, nurses and midwives.

One of our aims was to support joint trade union pressure to provide an institutional role for the social partners in following up the revised directive.

During 2011 the committee worked to prepare the European health conference in Bucharest, which was held within the framework of the project “Europeanisation of health policies and health care systems and common challenges for the health care workforce”. Over 80 delegates participated in this conference, which dealt with four topics:

1. The Europeanisation of national health care systems, health policies and the role of the social partners in health care.
2. Financing health care against the background of the crisis and of austerity policies throughout Europe.
3. Cross-border mobility of the health care workforce: challenges to recruitment, qualifications, working conditions and guarantees in terms of collective bargaining agreements.
4. Effective policies to recruit and retain workers, the ageing workforce.

The conference adopted a number of recommendations and action.

In 2013 we also produced a paper on current developments in health care, in the labour market for the health professions and in respect of the qualifications, skills and competences of health workers – perspective for trade union action in a European context.

We have also worked on the social dialogue in the hospital and health care sector. I am particularly happy to welcome Tjitte Alkema, the General Secretary of HOSPEEM, which is a partner in the social dialogue.

The social dialogue work programme has principally dealt with two major subjects: Health and safety at work, and recruitment and retention of health care workers.

These subjects will continue to be on the agenda in the years to come.

Since 2009 the social dialogue has dealt with a number of issues and subjects, a few of which will be mentioned here:

Negotiations about the framework agreement on prevention from sharp injuries were carried out during six months in 2009. The purpose of the agreement was to obtain the safest possible working environment by prevention sharp injuries. The agreement was signed on 17 July 2009 by EPSU and HOSPEEM; in October 2009 the Commission presented a proposal for the Council Directive, which implemented the agreement. Three regional seminars were held in 2013 to follow up the implementation of the directive in member states, with a final conference in Barcelona. 365 participants from 25 countries took part in these meetings.

In 2010 the social partners signed a framework agreement on activities relating to the recruitment and retention of workers. The agreement is aimed at making the sector more attractive in terms of organisation of work, developing workforce planning, lifelong learning and continuous professional development.

The committee has also started working with the Committee for local and regional government; resolution number 8 is an example of the outcome of this collaboration.

### **And now for the resolution.**

Increased liberalisation in health care services and social services at the national as well as EU level is weakening solidarity and cohesion; it exacerbates inequality and has negative effects on living and working conditions. This does in turn influences the quality of jobs and job security.

Demographic changes and the ageing population will increase the demand for these services.

This means there is a large need for investment in the sector to meet the need for new skills and new professions.

We must continue to fight for health care services and social services of good quality, and against various forms of contracting out, which risk impairing or even lowering the quality of services, and undermine the financial sustainability of services.

We will defend and promote the principle of equal wages for equal work or work of equal value in the same place.

We will promote at national, regional and local level the definition of the application of the relationship between employees and patients, and systems for forecasting qualitative and quantitative needs.

We will safeguard industrial relations through social dialogue in our sector at European, national, regional and local levels.

We will produce a working document to be used in EPSU's own work and in activities relating to the social dialogue, to preparing regulations on skills development and changing work assignments, to making the working conditions of health care professions attractive both in countries that export and in countries that receive workers.

Chairperson,

With these words I ask Congress to make its decision; I move the motion and the amendments contained in it.

Thank you.