

*Association Européenne
des Institutions Paritaires*

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AEIP Position on the Communication from the Commission “Consultation regarding Community action on health services” of 26 September 2007

Introduction

AEIP is composed of social protection institutions jointly managed by employers' and employees' representatives. They are active in the field of health insurance, provident benefits, retirement schemes (covered by EC Regulation 1408/71), pension funds and paid holiday schemes. Their management is based on the principle of solidarity, they are normally not for profit and they are pursuing social goals.

As part of the national social protection system, they are concerned by a European reflection on health services as announced following the vote in Parliament on the first reading of the proposal for a directive on services in the internal market. The so-called paritarian organisations through their equal representation of employers and employees are at the core of the tensions between social welfare and justice on the one hand and the demand for more economic efficiency on the other.

The reasons for excluding the health services from the services directive and the request to go for a separate approach are because health service can not be considered as a normal market service. First of all, suppliers determine the demand and, on the other hand, patients are sometimes not able to make decisions on their own and therefore cannot be regarded as normal consumers. Secondly, health care is considered to be an essential facility and a fundamental right.¹ At the same time, it is important to be aware that the liberalisation of health services market could also lead to the problem of misuse by providers.

AEIP subscribes to the common values and principles of the European health care systems set by the European Council in June 2006: The values such as universality, access to good quality care, equity and solidarity are promoted by its members.

With the present position AEIP reminds that the organisation of health care underlies the subsidiarity principle and is thus under the sovereignty of the Member States. According to Art. 152, the role of the Community shall be directed towards improving public health, preventing human illness and diseases and encourage cooperation between Member States.²

¹ See: Access to Health Care in an Internal Market: Impact for Statutory and Complementary Systems by Yves Jorens, Michael Couchier and Filip Overmeieren, University of Gent, p. 5

² See: « Internal market and Health Care : a new balance ? » Study conducted by Université Libre de Bruxelles in collaboration with the Katholieke Universiteit Leuven on the request of Rudy Demotte, Minister of Public health and Social affairs, Belgium, p. 3

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Following, AEIP will provide some general remarks about where it sees that action of the EU is needed.

For AEIP it is of utmost importance to put the needs of the patients into the centre of the reflections and at the same time respect the role of the different actors of health systems. AEIP sees a role for the EU in the following areas: benchmarks for quality standards, equivalence of medical practice, licensing and accreditation, patient's rights and support for regional projects.

Benchmarks for Quality Standards:

The European Commission should provide for a platform to discuss the quality standards. Member States should have the possibility to share information on programmes for quality improvement they are applying. This could include evidence based analysis of new effective and efficient technologies in order to diffuse information of innovation across Europe.

Equivalence of medical practice

Another field of action for the EU could be the equivalence of medical practice. This is also a subject that at European level needs in-depth analysis and the EU could provide for guidelines for good medical practice at European level. One could think of a European certificate or label for good medical practice. This gets a more important role with increasing mobility and the implementation of so-called reference centres.

Licensing and accreditation

Licensing is about providing the right to give permission to exercise or perform an activity. This could be relevant for professional qualifications of health care personnel. This could include licenses for pharmaceuticals and special treatments or else in the field of genetic medicine. The EU could again set minimum requirements that the Member States implement following the existing rules in their countries.

Accreditation is about ensuring that care facilities meet a set of accreditation standards or requirements of how a form of care should be put into practice. The implementation and control of such standards should be done by the Member States. This could be useful in case of long term care facilities or hospitals in general.

Patients Rights

In this area, a clear distinction between mere marketing and real useful and qualitative information about treatments, practitioners and medicine for patients has to be made. Europe could play its role in providing an information platform for both practitioners and patients. At the same time, communication skills of doctors need to be trained and awareness of patients has to be risen about existing treatments and its consequences. In European working groups, Member States could share information on such measures.

From the product point of view, the pharmaceutical industry has to commit itself to accurate information and in-depth analysis of secondary effects of medicine.

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Support for regional projects

The regions being close to the citizens will have in future more and more impact on health care and could help to ease access to health care facilities across borders. AEIP would be in favour of setting up a working group on existing projects in the different regions and especially projects of cross-border cooperation. In such a working group the participants should work on the best methods of collecting quantitative and qualitative data about existing projects and possibilities existing in border regions to ease access to health care. Europe should support such projects through European Interreg programmes. Another subject to be dealt with is model contracts for bilateral agreements between regions which provide enough flexibility for the parties to set the framework.

Conclusion

Coming back to the common principles of European health care systems, set out by the European Council in June 2006, the EU should have, according to AEIP, a major impact on balancing out inequalities across Europe. Fostering regional approaches and providing the right instruments to the Member States to comply with the principles is a major task for the coming years. The Health Care market is considered to be the fastest growing market globally, thus, there is a lot of potential in this market to the advantage of all European citizens.

According to AEIP, the social partners could play a major role in improving the provision of health services at European level. Initiatives such as the social dialogue in the hospital sector, launched only recently show that there is a major interest in working on common a challenge. Representing the needs of the employees and of the employers they are the most adequate to respond to the common challenges and to find the compromise in the interest of both parties.

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AEIP at a glance...

Aims and activities

To promote the paritarian management of social protection at EU-level... this is the key objective of AEIP, the European Association of Paritarian Institutions that was established in 1996.

The values supported by AEIP are based on a balanced representation of employers and employees and include joint management, solidarity and transparency, as well as social policy emanating from collective bargaining. This approach is complementary to that applied within the social economy.

Ultimately, its aim is the recognition of the status of the European Paritarian Institution of Social Protection, as the only structure that enables joint negotiation and management of cross-border collective agreements on pensions, health and providence.

Four areas of implementation of paritarism are at the heart of AEIP's concerns:

- coordinated pension schemes;
- pension funds;
- health and provident benefits;
- paid holiday schemes.

The main activities of AEIP are the study and dissemination of paritarism in the field of social protection through conferences, seminars and publications and representation at EU-level through close contacts and cooperation with the European Commission, the European Parliament and the Economic and Social Committee.

Membership

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