

**Association Européenne
des Institutions Paritaires**

**Rue d'Arlon 50
B – 1000 Bruxelles
E-mail: info@aeip.net**



**European Association
of Paritarian Institutions**

**Tel: + 32 2 230 93 30
Fax: + 32 2 282 05 69**

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AEIP Position on the Green paper from the Commission “Promoting a Sustainable Workforce for Health in Europe” of December 12, 2008

Introduction

The AEIP is composed of institutions jointly managed by employers' and employees' representatives. Their management is based on the principle of solidarity; they are pursuing social goals and are usually not for profit. Playing an important role in the national social protection systems, they are concerned by a European reflection on health services and the workforce on health.

The AEIP's members are amongst others active in the field of health insurance, provident benefits (covering against occupational injury, disability and death risks), pension schemes (a.o. for the health workforce), as well as in the area of rehabilitation and long-term care.

The AEIP members are taking care for the wellbeing and the social security of the health and care workforce. Hence, feeling responsible for people working in health and care is their second nature.

The AEIP welcomes the commission's Green Paper on the European Workforce on Health. The following *issues* are of interest to our members. These are elaborated from an AEIP's point of view.

- 1. Demographic development and promotion of sustainability of the health workforce.**
As the population ages, the workforce in health and care will expand while at the same time the demand for health care services is increasing. Under these circumstances it is of utmost importance to avoid scarcity within the sector. Thus, employability within the sector is of great importance. Scarcity could lead to a wage spiral, thus leading to a raise in premiums and affecting affordability of EU's health and care systems.
Social partners do play a dominant role in creating the best labour conditions and working packages. ***The AEIP members have the tools to stimulate life time employment and recognize an enormous variety in these tools across the EU. The question is whether these tools and possibilities are optimally utilised. The AEIP is ready to create a platform to discuss and exchange these matters in close cooperation with the European Commission.***

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2. **Capacities in the public health sector.** An ageing workforce encounters more health problems. Workplace related health issues are meaningful and need attention. A more in depth orientation on a healthy workforce will be profitable. This will improve the potential of the workforce. Investments in the potential of the workforce will lead to an increase of the quality of life of all. For instance by applying alternative working rhythms and by customizing schedules. *An EU support programme to stimulate projects in this domain should be envisaged.*
3. **A skilled workforce.** This issue relates to the directive on the recognition of professional qualifications. All medical professions and their possible differences should be covered and registered. Investment in proper training is important in order to retain people in and attract people to the sector. Moreover, as it is mostly women working in health and care, and many of them are willing to return to their jobs, adequate conditions including training and retraining should be created. Alternative labour patterns and working schedules should be made possible, as well as sabbaticals and other time out possibilities. Language courses could help to overcome cultural differences.
4. **Mobility management of healthcare workers within the EU.** There is relatively little known about flows of health workers across the EU. Does it relate to specific segments of the workforce, specific regions within the EU, does it concern temporarily or permanent migration?
It is a fact that the fundamental right of free movement should be facilitated. At EU level this is done by means of coordinating the various and relevant social security schemes. More precise: barriers for workforce mobility are omnipresent and are subject of removal. This touches EU social and labour law and therefore national competences. For instance, the absence of facilities for cross border private or collective pensions is to be considered as a limitation in managing and stimulating mobility of health workers within the EU.
The AEIP promotes solidarity and collectivity, and therefore stresses the importance of collective social security arrangements and involvement of social partners. The AEIP calls for a phased approach in this matter. First, the EU commission is asked to continue its work using the instrument of social dialogue. In this case the AEIP refers to the existing dialogue for the hospital sector. Also, improvement is needed to build knowledge of the mobility of the healthcare workforce. This knowledge should encompass insight in both cross border mobility as well as actual migration of health professionals. Here, the EU can play a vital role. Finally, it is up to social partners and social security operators to consider the relevance and need for pan European social security arrangements.
5. **Global migration of healthcare workers.** European countries frequently recruit personnel from African and Asian states in order to cope with the lack of specialised healthcare personnel. The European Commission deserves credits for their initiative to create global code of conduct for the ethical recruitment of health workers from non-EU countries. *Global solidarity is a vital issue for AEIP's members.*
6. **Effects of new technologies, improvement of the efficiency of health care workers.** Telemedicine and e-health can facilitate the work of health professionals, and may lead to economy of scale. Especially in long term care this can play a mayor role in raising labour productivity. The role of the health professional itself can never be replaced.

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Implementation of successful new technologies is often seen in rather limited environments. The EU could play a role in communicating about and disseminating successful examples.

7. **Significance of self employed persons for the working force potential.** In times of scarcity of personnel, professionals can be attracted to join the health workforce on their own terms. However, free lance workers do have an impact regarding the over all quality of the health work force when it relates to lack of training and irregular working conditions. Moreover, self employed persons arrange for their own social security and avoid solidarity. They cannot improve the planning of service provision nor does it create new jobs. *The AEIP therefore questions the explicit emphasis to the promotion of self-employment.*

CONTACT :

Bruno GABELLIERI
Secretary General of AEIP
Tel. : + 33 (0) 6 0747 0284
bruno.gabellieri@aeip.net

Francesco BRIGANTI
Director of the Brussels Office
Tel.: +32 2 282 0597
Francesco.Briganti@aeip.net

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AEIP at a glance...

Aims and activities

To promote the paritarian (joint) management of social protection schemes 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.

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

- coordinated retirement schemes;
- pension funds;
- health and provident benefits;
- health and safety at work;
- unemployment 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.

AEIP has 38 members in 18 European countries.



Membership

▪ Associates

- B INTEGRALE
- D BKK-BV, SOKA-BAU, BG
BAU
- F AGIRC, ARRCO, CTIP
- IT ASSOPREVIDENZA
- SF TELA
- CH Fondation de Prévoyance
Lombard Odier Darier
Hentsch & Cie
- NL VB
- LUX Dexia Pension Fund
- IRL CWPS

▪ Observers

- UK B&CE
- A BUAK
- I CNCE
- CH CIA, Retraites Populaires
- GR TEA ELTA
- SF TVR
- E Fundación Laboral, Geroa
- RO Casa Sociala a Constructorilor
- IRL CIMA
- E Geroa
- DK BAR

▪ Correspondents

- GR Hellenic Bank Association
- ESP CNEPS, Mutua General de
Catalunya
- UK UPS Ltd
- BG Central Union of Workers'
Productive Cooperatives
- F CAVAMAC, CARCD, CARAC,
Groupe France Mutuelle,
CAPSSA
- H Országos Nuygdijbiztositasi
Főigazgatosag (ONYF)
- PL Adam Smith Centre

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