**AIM**
ASSOCIATION INTERNATIONALE DE LA MUTUALITE

**Secretariat**

# AIM CONTRIBUTION TO THE COMMISSION'S

# "GREEN PAPER ON THE EUROPEAN WORKFORCE FOR HEALTH"

## BRUSSELS, 2 APRIL 2009

## ABOUT AIM

The *'Association Internationale de la Mutualité'* (International Association of Mutual benefit societies) (AIM), was created in 1950 and brings together 41 national federations of autonomous health insurance and social protection bodies in 27 countries worldwide, all operating according to the principles of solidarity and with a not-for-profit orientation. They provide coverage against sickness and other social welfare risks to more than 230 million people, either by participating directly in the management of compulsory health insurance, by providing voluntary health insurance or by delivering directly health care and social services through own facilities.

AIM's goal is to defend and promote, at international and European level, the social values and basic principles shared by its members: access to health care as a fundamental right, solidarity and non-exclusion as essential means to ensure this access to quality health care for all, irrespective of health status or financial capacity to pay; finally, autonomous management and not-for-profit orientation as guiding principles for health insurance based upon the needs of citizens.

*AIM endeavours to voice concerns and ideas raised within the sphere of non-profit health insurance institutions in the EU. AIM positions, requiring validation through its own statutory decision-making process, do not commit its individual member organisations. Therefore, AIM involvement does not detract from its member organisations taking dissentient views.*

## ABOUT THIS CONTRIBUTION

This contribution to the discussion about the Green paper on the European Workforce for Health has been developed by the European Affairs Committee of AIM. In general, all members of the AIM European Affairs Committee see this consultation as an excellent opportunity to express their interest and to contribute – in sharing their expertise and knowledge – to the work the European Commission does in the field of health. However, certain AIM member organisations have responded individually to the consultation as well and have expressed their individual opinions and views separately.

## GENERAL COMMENTS

### The added value of the European Union in the field of health workforce

Although AIM members have different visions about healthcare interventions of the European Union due to the diversity of the healthcare systems and its interaction with the national organisation of health services, they all recognize that there is an important role to play by the institutions of the European Union. AIM therefore always assesses the added value of any new EU healthcare policy in terms of accessibility and quality. It is not about a simple transfer of competences from a national to a European level, but the need for and added value of co-ordination, steering and guidance.

On top of this, AIM members consider the issue of health workforce primarily as a healthcare issue and not as a single market issue. AIM highlights the common and underlying values and principles of the European healthcare systems: universality, access to good quality care, equity and solidarity. The European solidarity-based social and healthcare systems contribute to social cohesion and social justice. As social cohesion is a fundamental objective of the European Union it is of paramount importance to safeguard these common values and principles.
Healthcare professionals are only a part of this system and play a prominent role as they provide the service. This is why the Green paper cannot be analysed independently of broader debates about the future of European healthcare systems.

AIM also emphasizes that health services cannot be compared with common consumer goods, and consequently health professionals cannot be considered as purely economic providers who create added value in a market. Universal access to quality healthcare can only be secured by respecting the above-mentioned values and principles. Complete deregulation in health care provision, in combination with a market-based management of the health workforce, would make healthcare systems less effective, more costly and less equitable. Defining fundamental and public objectives, of solidarity-based access to care providers and of cost-effective management of the workforce, can be regarded as implementing 'services of general interest', taking precedence over purely economic interests. These principles of 'general interest' should remain the cornerstones of EU healthcare systems and of the management of the workforce.

**Observed trends and problems**

Within the European Union, AIM members observe significant trends and different types of problems:

- General shortages of health professionals. Demography, the rising proportion of women in the workforce and 'numerus clausus' or 'training quotas' are some of the most frequently occurring trends and reasons for a diminishing healthcare workforce.

- Geographical and functional deployment/distribution/coordination. Within the European Union and within some member states the distribution (national, regional, local) of the available health workforce is sometimes not balanced. Rural areas are faced with workforce problems because urban areas seem to be more attractive. But also within the healthcare system and between the different service disciplines more efficient distribution/coordination of the workforce might be necessary.

- Providers´ mobility as an adjustment tool. It seems that member states see providers´ mobility as a tool to adjust their national policy shortcomings, which can leave other member states with a capacity problem. This implies a need for reinforced competition among European healthcare systems.

- (De)motivation. Pressure, administrative burden, remuneration structures and a lack of prestige and recognition can effect the motivation of health professionals and of those that might be considering a healthcare career.

**The scope of the consultation**

AIM considers this consultation as very important for the future of healthcare systems in the European Union. The broadness of this consultation has, however, a double effect. On the one hand, it takes into account the long-term tendency to removing the boundaries between health workers and social workers, with the emergence of what is

called the “medico-social” sector. On the other hand, the management of a health workforce varies a lot from one profession or speciality to another, which limits the scope of over-generalised a discussion.

## GENERAL COMMENTS RELATED TO THE CONSULTATION

AIM welcomes the growing attention of the authorities of the European Union to the long-term management of the European workforce for health. It is necessary to take a closer look at some elements of this discussion.

### Mutual benefit societies and health services

Mutual benefit societies play an important role in the European health sector. They provide both insurance coverage and services to more than 170 million European citizens. Because the structure and organisation of health systems differ between the Member States, these societies do it in specific, distinctive ways. They provide services to their members on a solidarity, not-for-distributable-profit and non-risk-selection basis. The primary goal is to satisfy their members’ needs. They are person-based societies: they have no shareholders. Therefore, their goal is not to maximize profits nor to re-distribute externally any financial surpluses.

As such, and by way of internal democracy, mutual benefit societies can be seen as representatives of their members. This is important especially in the field of the Green Paper, as this implies they do not only focus on the questions of costs and reimbursements of health care, but also on the issue of accessibility to the professionals who provide the service. They are not a pure ‘financer’, they do ‘risk management’ too.

AIM stresses that its members are representatives of their own members, i.e. of the typical European citizen. Thus, the members of AIM represent both healthy insured as well as patients. The activities of the mutual benefit societies reflect the needs and wishes of their own members. That is why AIM member organisations call on European and national public authorities to respect the ‘general interest’ criteria and a properly regulated health market, instead of pushing for a completely free market approach.

### Access to health services – and their providers – as key element of a Social Europe

AIM represents mutual benefit societies which are essentially associations of people organising the provision of services to the benefit of the collectivity. Social cohesion is the starting point and the basis of mutual benefit societies. In that sense, they provide a counterbalance to all ‘private’, for-profit alternatives which may have other goals than satisfying the health and social needs of the European citizen. This counterbalance is needed to build a Social Europe that provides a secure, solidarity-based and sustainable framework for further economic prosperity within the European Union.

AIM sees health services as a cornerstone of a Social Europe. Whereas the concept of the internal market may suit other sectors very well and may contribute to a strong European economy, health services form not only an integral part of the Lisbon Strategy but also a vital contributing factor to social cohesion and should be treated accordingly.

### Health professionals and the internal market

Healthcare is a good example of a sector needing a specific approach instead of a purely market approach - which is not to say that the sector should be completely excluded from the application of internal market rules.

For AIM it is not always clear and/or wanted if and whether the Green paper sees the question of health workforce as a matter of 'general interest' or an economic question. This also raises the problem of to what extent subsidiarity should be applied. In that respect, AIM sees a clear link between this consultation, the current discussion about the patients' rights proposal for a directive, and the debate on 'social services of general interest'.

## SPECIFIC PROPOSALS RELATED TO THE CONTENT OF THE GREEN PAPER

### Demography and the promotion of a sustainable health workforce

- To extend the scope of this consultation and Green paper to cover not only the health workforce, but also the medico-social workforce.

- To encourage the exchange of good/best practices - within the format of the Open Method of Coordination - on the establishment, geographical (rural vs urban) and functional (within networks/ group practices/ interdisciplinary) deployment, distribution, remuneration and attractiveness of/for healthcare professionals.
  The exchange should also focus on good practice in ensuring better working conditions for health and social workers and carers (e.g. elderly workers, reconciliation of professional and family life, etc.).

- To review the of health workforce issue in combination with developments in the field of eHealth and the evolving roles and responsibilities of the social and health workforce (where the EU could play a role in terms of follow-up, support and exchange).

- To carry out, in collaboration with the Member states, a stocktake of the availability of health workforce (including in hospital and long-term care sector) in the different Member States, to help assess the unmet needs. To provide support to Member States in short and medium term planning analyses including the health and long-term care sectors).

### Public health capacity

- To encourage and support at European and national level the importance of prevention activities, healthy lifestyles and health education. To support the need for more 'cost-effectiveness' studies of such activities and policies.

- To support the exchanges of good practices currently being developed by platforms such as AIM, ESIP or ISSA in the field of health promotion and disease prevention (especially chronic diseases).

### Training

- To encourage Member States to launch campaigns for awareness of professional opportunities in healthcare and social care professions, to attract young people to study for health professions.

- To encourage Member States to invest in education and study programmes for health professions, and if necessary to review their 'training quota' or 'numerus clausus' systems, in order to cope with the identified national needs as regards workforce capacity (including needs for the hospital and long-term care sectors), aiming to become self-sufficient.

- To encourage Member States to ensure independence of initial and continued training of the social and health workforce (content and financing).

- To establish, within or outside the ERASMUS programme, a programme for mobility and cooperation in higher education specifically devoted to the future health professionals.

**Managing mobility of health workers within the EU**

- To use the Open Method of Coordination process applied to national policies of training health personnel, in order to achieve workforce self-sufficiency at EU level.

**Global migration of health workers**

- To include representative platforms of healthcare organisers and/ or funders (such as AIM, ISSA or ESIP) in the WHO work to develop a global code of conduct for ethical recruitment, and to develop more comprehensive and durable solutions.

**Data to support decision-making**

- To give Eurostat a mandate to launch and coordinate, on the model of MISSOC, practical statistical tools which should harmonise health workforce indicators, monitor flows of health workers and determine on a regular basis the precise movements of particular categories of the health workforce.

**Impact of new technology**

- e-health and new technologies might help to cope with health workforce shortages and/or improve the efficiency of limited workforces. Exchange of good practice in this field would constitute an ‘added value’.

**Cohesion policy**

- To raise awareness at national level of (financial) support programmes and funds available at European level, including the structural funds.

- To create a specific program within the structural funds that should financially support innovative actions and structures, aimed at balancing the accessibility and quality of healthcare provision - and to raise and to improve awareness for this program.

- To create a stakeholders´ platform to discuss and to exchange issues related to the social and health workforce.

The Association Internationale de la Mutualité (AIM) represents national federations of private, but not-for-profit, healthcare funders.

The following European organisations are members of AIM

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ANMC - Belgium
3 million EU citizens

UMP - Portugal
0,7 Million EU citizens

UNMN - Belgium
0,3 million EU citizens

BKK - Germany
10 million EU citizens

IKK - Germany
3 million EU citizens

Benenden - UK
0,4 million EU citizens

BLK - Germany
0,3 million EU citizens

Zorgverzekeraars Nederland
The Netherlands
10 million EU citizens

MLOZ - Belgium
1.9 million EU citizens

FIMIV - Italy
0,1 million EU citizens

OATYE - Greece
0,1 million EU citizens

Knappschaft - Germany
1,5million EU citizens

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FNMF - France
16 million EU citizens


Santésuisse
Switzerland
4,7 million citizens


Vzazjemna - Slovenia
0,9 million EU citizens


SZP - Czech Republic
1,7 million EU citizens


VZP - Czech Republic
6,5 million EU citizens


UNML - Belgium
0,5 million EU citizens


VHI - Ireland
1,5 million EU citizens


VZP - Slovak Republic
2,9 million EU citizens


VdAK-AEV - Germany
16 million EU citizens


BUPA - UK
5,6 EU citizens

UNMS - Belgium
1,8 million EU citizens


MSA - France
1,4 million EU citizens