

## **“Riga Declaration” on Strengthening Social Dialogue in the Health Care Sector in the Baltic Countries**

### **Introduction**

This declaration aims to highlight the critical role of health care for competitiveness and the well-being of citizens, the importance of retaining health care workers in order to ensure high quality patient care and emphasises the crucial role played by social dialogue in health care policy planning and reform and the determination and improvement of working conditions in the sector. The signatories to the declaration aim to highlight some of the most important challenges facing the health care sector in the Baltic countries at a time of tightening public budgets and sets out how social partners, members state governments and authorities at different levels and the European Commission can work together to tackle these issues. It calls for actions at all levels which should be developed and monitored in continuous collaboration. The goal of the declaration is to feed into bi-partite and tripartite dialogue at national and European level to further the improvement of patient care through effective policy in all spheres of decision making, underpinned by social dialogue and collective agreements at local and sectoral level.

### **The critical role of health care for the competitiveness of the Baltic countries and the well-being of its citizens**

It has been widely acknowledged by the European Commission, the World Health Organisation and the OECD among others that ensuring strong health care provisions for all is critical for the competitiveness of nations by maintaining and enhancing the productive potential of the workforce as well as underpinning the health of nations and contributing towards greater social inclusion more generally. Health services are also a key element of the European Social Model, especially in relation to social and territorial cohesion and have a critical role to play in the social development of Europe and its Member States. Healthcare systems should be governed by the awareness that forward-looking and long-term investments in service provision would result in considerable improvements in the population's health status and consequently lead to (financial) benefits and savings that are favourable to the community as a whole. In most European states the health care sector play an important role for economic and employment growth in the last 10-15 years and there is still untapped potential. According to the World Health Organisation, in the period between 2005 and 2008 total (public and private) health care expenditure in the majority of Member States ranged between 5-11% of GDP, with some exceptions of countries spending above or below this amount. At the same time, hospital expenditure remained steady, ranging between 2-4% of GDP, again with some exceptions above and below this amount.

However, because of the financial and economic crisis, most Member States are now faced with difficult choices about cutting public expenditure. As a result, reforms in national healthcare systems have been initiated in many countries. The social partners organisations representing employers and trade unions in the health care sector in the Baltic countries express their concern about reductions in health care budgets and consider them to be short-sighted. In at least one country, Latvia, they have led to restricted access to health care not falling under the category of “emergency treatment”. The limitations placed on non-emergency treatments in this country have led to a 33% increase in emergency hospital admissions in 2009 and 2010. At the same time, the relative risk of in-patient fatality has increased by 20%. The social partners call upon governments and the European Commission to recognise the detrimental long-term effects of either reductions in health care expenditure or reductions in the coverage of health insurance funding for treatment and services for the competitiveness of the Baltic economies as well as for the health and well-being of its citizens. They also call for social partners to be more closely involved in the planning of such reforms in order to avoid detrimental effects on service quality and staffing levels. It is their view that front line staff are best placed to provide information on potential efficiency savings and effective service planning.

National governments in the Baltic countries should recognise the contribution of publicly funded health care services in enhancing health equity and therefore provide for public investment to mitigate the effects of the financial and economic crisis.

It is part of the Member States' public responsibilities to promote the general interest including a high level of public health. Health care therefore should be organised on the basis of common European social values including solidarity, social justice and social cohesion (cf. Council Conclusions of 2 June 2006 on common values and principles in European Union Health Systems), in a way to realise general interest principles – in particular universality, accessibility and affordability – and to promote safety, quality of health care institutions and services as well as patients' rights.

The European Commission should promote public health and its aim to improve health care for all patients (cf. Charter of Fundamental Rights, Art. 35)

It should also make resources available from EU structural funds to address health inequalities in and between member states as well as for measures of professional training including continued professional development.

### **Retaining health care workers to ensure the future of the Baltic health care sector**

Freedom of movement of workers is an important pillar of the European Union. However, in the Baltic countries, this has led, in recent years, to a significant number of highly qualified medical and nursing staff leaving to work in Western and Northern European countries, entailing a "brain drain" and "care drain" (e.g. in Estonia around half of the qualified nurses have left the country) in the last years, as reported during one of the seminars of this project). This has contributed to labour and skill shortages in some regions of the Baltic countries that are expected to become more dramatic in the future. This problem is also underlined by the Commission's Green Paper on the European workforce for health in 2008, and it will increase in the context of an ageing population and due to freezes or cuts in public budgets against the backdrop of the financial and economic crisis and particular concerns specialist doctors and nurses.

In line with the *Framework of Action on Recruitment and Retention* signed by EPSU and HOSPEEM in December 2010, the Baltic social partners in the health care sector have sought to undertake measures to retain workers even in the context of limited resources. However, further efforts are required both by social partners and national governments to make the health care sector an attractive place to work. As underlined in the Framework of Actions, Member States are responsible for the organisation and delivery of healthcare systems and, as part of this, play a crucial role in the organisation and provision of professional training for healthcare workers in consultation with social partners and other stakeholders were appropriate. The availability of ongoing training and career progression plays a critical part in recruitment and retention.

The recent *Council Conclusions on Investing in Europe's health workforce of tomorrow – Scope for innovation and collaboration*, adopted on 7 December 2010, therefore rightly call on the Member States to raise awareness of the importance of attractive working environments, working conditions and professional development opportunities in motivating the health workforce. For HOSPEEM and EPSU this comprises the task to actually work towards improving the different conditions decisive for recruitment and retention of qualified health care workers by taking into account the needs of the workforce. The Council Conclusions also call on Member States to stimulate training and education of the health workforce with the aim of guaranteeing and further promoting quality and safety of care. The signatories to this declaration furthermore endorse the request by the Council to Member States to consider how best to make use of EU tools for financing such training.

Patient care is paramount and this will be difficult to guarantee without a well-trained, motivated and well-remunerated workforce and without well-equipped and well-resourced health services. Health care authorities and providers therefore should take all actions necessary to develop forward-looking personnel strategies and to promote high quality health care staff, be it in the recruitment, the training or the employment of health workers and to invest in training, skills and good quality of work.

More concretely, national governments and relevant bodies should support politically and financially initiatives to invest in sufficient, motivated and well-skilled health professionals in order to protect the viability and accessibility of the health systems (cf. Conclusions of Ministerial Conference "Investing in Europe's health workforce of tomorrow: scope for innovation and collaboration", La Hulpe, 9-10 September 2010). They should elaborate an action plan to support the development of health

workforce policies in particular in the areas of the assessment of competence profiles and continuous professional development. This should be done in collaboration with social partners organisations.

### **The important role of social dialogue**

Social dialogue is essential to understanding the needs of the health care sector and its workforce and to develop negotiated and joint solutions to the challenges it faces. Social partner organisations in the health care sector in the Baltic countries have in the last 10 years or more developed an as a rule active tripartite dialogue with national governments to exchange information and contribute to the development of legislation and policy, as well as (in some cases) setting appropriate financial frameworks for the funding of health care services. While this co-operation generally takes place in a spirit of positive co-operation, there are of course instances when the views and recommendations of social partner organisations are insufficiently reflected in decisions taken and the signatories therefore call on national governments to recognise and value the importance of social dialogue at the national level. In addition, further steps could be taken to improve bi-partite dialogue between the relevant partners.

The recent project on “strengthening social dialogue in the health care sector in the Baltic countries” which was co-financed by the European Commission, run by HOSPEEM and supported by EPSU has contributed to a better understanding of respective social dialogue structures. The signatories call on national governments and the European Commission to continue to support the improvement of social dialogue structures at all levels (national, regional and local) in order to assist the development of consensual solutions to key challenges facing the health care sector. HOSPEEM members and EPSU affiliates in the Baltic States and beyond therefore recall the need for EU institutions to build on social dialogue structures when developing healthcare policies, action programmes, etc. underpinned by the obligation to consult according to Article 154 TFEU. National governments and the European Commission need to recognise and respect this work and support the implementation of collective agreements and other agreements and outcomes of social dialogue.

The European Commission should continue its support for capacity building for social partners in the hospital and health care sectors in the new member states in view of improving the functioning of existing structures and raising awareness for the potential and benefits of social dialogue at different levels and on a range of topics.

### **Priorities for the European social dialogue**

European social dialogue needs effective social dialogue in Member States, i.e. structures to feed information and concerns from the bottom up and to implement top down initiatives on the ground in the Member States and at workplace level. HOSPEEM and EPSU commit themselves to further support their affiliates in the Baltic states in view of full inclusion into European processes.

Without existing, representative and well-functioning national social dialogue structures it will also be impossible to implement European agreements at national, regional and local level.

Social partners at EU and national levels should reflect on joint actions in particular on the fields of professional training and continued professional development, health and safety, working conditions, staff planning, be developed and implemented by using the social dialogue within health care institutions as well as for the whole sector. In the context of social dialogue different instruments such as collective agreements, framework of actions, action plans, or code of conducts are at their disposal. In doing so, they should consider strong co-operation with national, regional and local authorities.

Riga, 26 May 2011

*To be signed by Estonian, Latvian and Lithuanian social partners in health care sector on occasion of the conference*