

HOSPEEM intervention at the EESC Hearing on the European Health Union

Good morning honourable Ms President Barbucci, Mr Vardakastanis, members of the EESC, dear colleagues,

Let me start by thanking you for inviting me to represent the European Hospital and Healthcare Employers' Association at this hearing. We believe that it is essential for social partners to play an **active role in discussing the Health Union's future**. The importance of our work and the **key role of the health workforce**, which has been emphasised over the past year, **require more than ever a strategic rethinking to strengthen and invest in a resilient health system**.

For HOSPEEM, the European Health Union project is a **balancing act between the EU competences, the Member States, and social partners' autonomy, ensuring patients' safety and quality of care across the EU**.

To fully profit from the European Health Union's undertaking and take care of those who take care of us, we have to **generate dialogue between all stakeholders' levels**. Therefore, we highly appreciate the representation of social partners and civil society organisations, professional representation, and representatives from the Committee of the Regions.

Additionally, as representatives of national employers' organisations, we are looking forward to **providing and exchanging our expertise and practices to harness the European project's full potential**.

Looking at the European Commission proposal, we are confident that **the EHU will help in four areas**, by:

1. Creating **shared governance**, including coordination among governments and key stakeholders, such as social partners;
2. Building a **responsive culture to a crisis**, where information is circulated timely and avoiding misinformation;
3. Ensuring **sufficient monetary resources in the system and flexibility to reallocate and inject extra funds to respond to the crisis**. Investment in health is never a cost.
4. Allocate appropriate level and distribution of human and physical resources, including personal protective equipment.

For the future, HOSPEEM is interested in receiving **more information on the conducting of the so-called "stress test" and the auditing process**, including which indicators would be used.

While the health system's stress test outcome might reveal significant shortages, the actors present with me at this panel have known them for decades. Hopefully, it will be a wake-up call for the Member States to **acknowledge the sector as an investment rather than expenditure that has to be cut by reforms and austerity measures**.

As we all know by now, **a country's economy is only as healthy as its population contributing to it**. Suppose that Member States start to invest in all building blocks of the health system, a direct effect will be a healthier population resulting in an increased and meaningful contribution to the economy.

Let me come back to the stress tests. We are convinced that to maximise the full potential of a stress test in the health sector, it needs to be **designed and implemented in cooperation with independent key players from the health systems**. I should not compromise the autonomy of the Member States and national social partners regarding Art. 154 and 168 (7) of the Treaty of the Functioning of the European Union.

To audit the stress test as laid out by the European Commission, we are looking forward to **receiving more information concerning their transparency and planning to involve healthcare stakeholders and social partners**.

Turning now to the report of rapporteur Vardakastanis: Please allow me to elaborate on three elements that we consider important to highlight in this discussion:

1. Indeed, the European Health Union's rollout needs to connect with the European Pillar of Social Rights Action Plan implementation. The **Plan foresees the proposal of new tools to measure the barriers and gaps in healthcare access**. Member States are encouraged to boost the digitalisation of the health systems and to tackle health inequality while also being encouraged to **invest in the health and care workforce**, improving their working conditions and access to training.
2. We certainly need to shift our thinking about healthcare. While the points outlined by the rapporteur are very true, we would like to see the **reference to service provision, digital transformation and occupational safety and health measures**.
3. Regarding the principle of subsidiarity in healthcare services, which according to the rapporteur, should be revised and reformed, HOSPEEM would like to **reiterate that the health system's management, including the health workforce, needs to remain a Member State competence**. Diversity exists in the organisation of national health systems that are largely linked to historical developments and cultures. For these reasons, **we encourage the Members States to work together with the social partners and the European institutions, particularly the European Commission, to exchange practices and work together in solidarity**.

I want to conclude here about my intervention. Thank you again for your attention. I am looking forward to a fruitful exchange later on.