Enhancing cross-country collaboration in the EU to support effective health workforce governance

Dr Matthias Wismar, European Observatory on Health Systems and Policies
Dr Marieke Kroezen, Erasmus University Medical Centre
Overview

• The case: Council Conclusions on Member States-driven voluntary cooperation between health systems
• Why cross-border collaboration on the health workforce?
• What are the policy options?
• Why does governance matter here?
• ...and what are the politics around all this?
The case: Council Conclusions on MS-driven voluntary cooperation between health systems

Invitation to MSs and EC with a focus on:
- knowledge transfer
- grass-root experiences
- skills and CPD on innovative highly specialised services
- postgraduate training
- mapping exercises
- needs assessment
- transferability
- sustainable development and implementation
- ERNs: e-learning, e-training, short term exchanges, evidence pooling, pilot projects
Why cross-border collaboration in the health workforce?

Structured cooperation addresses:
- health workforce and skills shortages
- smaller overall size of the health workforce
- uneven geographic distribution of the health workforce
- inadequate training and education capacity
- inadequate knowledge transfer capacity.

Structured cooperation
- improves likelihood that patients will receive high-quality specialized care in their own country
- helps address the health workforce challenges that currently force patients to travel to find appropriate care
- works at different levels
- helps small countries...
- ...in rare diseases all countries are small
Why cross-border collaboration in the health workforce?

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  – works at different levels
  – helps small countries

Malta Brexit-Preparedness!

WHO Small-country initiative:
Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro, San Marino

– in rare diseases all countries are small
What are the policy options?

- Structured cooperation linking countries
  - Structured cooperation linking European countries
  - Structured cooperation linking cross-border regions within the EU
  - Structured cooperation from a third-country perspective
- Structured cooperation linking health care or training institutions
- Structured cooperation linking clusters of organizations and/or individuals
Why does governance matter?

• Transparency
• Accountability
• Participation
• Integrity
• Capacity
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Policy, politics and public health

Scott L. Greer¹,², Marleen Bekker³,⁴, Evelyne de Leeuw⁵, Matthias Wismar², Jan-Kees Helderman³, Sofia Ribeiro⁴,⁶, David Stuckler⁷

¹ University of Michigan, Ann Arbor, MI, USA

likely to generate sustainable health impact. There is a need for:

(1) A public health political science generating evidence on (i) the political options for public health appropriate to the characteristics of the constitutional order, the political economy and (ii) the political techniques and strategic landscapes of interest representation and partisanship.

(2) A political action repertoire for politically informed public health practitioners working at the nexus of different policy sectors; disciplines; and science, practice and political arenas.
STATEMENTS FOR THE COUNCIL MINUTES

Ad "B" item 14: Draft Council conclusions on Encouraging Member States-driven voluntary cooperation between health systems Adoption

STATEMENT BY GERMANY

"Germany expressly welcomes the voluntary cooperation of Member States, also in the field of health, to solve problems to which they cannot find solutions on their own or for which a cooperation may lead to better solutions. Germany is open to such cooperation.

Germany considers the draft Council conclusions to be a document fully respecting the Member States' competences and particularly safeguarding their right to coordinate their health care policies and programmes pursuant to Article 168 (7) TFEU ("Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care."). The cooperation between the Member States in the field of health, as mentioned in the draft Council conclusions, is solely on a voluntary basis.

Germany considers the draft Council conclusions to be an appeal to those Member States which would like to have a closer international cooperation with other Member States on their own accord and on the basis of intergovernmental cooperation. The leeway to shape the voluntary cooperation at all stages is the sole responsibility of the Member States voluntarily organising themselves. With regard to structure and contents, it means that organisation, coordination and implementation are left up to the individual cooperation partners. There is no higher level coordination of activities, in particular not by the European Commission. Agreements reached within the scope of such a cooperation and results of discussions are only binding to those Member States which cooperate on a voluntary basis. There is no involvement of European structures outside the responsibilities envisaged in European treaties.

With regard to a target-oriented exchange of experience, the relevant health fora enabling a purposeful exchange for Member States within the scope of voluntary cooperation should be composed of experts of the relevant disciplines.

Having submitted the clarifying comments above, Germany supports the draft Council conclusions."
Macron 26 Sept
- Health with regards to external relations
- Social dialogue
- Social dumping
- Social convergence
- Social model
- Convergence social insurance contributions
- Social justice

Angela Merkel
- Goes global
- Junckers do-less scenario
- Sceptical about everything that smells like convergence or harmonization

European Pillar of Social Rights