TRADE UNION ADVISORY COMMITTEE TO THE ORGANISATION FOR ECONOMIC COOPERATION AND DEVELOPMENT
COMMISSION SYNDICALE CONSULTATIVE AUPRÈS DE L'ORGANISATION DE COOPÉRATION ET DE DÉVELOPPEMENT ÉCONOMIQUES

Public Services International
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Internationell Facklig Organisation för Offentliga Tjänster
国際公務労連

OECD Health Ministerial Meeting

Trade Union Statement

17 January 2017, Paris, France

1. The Trade Union Advisory Committee to the OECD (TUAC) and the Public Services International (PSI) welcome the opportunity to contribute to the OECD Health Ministerial on 17 January 2017.

2. We appreciate the reiterated commitment of OECD member states to a new generation of health reforms with "people at the centre". Emphasis on people-centred care aimed at meeting the Sustainable Development Goals is central to the realisation of the human right to health. Reforms on this basis could represent a departure from increasing marketization which has been the hallmark of earlier health services reforms since the 1980s, and which contributed to some of the important challenges faced by health systems today.

3. Inequalities in access to health services, and health outcomes persist within and across OECD countries and are being aggravated by austerity policies, which have been linked to declines in health services. The European Centre for Disease Control for example, has warned that serious health hazards are emerging because of fiscal consolidation measures introduced since 2008[i]. It is essential that the OECD addresses the social and economic determinants of health in order to reduce health inequalities.

4. Ministers and government representatives meeting in Paris will be deliberating on how best to tackle ineffective health spending and waste, and high cost treatments and personalised medicine. Reducing waste, however, must not be narrowed down to technocratic or managerial considerations[ii]. Achieving enhanced efficiency and effectiveness requires the active engagement of patients and healthcare workers in reducing low value care, including through structural reforms which address high cost treatments. As noted by the UN High-Level Commission on Health Employment and Economic Growth in 2016 there is a need to "*focus on reducing monopoly distortions, particularly in pharmaceuticals and health insurance markets, which contribute to the low productivity of the health sector. This would free up resources to be spent more productively, with greater multiplier effect on the economy*"[iii]. Ministers should further commit to public health care services and social protection and, where appropriate, to complementary not-for-profit insurance schemes – including schemes governed by social partners. Investing in preventive care, in awareness campaigns targeted at vulnerable populations and at the youth, and in better life-long health monitoring systems can also offer opportunities to improve control over, and indeed reduce health care spending in the long term.

5. Ministers will also be addressing future challenges related to health professional roles, health sector workforce and the growing use of "big data" in the healthcare system. We fully support the need to break the silos in healthcare delivery, promoting teamwork and the adequate use of new technologies and digital solutions. Doing so would require a respectful treatment of health care workers by listening to their concerns, including through their representative

organisations, and ensuring they are safe and confident about their future. That is particularly true for health care workers who are at the bottom of the pay pyramid personnel (nurses, assistants, community workers) and yet play a vital role in delivering patient-centred care. They are central in ensuring a balanced relationship between informed professionals and the patients themselves.

6. And while digitalisation and big data potentially offer new opportunities, they should not overshadow or underestimate the above challenges as well as the need to ensure quality primary and preventive care. Addressing the supply gap of skills mix in the future would require a honest conversation about the funding requirements to meet education and training of the entire health and care workforce including workers who are not registered or regulated but are critical to dealing with growing pressures of ageing populations in many OECD countries. Social care must be given due attention to avoid the elderly care crisis that is looming in a number of the OECD countries as a result of lack of adequate funding – the situation in the United Kingdom being a case in point.

7. We welcome the proposal for the OECD to work with the World Health Organisation (WHO) and the International Labour Organisation (ILO) on the implementation of the recommendations by the UN High-Level Commission on Health Employment and Economic Growth. There is however a strong need to go further. In December 2016, the OECD, the WHO and the ILO agreed to a Five-Year Implementation Plan on Health Employment and Economic Growth. Building on the foundation of twenty-six statements of commitment at the meeting, including by a few OECD member states, the ILO, OECD and WHO invited all countries to review and submit further inputs to the Implementation Plan, and to make commitments on the Commission's recommendations by 17 February 2017.

8. Promoting cooperation and dialogue between governments and other stakeholders within and across countries, does require defining new ways to make these more effective and transparent. Such re-definition would best suit the purpose of a better future for health when it emerges from consultation, drawing from experiences of best practice. It should be firmly based on the recognition of the role of social partners in the health sector – employer groups and trade unions – and on the right for healthcare workers to organise and to negotiate collective bargaining agreements as defined by the ILO. Cooperation is also required at the international level with the multifaceted challenges of health migration. Bilateral agreements between Germany and the Philippines for example, serve as an exemplar of addressing a global health challenge together[iv] .

9. Health is a public good and the right to health is a fundamental human right which can be fully realised only on the basis of universal public healthcare. Privatisation and trends towards commercialisation of healthcare delivery must be reversed. It is also critical to maintain a robust health care infrastructure that can absorb shocks and sudden peaks, including epidemiological crises. Cost-cutting strategies aiming at "just-in-time" delivery do not offer a viable future for our hospitals. Opaque governance arrangements such as Public Private Partnerships (PPPs) are grossly inadequate to deal with the specific costs and risks associated with healthcare services. Equal standards of services delivery should apply to both public and private providers.

10. In framing a "people-centred" new generation of health reforms, within the context of the Sustainable Development Goals, we encourage OECD Ministers to consider the following priorities:

- Ensuring greater attention is paid to addressing the social determinants of health. Fiscal consolidation which result in the tightening of health and social care budgets have adverse impact on patient and health outcomes and should be discouraged;

- Adopting evidence supported strategies to reduce health inequalities through health funding and insurance systems based on strong public services and social protection and, where appropriate, complementary not-for-profit insurance schemes;

- Curbing ineffective health spending with structural reforms that cut down on monopoly distortions driven by pharmaceutical corporations and private for-profit health insurance companies;

- Ensuring respectful treatment of healthcare workers by listening to their concerns, including through their representative institutions and recognise the role of social partners in the health sector;

- Encouraging OECD countries to make tangible commitments to the effective implementation of the Five-Year Implementation Plan on Health Employment and Economic Growth and integrating discussions on the recommendations into public forums on the future of health, towards ensuring the commitment of as broad a spectrum of stakeholders as possible;

- Strengthening public health and social care systems, with health as a fundamental human right as the point of departure in policy-formulation. The foundation of people centred care can best be laid with the realisation of this right and a framework of universal public health care;

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[i] Ortiz, I., M. Cummins, J. Capaldo, K. Karunanethy (2016) "The decade of adjustment: A review of austerity trends 2010-2020 in 187 countries", ESS Working Paper No. 53, The South Centre Initiative for Policy Dialogue, Colombia University, International Labour Office

[ii] Greece is a case in point of such limited approach, Economou, C., D. Kaitelidou, A. Kentikelenis, A. Sissouras and A. Maresso (2014) "The impact of the financial crisis on the health system and health in Greece", Report for European Observatory on Health Systems and Policies. Available from http://www.euro.who.int/__data/assets/pdf_file/0007/266380/The-impact-of-the-financial-crisis-on-the-health-system-and-health-in-Greece.pdf

[iii] UN High-Level Commission on Health Employment and Economic Growth (2016) *Working for Health and Growth: Investing in the Health Workforce*, World Health Organisation, WHO Press, Geneva, page 46

[iv] Wickramasekara, P (2015) "Bilateral Agreements and Memoranda of Understanding on Migration of Low Skilled Workers: A Review", International Labour Office, Geneva. Available from http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_385582.pdf