



Position of EPSU Standing Committee on Health and Social Services on lessons learnt so far from the pandemic and resilience of European health and social care systems

Applause is not enough

We are in the process of one of the worst pandemics in the recent history of humankind. The healthcare workers¹ heroically stand up at the frontline protecting our societies from COVID-19. Many of them paid the high price of their lives to do so. The Amnesty International report, prepared in collaboration with EPSU² shows the appalling number of COVID-19 related deaths amongst health and social care workers.

Health and care workers have never been so important in the public narration. However, while recognition of their heroism through applause or any other forms of praise in the early days of the pandemic is appreciated, applause is not enough. Policy makers and employers – at the European and national level urgently need to do more and to fulfil their promises to support healthcare workers to make our healthcare systems resilient and prepared for future health emergencies. The workers fighting with the pandemic, along with the overburdened health systems, need to be at the core of the policy making and investment.

It is paramount to learn the lessons from the pandemic and not repeat the mistakes driven by neoliberal ideologies leading to privatization and austerity measures which weakened our health and social care systems and resulted in making them unprepared for the COVID-19 pandemic. For years EPSU and its affiliates raised the issue of the catastrophic effects of privatization and austerity measures on health and social services, insufficient investment, inadequate level of staffing or inadequate protection or implementation of the OSH regulations.

The pandemic has also demonstrated that publicly-owned, not-for-profit health and social care services in many European countries were better prepared to efficiently cope with major health crises and, most importantly, ensure accessibility for all citizens.

Recognizing that health and care are public good, more than ever we need to ensure that everyone, regardless of their status, can enjoy equal access to quality healthcare. And quality healthcare can be only delivered with adequately staffed needs-oriented services, and adequately paid workers protected from OSH risks and enjoying full representation by their trade unions. We need to ensure that the existing international, European and countries commitments and regulations guaranteeing those rights are properly enforced and do not only stay on paper. To guarantee those rights we need to ensure that healthcare is delivered by adequately financed, needs-oriented public services. We need to ensure that the EU and countries allocate sufficient levels of funding in their budgets for the healthcare workers including their training. We need to make certain that trade unions are represented on the European and national regulatory bodies in relation to resilience and preparedness policies.

¹ The document refers to workers in the health and social services sector (healthcare workers) unless otherwise stated.

² www.epsu.org/article/covid-19-death-toll-health-and-care-workers-continues-rise

The pandemic significantly demonstrated the importance of integrated care with the focus on delivery of quality services across the life- course cycle, and special attention to child, disabled, vulnerable and elderly care. The social services have been neglected for too long by the European and national policies which has led to a situation where people have become commodities from which private companies can profit³. Furthermore, many of those companies do not respect the workers' rights to be represented by the trade unions. By making profit at the expense of OSH and working conditions, inadequate, needs-oriented staffing levels put the health and safety of care recipients at risk.

Already, before the pandemic, EPSU was demanding more expenditure for social services and more involvement of governments in controlling the working and OSH conditions of workers to protect the rights of the care recipients and to control how public money is spent. Neglect of the long-term care services undoubtedly was one of the main reasons for the appalling death rate in elderly care homes across Europe in the early days of the pandemic. To that end EPSU called on the EU to have a European wide investigation into the fatalities in the long-term care sector⁴.

Burdens caused by the third wave of the pandemic put more stress on healthcare workers, with many of them reporting burnout and that they are considering leaving the occupation. This is against a background of existing staff shortages observed in all European countries before the pandemic⁵. There is an urgent need to make the healthcare professions attractive occupations for the current and future local population and to lower dependency on economic migration causing the occupation drain in other countries.

Resilience and preparedness of the healthcare system means putting the workers at the centre of those policies with sufficient levels of measures to make those occupations economically attractive (decently paid) in the home countries and suitably protected in terms of OSH, with special attention to tackling increasing psychosocial risks and stress, caused by the pandemic.

Key demands on the European Union and governments

1. EPSU calls to increase expenditure on healthcare systems, including workers' wages and training to improve recruitment and retention, and to ensure adequate, needs – oriented staffing levels.
2. The EU must guarantee equal access for everyone to quality-assured, solidarity-based health care. To that end there is a need to have an upward convergence in the EU in provision of quality healthcare services and in the resilience of national health systems.
3. The COVID-19 pandemic has underlined that the EU must support Member States to develop and implement principles, standards and solidarity-based financing mechanisms that deliver high quality, adequately staffed and inclusive public healthcare systems. The current Treaty provisions, inter alia Articles 2-6 and 168 of the Treaty on the Functioning of the EU (TFEU), the Charter of Fundamental Rights and the Protocol on Services of

³ For example, while spending on care in the UK has not increased since 2010, millions have left the sector in profits. See: L. Pelling On the Corona Frontline The experiences of care workers in nine European countries ; Summary report: www.fes.de/en/politik-fuer-europa/on-the-corona-frontline

⁴ www.epsu.org/article/members-regional-national-and-european-parliaments-call-covid-19-inquiry-committees

⁵ The 2020 report on Skill shortages and surpluses in Europe: <https://op.europa.eu/en/publication-detail/-/publication/22189434-395d-11eb-b27b-01aa75ed71a1/language-en>

General Interest (SGI), as well as the European Pillar of Social Rights provide a legal basis for common action.

4. Greater investment in public health and social care is key in order to ensure a strong and coordinated Europe. The EU must insist on the Member States to make the necessary investments in their public health and social care systems. The strengthened coordination and assessment of the preparedness of national healthcare systems (so-called 'stress test') set out in the EU regulation on serious cross-border threats⁶ should be carried out according to clear public health parameters and involve the social partners from the health and social care sector. Weaknesses identified in the stress tests must be addressed through the Recovery and Resilience Facility and the next EU programme for health (EU4Health) as well as through 'positive' recommendations on financing as part of the EU's annual cycle (European Semester) and Country Specific Recommendations (CSRs).
5. The Recovery and Resilience Facility (Next Generation EU) with the total budget of 672,5 billion Euro, must have a high level of conditionality for Member States applying for the funding through their National Recovery and Resilience Plans. The plans must be approved only if significant funding is directly addressed to use for improving public healthcare, including improving working conditions and staffing levels, increasing key services, reconstructing provision of basic care and supporting long term care and other social services.
6. EPSU welcomes the 5,1 billion Euro budget⁷ for the fourth programme for the Union's action in the field of health from 2021- 2027 (EU4Health)⁸. EPSU is calling for securing a significant amount of money for its objective of *strengthening health systems by improving their resilience and resource efficiency*, in particular in relation to *reinforcing the healthcare workforce and supporting integrated and coordinated work between Member States*. The money spent through the project must aim to economically support Member States in increasing staffing levels and organizing required training, and the Commission should encourage Member States to apply for funding for these purposes.
7. At the same time it is necessary to identify and address structural shortcomings of national financing systems for health and social care, for example unfair 'flat' taxes, too low corporate tax, high levels of tax evasion; growing numbers of workers that neither contribute to, nor benefit from, social protection⁹.
8. The EU has to rapidly build a joint reserve of personal protective equipment (PPE), vaccines, tests and medicines, and develop procedures for their fair distribution. One of the means to ensure fair distribution of vaccines and medicines across the EU, and also globally, is the suspension of the intellectual property rights in case of pandemics (to waive intellectual property rights for vaccines, including COVID-19 vaccines).
9. The EU needs to ensure the autonomy in the supply and delivery of medicines and invest more in scientific research. Although this issue was discussed in the Pharmaceutical

⁶ REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on serious cross-border threats to health and repealing Decision No 1082/2013/EU

⁷ In October 2020 EPSU protested against initial cuts in the programme made by the Council
<https://www.epsu.org/article/european-council-meeting-second-wave-pandemic-sends-disappointing-signal-workers-says-epsu>
<https://www.epsu.org/article/european-council-meeting-second-wave-pandemic-sends-disappointing-signal-workers-says-epsu>

⁸ https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2021.107.01.0001.01.ENG

⁹ EPSU's policies for recovery and change in response to the pandemic adopted at the November Executive Committee 2020.

Strategy¹⁰ more needs to be done to ensure fair pricing level, transparency of pharma the industry and better coordination of research in relation to vaccines. The Commission has to strengthen the role of public research and publicly owned companies¹¹ in the sector to deliver quality, affordable and accessible medicines.

10. The EU can play a decisive role in supporting national health systems and promoting cooperation and coordination between Member States. It must live up to its responsibility to coordinate responses to serious health threats. Proposals to strengthen the European Centre for Disease Prevention and Control and European Medical Authority, as well as the creation of Health Emergency Preparedness and Response Authority (HERA), and extensions of the information required for the Union and national preparedness and response planning, are a step in the right direction. Nonetheless, the Union preparedness and response plan¹² should include arrangements related to adequate, needs-oriented staffing levels, ample stock of personal protective equipment, and monitoring to assess if sufficient risk assessments, preparedness plans and training are foreseen for health and social care at the workplace level.
11. Trade unions must be fully represented and involved in all European bodies dealing with preparedness measures, such as HERA and the Health Security Committee, and in the development of Union and Member State preparedness and response plans.
12. Countries need to improve and provide more transparency in terms of data related to health and the health sector, including sharing information on the health and safety of working conditions of healthcare workers, access to PPE, vaccinations or work-related deaths. Health data is also a public good and needs to be fully protected.
13. The COVID pandemic can be only resolved collectively. Member States must increase their cooperation between each other within the EU and externally. More solidarity and funds need be made available to support health systems and healthcare workers in the Eastern and Southern Eastern part of Europe.
14. The European and national legislation should support workers access to trade unions and promote social dialogue in health and social care. Making the health system more resilient includes supporting collective bargaining in the public, not profit and social economy sector and private companies. Special attention to improve collective bargaining coverage should be given to private companies and companies in the Eastern part of Europe. Access by private companies to public finance and to public contracts and concessions should be conditional on respect for trade union rights and having collective agreements concluded with nationally representative trade unions. Workers in those companies should enjoy protection offered by the unions and any forms of unions busting should be prohibited.
15. The healthcare and social care sector should be excluded from any possible austerity measures related to possible economic crises following the pandemic. No savings should be made in OSH.
16. Since the healthcare sector in many European countries is highly dominated by women, it was also one of the groups most affected by the pandemic. Governments and the EU

¹⁰ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0761>

¹¹ See also the resolution of the European Parliament on the shortage of medicines: https://www.europarl.europa.eu/doceo/document/TA-9-2020-0228_EN.html

¹² REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on serious cross-border threats to health and repealing Decision No 1082/2013/EU

should increase their efforts to promote legislations tackling the gender pay gap, pay transparency and introducing more work-life balance employment regulations.

17. Special attention should be given to supporting migrant and ethnic minority workers. EU and governments must be more committed to tackle discrimination and promote inclusion policies and address the issue of migration of healthcare workers causing skills drains.
18. The pandemic shows that there is a need to find a way to strengthen the EU's capacity to respond to health emergencies and to build more resilient, inclusive public health and social care systems. This does not require more EU competence on health but rather stronger political commitment and coordinated joint actions to implement the shared values and principles of public services. This is the way to ensure that everyone in Europe, regardless of their economic situation and place of residence, has equal access to affordable and high quality health and social care services, delivered resilient, well-staffed, and well-equipped public systems with universal coverage.
19. The effects of the COVID-19 pandemic on our health and socio-economic well-being are a strong warning of the serious consequences of climate change. Europe must have an ambitious climate action of a resilient Union to face the future consequences of climate change.

Key demands for employers

1. The social dialogue, which is based on social partnership, is a central place where binding agreements can be reached on health and occupational safety, good work and high quality of care. There is a clear link between (poor) employment conditions for staff and increased health and safety risks. Employers should be dedicated to promoting social dialogue and co-operating with nationally representative trade unions. This requires a clear commitment from employers to social partnership and the conclusion of collective agreements covering pay and working conditions. Employers must commit themselves to improve working conditions substantially and to stop using any forms of precarious, non-standard types of employment.
2. Employers need to recognise the contribution of all workers in the hospital sector, including those providing clinical and infrastructure support. Without those workers the hospitals would not be able to function. Outsourced workers must have equal working conditions with core workers. Furthermore, employers must take responsibility for ensuring health and safety conditions for all workers and provide access to PPE equipment.
3. It needs to be reiterated that employers *have a duty to ensure the safety and health of workers in every aspect related to the work* (Framework Directive on OSH ((89/391/EEC))). To this end, employers must increase their efforts to comply with the relevant EU OSH legislation and cooperate with trade unions and relevant OSH enforcement bodies, including also in relation to the implementation next EU strategic framework on health and safety at work 2021 - 2027.
4. Health and safety workplace representatives must be provided with relevant training and paid time off.
5. It is the obligation of employers to ensure sufficient quantities of, and to provide access to, quality personal protective equipment (with the relevant EU certificates) as well as to provide training on how to use it properly.

6. The pandemic has highlighted the critical shortage of personnel. Employers need to ensure adequate numbers of well-trained workers in all their workplaces to ensure patients safety.
7. The use of risk assessments required by the EU law (Directive 89/391/OSH) including psychological risks, need to be better enforced. For health emergencies special protocols should be established to enhance workers participation and protection. It is essential that such assessments and follow-up measures be made regularly.
8. Medical examinations through the free occupational medicine must be increased to assess fitness to work and to avoid complications related to pre-existing medical conditions. Special attention should be given to protecting pregnant women.
9. Employers are encouraged to regularly provide free testing for all employees. In particular, rapid anti-gene tests should be available for employees, care recipients and visitors.
10. Employers need to provide sound practical and psychological support for healthcare workers. These could include for example providing space for rest and relaxation in the hospital, accommodation solutions for workers who cannot stay at home for safety reasons, as well as psychological support within health facilities or via dedicated helplines.
11. Furthermore, there is a need for regulations concerning the duties that can be performed remotely to reduce the infection risks. Workers must be provided with technical equipment and have the same rights as comparable employees on company premises. Apart from the national regulation on teleworking, employers must ensure protection against OHS risks, including psychosocial risks, stress and musculoskeletal disorders. as well as management support.
12. Special polices should be developed to ensure that all relevant information is forwarded quickly to workers during emergencies. This information, among others, can include medical data on how the infection is spread, instructions from infection control authorities, new safety protocols.
13. Employers must ensure that workers who might have been exposed to infection can self-isolate from relatives. Self-isolation is crucial to reduce the risk of spreading infection and to prevent stress among workers who might unintentionally bring home infection.
14. Employers must take increased responsibility to ensure that workers have access to transportation to and from home in a safe way. This may require offering alternative means of transport, or scheduling work shifts differently.
15. Workers need to be provided with 100 percent sick pay and pay from the first day of absence also to avoid spreading the virus.
16. In social services, employers need to increase their efforts protect the health and safety of care recipients and workers. To that end, employers should invest in ensuring continuity of care by limiting reliance on the temporary workforce and avoid staff moving between locations. When providing home care services, separate, dedicated teams should attend infected care recipients. Temporary workers should be offered extended contracts and training opportunities equal to those of permanent staff, and in the longer term be employed on a permanent basis.
17. As a part of preparedness, employers need to invest more in training and continuous professional development for all workers.

Key demands for improving health and safety

1. COVID -19 must be recognized as an occupational disease. Workers must be supported in returning to work by all appropriate means and must not suffer any disadvantage caused by the diseases, either financially or professionally.
2. The Framework Directive on OSH (89/391/EEC), as well as other relevant EU regulations for the healthcare sector, must be better implemented and enforced. This requires the mandatory application of administrative controls, and stronger sanctions in case of non-compliance with OSH regulations.
3. In particular, the right to withdraw labour, guaranteed by the Framework Directive that grants workers the possibility to refuse to work if they face serious and immediate danger, needs to be respected and enforced. Employers cannot require workers to return to work until they have taken measures to remedy the danger.
4. Special attention must be given to the EU legislation on psychosocial risks and stress. Covid-19 has made mental health issues more visible and shown how important mental health services are for everyone, including healthcare workers, who during the time of the pandemic need even more support and protection. Long-term mental health support must be provided to healthcare workers. To that end there is a need to have a dedicated directive on the psychosocial risks at work, which will include a definition of burnout¹³.
5. Social services workers, like health workers, should be recognized as frontline line workers and enjoy equal protection in terms of access to PPE and vaccination and other measures in the time of healthcare emergencies.
6. Social partners must be properly involved in designing and implementing sound health and safety measures at all levels, in accordance with the rules and principles of the EU Framework Directive.
7. Overall, the OSH must be more mainstreamed throughout different areas of work organization, including in relation to gender, given that women represent the vast majority of workers in the healthcare sector.
8. There is need for more transparency in reporting data on occupational diseases and fatalities of health care workers.
9. There is a need for on-going exchange of good practices within the countries and between the countries. One good example is "Safe Hospital" from Germany setting out concrete steps on health and safety¹⁴.

From applause to building resilience and sustainable health and social care systems

Healthcare workers have been, and will continue to be, at the forefront of health emergencies. It is high time to move from rhetoric to action and to have sustainable public health policy support and ensure safe, healthy and quality working conditions. Investment in the healthcare sector economy is long overdue. The value of the health and social services (care economy), which is heavily feminised, is an immense economic and human asset and protecting the health and safety of all is essential to keeping societies functioning. We need to move from perceiving public expenditure on healthcare as economic burden and look at it as an investment vital for making our societies resilient and sustainable.

Adopted on 11 May 2021

¹³ See the ETUC Resolution on the upcoming EU Occupational Safety and Health strategy in light of Covid-19 (2020)

¹⁴ <https://www.sicheres-krankenhaus.de/>