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'Liberales est un groupe de réflexion libéral indépendant'

"How can we make the European Union more social?"

essay

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"How can we make the European Union more social?" That was the key question that the International Association of Mutual Benefit Societies (AIM) examined in November 2016 in Paris. The 63 member organizations of the AIM from 28 countries provide healthcare interventions to no fewer than 240 million people worldwide, including 200 million only in Europe, through the compulsory and supplementary health insurance and in some cases also through self-organized services.

In 2010, the European Union launched the ten-year economic development plan "Europe 2020" with several long-term objectives. Although the social aspect is included, namely to get at least 20 million people out of poverty and social exclusion, the European Social Observatory (OSE) quickly pointed out that the term 'social Europe' was an oxymoron "social Europe", those words are indeed contradictory, because the EU is mainly an economic construction. You cannot build a social paradise on an economic cemetery, but the reverse is also true: the two aspects go hand in hand.

In addition to pensions, the health insurance is the main area of social security. I have reported to the AIM that there is already in Belgium and several other European countries a broad social consensus on the fact that good healthcare is an essential achievement in society. Solidarity is indispensable to keep healthcare accessible to all. This is where the problem lies, i.e. Recognition on a European level. Public health services in different countries are the first victims of the severe European budgetary standards. In Greece, one of the states hardest hit by the austerity of Europe, it is estimated that two out of ten million inhabitants have no right to medical care. The situation in public hospitals is almost similar to that in Third World countries where doctors and nurses work for almost nothing, where waiting rooms are crowded, and where there is lack of necessary medicines and equipment.

When we compare our healthcare system with a highway that we can enter and leave without difficulty, it is clear that "crossroads" have appeared in recent years and that they considerably clog the social traffic. The ageing of the population is one, but there are also many unmet needs. The growing influence of Europe, however necessary in some areas, clearly does not facilitate the progress of our health insurance. Although the European Commission says it wants to support the social economy, it initially intended to relegate it to sheltered workshops only. Seven Member States, including Belgium and France, as well as AIM, have protested against it and deplored the absence of cooperatives and mutual societies.

The Commission Expert Group on Social Entrepreneurship (GECES) wrote in October 2016 that the Commission could recognize the mutual societies, but on condition that they cooperate across borders. Translation: Mutual societies that operate in only one country - almost all of them - can not be recognized as such. In six European countries, namely Cyprus, Estonia, Latvia, Lithuania, Czech Republic and Malta, there are even no mutual societies. One of the reasons is that they still do not have a European status. But in 2013, the European Parliament finally adopted a resolution on the need to introduce such a status, after which the ball was in the Commission's camp. And then the European elections were coming, followed by the inauguration of the current Juncker Commission in 2014. The new Commission does not consider itself bound by the question and since an absolute silence reigns on the European status.

Other: the EU-Canada Comprehensive Economic and Trade Agreement (CETA) and the EU-US Transatlantic Trade and Investment Partnership (TTIP) are other European examples of crossroads on the healthcare highway. Negotiations around these treaties were conducted in secrecy for years and civil society was held out of the game until two years ago. Yet the two agreements also concern the health sector, in particular with regard to the approval and price of medicines, the authorization of commercial initiatives and the withdrawal of objections to the jurisdiction of national or European courts.

I therefore joined the position of the Walloon Minister-President Paul Magnette who refused in October 2016 to give his agreement to CETA before obtaining a clear idea of all the consequences. Hence my appeal to all the partners in healthcare: let us not be pessimistic or optimistic, but let's be realistic. Hence also my appeal to all European bodies: it is time to act in the social sector!

Geert Messiaen

The author recently published the book 'Health care, a highway with crossroads ', published by Garant.

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