

## **Conclusions on strengthening social dialogue in the health services: A framework for practical guidance**

The Joint Meeting on Social Dialogue in the Health Services: Institutions, Capacity and Effectiveness,

Having met in Geneva from 21 to 25 October 2002,

Adopts this twenty-fifth day of October 2002 the following conclusions<sup>1</sup>:

### **General considerations**

- 1.** There is widespread recognition that social dialogue has great potential to contribute positively to the development and reforms of health services, even though it cannot be a panacea for all issues. Health services also require appropriate policies to be adopted by governments and international institutions. They need to be affordable and sustainably funded to provide for growing, changing and diverse needs of the whole population. Social dialogue can contribute positively to health service reform by enabling governments, employers' and workers' organizations and other policy leaders to draw upon their knowledge and experience. Dialogue with user organizations and other stakeholders should also be encouraged where it is appropriate.
- 2.** The social partners each bring their own interests and concerns to social dialogue. While they have many interests and concerns in common, they also have competing concerns and interests. Social dialogue can improve their ability to go forward together where they have interests in common and can also contribute positively to reaching compromises about matters on which they have different views. Social dialogue in the health services is, however, based on certain values and principles to which all social partners subscribe. Patients' needs, professional ethics and affordable and universal access to health services are also fundamental components.

<sup>1</sup> Adopted unanimously.

---

## Health services and understanding social dialogue

3. Social dialogue in the health services may include all types of negotiation and consultation, starting with the exchange of information, between and among representatives of governments, employers and workers on issues of common interest relating to economic and social policy. These elements of social dialogue are crucial to the outcome sought by the social partners and their choice depends on this targeted outcome. A common understanding has to be reached on the purpose of social dialogue. Therefore, at the outset of a process of social dialogue, the social partners should have clear ideas on the elements of social dialogue to be included and who will decide on the inclusion of these elements.

## Agenda of social dialogue in the health services

4. Social dialogue in the health services does not take place in a vacuum. It requires concrete economic, social and labour issues to be on the agenda. In principle all matters concerning the health sector should be included in the social dialogue. These issues should be identified and each social partner should have the right to examine such issues. In the health sector these issues are often related to institutional reforms, financing of health services, the quality of health services, working conditions, skills and lifelong learning, recruitment and retention of personnel, career development, pay systems and gender issues. All social partners should set the agenda together and hence agree on a number of questions in relation to the agenda of the social dialogue such as the issues to be covered and how the agenda for the social dialogue in the health services will be set. Women, who make up the majority of the health-care workforce, continue in many countries to face discrimination, including inequitable pay. Social dialogue can contribute positively to addressing the issue and to enabling women to be proportionately represented in social dialogue institutions.

## Representation of the social partners

5. A prerequisite for effective social dialogue is strong, independent and responsible social partners who recognize the legitimate roles and interests of each other, commit themselves to constructive engagement in agreed processes of dialogue and deliver their side of negotiated outcomes. Freedom of association and clear and transparent rules in each country in accordance with ILO Conventions Nos. 87, 98, 135 and 151 are essential.
6. The social partners in health services are in principle public authorities as regulators or as employers, private employers' and workers' organizations<sup>3</sup> in the health sector. However, in view of the financial implications of the health sector for other government structures, employers and workers, other stakeholders beyond the health sector may also be involved in policy developments, except on matters properly the concern of negotiating and collective bargaining parties. The organizations or institutions which represent the groups in the health sector have changed over the past two decades. A greater variety of government levels are also involved. New private employers have entered the health sector and related services.
7. Social dialogue can take many forms and can operate at various levels, from highly structured national institutions to relationships in the workplace. The legitimacy and level of representation should be suited to the context and issues concerned, bearing in mind the

<sup>3</sup> When the term "workers' organizations" is used, it refers primarily to trade unions.

stakeholders involved. The representatives of the social partners should be recognized as equal partners by each other.

## **Social dialogue in situations of structural change**

8. Social dialogue has proved particularly important in situations of structural change and reform in the health sector. Such situations are particularly complex, however, and take a long time to evolve. They involve a wide variety of social partners who have to deal with a long agenda of issues. The task often appears to be so overwhelming that some of the social partners may not have the capacity and possibilities to participate to the full extent. Capacity-building should be promoted to equip social partners to participate in social dialogue. Difficult situations are better tackled if there is a continuous process of social dialogue to enable the partners to discuss issues long before they become urgent and thus to participate in upstream decision-making. Regular discussion forums, effective means of communication, sensitization of media and continuous professional analysis of prevailing problems will facilitate necessary change. The social partners in a given situation should therefore, *inter alia*, decide the following: the mechanisms that will provide for an “early-warning system” when reforms of health services are needed; who will be involved in continuous consultations on reform processes; and who will provide professional analysis of prevailing problems.

## **Identifying and enforcing quality standards**

9. All structural changes and reforms in the health sector should be geared to the overall goal of improving efficiency and effectiveness as well as the quality of health services and, to this end, raising the quality of and access to health services. To identify quality standards for health services is, however, a particularly difficult task which has to be tackled carefully and realistically and which will have varied results for different countries. In the health sector which is highly labour-intensive, the standards have to realistically include the quality and capacity of the workers in each country, a question which is closely related to decent work and social dialogue itself.
10. In social dialogue it is necessary to identify quality standards which are shared by all the social partners. Such participatory approaches to performance management will facilitate that quality standards and indicators of outcomes can benefit from the particular knowledge and experience of all stakeholders. A common understanding of quality standards has to be reached which should also be shared by groups beyond the social partners such as the users of the health services. Governments should set the framework for the development and enforcement of quality standards for health services. These standards should be developed in consultation with the social partners and scientific or other relevant expert bodies. All parties should observe and implement these standards. In order to assess the reality in a given situation, the partners will have, *inter alia*, to consider the following: the type of quality standards that should be identified; who will decide on the choice of quality standards and their enforcement; and what mechanisms will be used to monitor their implementation.

## **Establishing and strengthening institutions for social dialogue in the health services**

11. Governments can facilitate and promote the process of social dialogue by laying down the framework to establish and strengthen institutions of social dialogue. Social dialogue is conditioned not only by legal and institutional provisions but also by human capabilities to initiate and maintain social dialogue. Dialogue can be promoted through education and

---

human resource development, which in turn will strengthen the institutions for social dialogue. Training programmes should create among the social partners awareness about the values of social dialogue systems and knowledge about procedures as well as negotiation and communication skills. Training programmes should be developed by all social partners who would have to decide in a given situation on a number of elements such as: who will be involved in such training; how can the individuals involved be prepared for social dialogue; and how can they be trained while continuing to carry out their professional activities.

## **Planning for social dialogue**

12. All stages of a process of social dialogue are interrelated and depend on each other. The stage of planning is, however, of particular importance and should be carried out through social dialogue itself. Planning for social dialogue in health services has to be based on the continuing analysis of the current situation in the health sector and has to be closely related to general processes of health sector reform. Planning has to anticipate the process of reaching a common understanding, of recognizing the social partners and of identifying indicators for the effectiveness of social dialogue. This planning process has to be designed in advance and depends on the issues and the elements of social dialogue chosen for a given situation. Therefore, the social partners have to consider, inter alia, the following: who will be involved in the planning process; who should set the goals to be achieved through social dialogue; how should the agenda of social dialogue be set; how should the type of social dialogue be selected; and how should the time frame and different phases for social dialogue be determined.

## **Initiating social dialogue in the health services**

13. Social dialogue is not a time-limited event but a continuous process of consultation, negotiation and exchange of information aimed at agreed improvements of health services and public health within the framework of financial possibilities and affordability. Nevertheless, the process or reform needs to be initiated by persons, organizations, institutions, or following an event. In the health services, structural adjustment, public sector reforms or crisis situations have often prompted a process of social dialogue. However, there are also success stories of social dialogue in certain areas of the health services which may encourage social dialogue to be expanded to other areas or to other levels. This process may start in an informal, limited and ad hoc way with the aim of building long-term relationships of increasing trust. The initiative for social dialogue depends on the issues chosen and requires addressing issues such as: who will take the initiative to enter into social dialogue; whether social dialogue should start as an informal or formal process; and what the agenda for this initial stage of social dialogue should be.

## **Carrying out social dialogue**

14. Social dialogue is a process to be carried out in good faith. If a process of social dialogue is well prepared and well planned in advance, it may appear as if implementation were just a matter of clear and well-informed action. However, in health services the implementation of the plan is often difficult and dependent on factors which may be beyond the complete control of the social partners. Therefore, to sustain support for these efforts, continuous attempts have to be made to adjust or reinstate social dialogue. To this end, the social partners should adopt a consensual approach to implementation. For a given situation the following should, inter alia, be considered: who will manage and facilitate the process of

social dialogue; and what mechanisms should be provided to match the plan against reality.

### **Monitoring and evaluating the process of social dialogue in the health services**

15. Planning and implementation are closely related to mechanisms of monitoring and evaluating the process of social dialogue in relation to the goals to be achieved. Already during the implementation process, action has to be taken to monitor implementation in the light of the initial plan agreed upon by the social partners. Indicators have to be set for this purpose. Substantial deviations from the plan need to be examined and evaluated in the light of the goals to be achieved. If the results are not satisfactory, corrective action has to be taken by the social partners.
16. Social partners have to be trained in methodologies for the monitoring and evaluation of the process of social dialogue. All social partners should participate in such process and appropriate institutional arrangements should be foreseen for this purpose. The initiative for the process may come from the Ministry of Health or other appropriate competent authority; other stakeholders such as users, experts and international agencies may be included if so requested by the social partners. The following elements need to be taken into account: who should identify deviations from the planned process of social dialogue in terms of substance, timing, methodology and other aspects agreed upon; who should evaluate the impact on the health services; who should set the indicators for this impact; and who should initiate the action required.

### **Mobilizing the resources needed for social dialogue in health services**

17. Social dialogue is often seen as a positive and helpful instrument to activate understanding and facilitate the implementation of new, improved approaches to health services. The process of social dialogue is complex and lengthy and requires financial and human resources. To work effectively, social dialogue institutions and the partners engaged in them should be provided with the resources required in terms of budgetary resources, time, facilities and training for participants. All partners have a proportionate responsibility to invest in these resources depending on the given situation. Analysis is required on issues such as the following: what financial and human resources are needed for the process of social dialogue; who should contribute to mobilizing these resources; and how can resource mobilization be maintained throughout the process of social dialogue in health services.

### **Proposed action by the ILO**

#### ***Concerning practical guidance in strengthening social dialogue in the health services***

18. The ILO should take action to:
  - (a) create awareness among other international agencies about the close interrelation between social dialogue, decent work and quality health services;
  - (b) undertake case studies for awareness creation and training for social dialogue in the health services;

- 
- (c) develop social dialogue training programmes for social partners, including government representatives, and a module on health workers' rights which could be used in the curricula of education and training programmes for health workers;
  - (d) collect data and undertake studies on pay equity and the gender gap in the health services;
  - (e) consider the development of a database containing all relevant information on social dialogue in the health services to facilitate the process of social dialogue at the national level.

### ***Concerning the migration of health services workers***

**19.** The ILO should take action to:

- (a) promote for health service workers respect for the principles and rights contained in the ILO Declaration on Fundamental Principles and Rights at Work;
- (b) undertake a study on social and labour issues relating to the migration of health workers with input from the WHO and with a view to its possible contribution to the report to be prepared by the ILO on migrant workers for the 92nd Session (2004) of the International Labour Conference;
- (c) call on the governments of all countries which host migrant health workers to ensure that they are entitled to the principles and rights contained in the ILO Declaration on Fundamental Principles and Rights at Work as well as access to education and health care;
- (d) call on all governments and recruitment agencies which recruit workers from other countries, especially essential workers such as nurses, doctors and other health professionals, to commit themselves to ethical recruitment codes and principles, preferably bound in regulation or legislation;
- (e) urge governments and social partners to establish information programmes for intending emigrant health workers;
- (f) bring to governments' attention the fact that health workers moving to another country on a temporary or permanent basis, as other migrant workers, have the right of freedom to emigrate and the right to return to their home country.