



Conference on 'Health, Care and Prosperity after Covid-19: Swedish and European Perspectives',  
Stockholm, 25 May 2023

**Inaugural speech of Séamus Boland, President of the Civil Society Organisations' Group of the  
European Economic and Social Committee (EESC)**

Honourable Lena Hallengren, Madame State Secretary, ladies and gentlemen,

It is with great pleasure that I would like to welcome you to this conference on the topic *'Health, Care and Prosperity after Covid-19: Swedish and European perspectives'*. By chance, this is the **European Mental Health Week**, so the timing of our event is very appropriate! But allow me to begin by **thanking the European Institutions for hosting us** and of course, to **thank our four Swedish Members – Ariane Rodert, Jan Andersson, Louise Grabo and Irma Kilim** – for all their help in organising this event. You are already considered 'star pupils' within the Committee, as the Swedish delegation within our Group is composed primarily of ladies – something which regrettably is an exception!

With us today, we also have **70 Members** of the Civil Society Organisations' Group of the European Economic and Social Committee (EESC). They represent a wide range of civil society sectors in the 27 countries which are members of the EU. For some, this is their first time in Sweden. I am sure that they are impressed by your **beautiful city** and its **high environmental standards**. You have achieved a great deal to be proud of as a society!

Like my country, Ireland, **Sweden** is also on the **periphery of the European continent**. However, Sweden has certainly **not been on the periphery of European history**. Yes, we all know Sweden for the Noble Peace Prize – which the EU also received in 2012 – and we all know about Abba!

But perhaps our non-Scandinavian colleagues are not aware that in the **18<sup>th</sup> Century**, the **Swedish Empire** was one of the great powers in Europe, with **territorial control over much of the Baltic region**. Sweden was also one of the **protagonists of the 17<sup>th</sup> Century 'Thirty Years' War'**, which was one of the most destructive conflicts in European history.

Going back further, we had the **Vikings**, who in the **mid-9<sup>th</sup> Century** made the **city of Kyiv** the **capital of the Slavic East European Federation**. Hence, from the North to the South of Europe, East to West, we share a lot of **common European history**. This is something we should remember, when discussing our **common European future**.

Turning now to the subject of our conference: *'Health, Care and Prosperity after Covid-19'*. The **pandemic** was, without doubt, very **traumatic** for nations, communities, families and individuals. Covid also fully **exposed the existing inadequacies of national health and care systems**, which were already **over-stretched** by years of **under-investment** and **ageing populations**. We are also experiencing exponential increases in 'excess deaths'. In the **third quarter of 2022 and early 2023**, monthly deaths across Europe were **10% higher** than expected – reaching as high as **23% in Germany**.

These figures are shocking when one considers that in **most OECD countries**, there have recently been significant **increases in the number of health staff**. **Health expenditure** has also reached almost **10% of GDP**. Regrettably, low levels of immunity post Covid and delayed treatments of other diseases, have led to an **explosion in demand for healthcare services**. Combined with higher than usual levels of exhausted and demotivated medical staff, the result is a **dangerous decline in the quality of care** in many European countries.

This leads us onto one of the topics we will be exploring today, namely: **how to guarantee the right to quality healthcare? And how to enhance accessibility and protect the most vulnerable?** The first thing to acknowledge, is that across all human cultures and societies, **healthcare occupies a central place**. The attention that we give to healthcare reflects our **societal values of altruism, responsibility, respect, dignity and equality**. Secondly, we should remember that within the EU, **access to affordable and good quality healthcare, is indeed a right**. This was agreed upon by all EU Member States, when they signed up to the **European Pillar of Social Rights in 2017**. And it was reiterated last year, when citizens in the **Conference on the Future of Europe** called for the '**Right to Health**' guaranteeing all Europeans (and I quote): *"...equal and sustainable access to affordable, preventive, curative and quality healthcare"*.

However, in order to be able to provide qualitative healthcare for our **most vulnerable** - be they the **elderly, the young, persons with disability and the families caring for them**, or indeed in order to be able to invest sufficiently in **women's health** - it is necessary to firstly **build resilient and qualitative health and care systems**.

And this is a very complex process. It involves many interrelated policy areas which should work in **coordination and complementarity**. We also need to invest in an **educated, skilled and motivated workforce**, which is held in **high social esteem** and **adequately remunerated**. Likewise, we should **avoid gender stereotyping**. Women cannot continue to be the principal carers of the elderly nor of persons with disabilities.

And of course, it is imperative to be **forward looking**. **Medical research** and **artificial intelligence** must remain high as **investment priorities**. Not only in order to make healthcare more efficient and qualitative, but also in order to **improve Europe's competitiveness** and to find innovative ways of managing our ageing populations.

Ladies and gentlemen, if there is one thing that I would like you to reflect upon today, it is the **necessity to change mindsets**. To change mindsets **socially, economically and politically**. It is imperative that we **move away from the perception of health as a perceived 'cost'**. On the contrary, we must begin to view and to **value healthcare as a social investment**.

And this implies striving for a **human-centred healthcare** and **integrated provision of care**. Healthcare should be **centred on people, respecting individual choices and supporting families**. It must be a system where **social innovation** and the **social economy** work alongside existing health providers, to enable the best possible services for citizens. The Covid-19 pandemic already demonstrated the **pivotal role of civil society organisations and volunteers**. Certainly, at the beginning of the health crisis, CSOs and volunteers were at times the only care providers.

Today, we also need more **synergies** and **partnerships** between the different actors and public authorities involved in healthcare. CSOs should be directly involved in **planning, implementing and monitoring healthcare**. For example, **family and care organisations, associations for the elderly, women, persons with disabilities, social enterprises** etc. These are the actors who must be involved in national policy and developing National Action Plans on healthcare.

Looking at the European level and building on the success of **EU-wide cooperation** on the Covid-19 vaccination programme, the European Commission has made a number of proposals for **cross-border cooperation on healthcare**. For example, the '**European Care Strategy**', '**EU for Health**', the '**European Health Union**' and '**Europe's Beating Cancer Plan**'. In each case, the aim is not to overstep national boundaries, nor is it to impose common rules. On the contrary, the objective is to **encourage reforms and investments, leading to synergies, holistic approaches and upward convergence in healthcare**, among and within EU countries.

Sweden already has very high healthcare standards and you have a lot to teach other EU countries. And health remains a national prerogative. However, **EU coordination can help towards pooling expertise, better planning and overcoming common transborder challenges quicker**, as we already saw during the Covid-19 pandemic.

I will bring my comments to a close, with a reference to **Thomas Moore, the 16<sup>th</sup> Century humanist**, who in his famous work '**Utopia**', lamented "*It's a pretty poor doctor who cannot cure one disease without giving you another*". We may not all agree with all of Thomas Moore's beliefs, but we can agree that **health is a 'wealth' due to everyone!** Thank you for your attention.