Reducing health inequalities in the EU

2010/2089(INI) - 25/01/2011 - ${summary.subTitle}

The Committee on the Environment, Public Health and Food Safety adopted the own-initiative report drafted by Edite ESTRELA (S&D, PT) on reducing health inequalities in the EU.

Firstly, Members recall the difference in life expectancy at birth between the lowest and highest socioeconomic groups is 10 years for men and six years for women. Health inequalities are not only the result of a host of economic, environmental and lifestyle-related factors, but also of problems relating to access to healthcare. They have significant economic implications for the EU and for Member States. Losses linked to health inequalities have been estimated to cost around 1.4% of GDP.

Welcoming the Commission?s Communication entitled ?Solidarity in health: reducing health inequalities in the EU?, Members recall that the key suggestions are as follows:

1. making a more equitable distribution of health part of our overall goals for social and economic development;
2. improving the data and knowledge bases (including measuring, monitoring, evaluation, and reporting);
3. building commitment across society for reducing health inequalities;
4. meeting the needs of vulnerable groups; and
5. developing the contribution of EU policies to the reduction of health inequalities.

In agreement with the suggestions, Members also focus on the following issues

Tackling health inequalities ? an EU priority: Members calls on the Council to promote efforts to tackle health inequalities as a policy priority in all Member States, taking into account the social determinants of health and lifestyle-related risk factors, such as alcohol, tobacco and nutrition, by means of actions in policy areas such as consumer policy, employment, housing, social policy, the environment, agriculture and food, education, living and working conditions and research, in keeping with the ?health in all policies? principle.

Members underline that health inequalities in the Union will not be overcome without a common and overall strategy for the European health workforce, including coordinated policies for resource management, education and training, minimum quality and safety standards, and registration of professionals. Member States are encourage to invest in social, educational, environmental and health infrastructure,while coordinating measures concerning the qualification, training and mobility of health professionals. The committee calls on the Member States to support a ?local care approach? and to provide integrated healthcare, accessible at local or regional level, enabling patients to be better supported in their own local and social environment.

Improving universal access to healthcare for: Members point to the need to maintain and improve universal access to healthcare systems and to affordable healthcare, particularly for the most vulnerable. Member States are called upon to ensure that the most vulnerable groups, including undocumented migrants, are entitled to and are provided with equitable access to healthcare. In addition, the report calls on the EU and the Member States rapidly to find ways of combating ethnic discrimination, particularly in certain Member States where Council Directive 2000/43/EC has not been implemented and where women from ethnic minorities have little or no social protection or access to healthcare. The Council and the Member States are called upon to evaluate and implement new measures to improve the effectiveness of their health expenditure, in particular by investing in preventive healthcareand to restructure healthcare systems in order to provide equitable access to high-quality healthcare (in particular basic medical care) without discrimination throughout the EU. The use of existing European funds should be studied for this purpose.

Members call on the Commission and the Member States to ensure that equitable access to healthcare and treatment options for older patients are included in their health policies and programmes. The introduction of telemedicine technologies, which can significantly reduce geographical disparities in access to certain types of healthcare, with particular reference to specialist care, in particular in border regions should be promoted. Member States are invited to solve problems of inequality in access to healthcare that affect people?s everyday lives, for example in the areas of dentistry and ophthalmology.

As regards the issue of access to medicines, Members recall the urgent need to facilitate access to medicines for the treatment of mental health disorders such as Alzheimer's disease which are not reimbursed in some Member States. Member States should also adapt their health systems to the needs of the most disadvantaged groups by developing pricing structures and wage systems for health professionals that guarantee access to healthcare for all patients. The Commission is urged to promote best practices on pricing and reimbursement of medicines, including workable models for pharmaceutical price differentiation so as to optimise affordability and reduce inequalities in access to medicines.

Improving access to reproductive health care for women: along with the issue of equal access to care, Members calls on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies and programmes. They consider that the EU and the Member States should guarantee women easy access to methods of contraception and the right to safe abortion. They urge the EU and the Member States to focus on women?s human rights, in particular by preventing, banning and prosecuting those guilty of the forced sterilisation of women and female genital mutilation. Necessary measures should be taken, in relation to access to assisted reproductive technologies (ART), to eliminate discrimination against women on the grounds of marital status, age, sexual orientation or ethnic or cultural origins. All pregnant women and children, irrespective of their status, should be entitled to social protection.

Enhancing prevention measures: Members point to the importance of improving access to disease prevention, health promotion and primary and specialised healthcare services, and reducing the inequalities between different social and age groups, and emphasise that these objectives could be achieved by optimising public spending on preventive and curative healthcare and targeted programmes for vulnerable groups. A series of preventive measures should therefore be taken at Member State level to reduce health risks.

Amongst these measures, Members propose the following:

- prevention against obesity, smoking, etc;
- sharing experience in health education, promotion of a healthy lifestyle, early diagnosis in the areas of alcohol, food and drugs;
- promotion of physical activity, healthy eating especially in disadvantaged areas.

In this context, Member States are called upon to reassess their policies in areas that have significant impact on inequalities in health such as tobacco, alcohol, food, medicine and public health and the provision of health care.

Tackling socio-economic inequalities: Members call on the Commission to press ahead with their efforts to tackle socio-economic inequalities, which would ultimately make it possible to reduce some of the inequalities relating to healthcare. Furthermore, on the basis of the universal values of human dignity, freedom, equality and solidarity, they call on the Commission and Member States to focus on the needs of vulnerable groups, including disadvantaged migrant groups and people belonging to ethnic minorities, children and adolescents, people with disabilities, etc. The report stresses that health inequalities are rooted in social inequalities in terms of living conditions and models of social behaviour linked to gender, race, educational standards, employment and the unequal distribution not only of income but also of medical assistance, sickness prevention and health promotion services.

Members emphasises that the economic and financial crisis and the austerity measures taken by Member States, in particular on the supply side, may lead to a reduction in the level of funding for public health and health promotion, disease prevention and long-term care services as a result of budget cuts and lower tax revenues, while the demand for health and long-term care services may increase as a result of a combination of factors that contribute to the deterioration of the health status of the general population. The report stresses that health inequalities in the EU represent a substantial burden to Member States and their healthcare systems and that the effective functioning of the internal market and strong and, if possible, coordinated public policies on prevention can contribute to improvements in this field.

Gender mainstreaming in health policies: Members call on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies, programmes and research, from the development and design stage through to impact assessment. Male violence against women should be recognised as a public health issue, whatever form it takes.

Promoting health research: the report calls on the Member States to encourage and support medical and pharmaceutical research into illnesses that primarily affect women, with reference to all phases of their lives and not only their reproductive years. Members argue that open, competitive and properly functioning markets can stimulate innovation, investment and research in the healthcare sector, and recognises that this must be accompanied by strong financial support for public research in order to further develop sustainable and effective healthcare models and to promote the development of new technologies and their applications in this field. (e.g. telemedicine), and by a common health technology assessment methodology, all of which should benefit every individual, including those from lower socioeconomic backgrounds, whilst taking into account the ageing of the population.

Follow-up of the implementation of policies: lastly, Members ask the Commission to consider drafting a proposal for a Council recommendation, or any other appropriate Community initiative, aimed at encouraging and supporting the development by Member States of integrated national or regional strategies to reduce health inequalities. The Commission and the Member States are asked to develop a common set of indicators to monitor health inequalities (by age, sex, socio-economic status, etc).