



Response by the AER “Social Policy & Public Health” Committee To the Consultation of the European Commission EU ACTION TO REDUCE HEALTH INEQUALITIES

The Assembly of European Regions (AER) is the largest independent network of regions in wider Europe. Bringing together more than 270 regions from 33 countries and 16 interregional organisations, AER is the political voice of its members and a forum for interregional co-operation.

This response is based on the last positions and declarations adopted by the AER Social Policy and Public Health Committee:

- AER Declaration on Financing Regional Healthcare (March 2009)
- AER Response to the European Commission Proposal for a Directive on “the application of patients’ rights in cross-border healthcare” (2009)
- AER Response to the European Commission Green Paper on “European Workforce for Health” (2009)
- AER Overview of Health Care Systems, Eva Tabernig (2009)
- AER Response to the Consultation of the European Commission on “Europe’s social Reality” (2007)
- AER Declaration on “Equal opportunities for ethnic minorities: the regions’ role” (2007)

The AER Social Policy and Public Health Committee welcomes the initiative undertaken by the European Commission to launch a reflection process on how the Union can best act in order to reduce health inequalities.

Evolution of health inequalities in Europe

In its overview of health care systems in Europe¹, AER notes that the problem of health inequalities in Europe is far from resolved. Indicators such as life expectancy or child and adult mortality still attest to the existence of a significant gap in health at the national level but also between regions within countries. Different explanations may be found to this worrisome trend: socio-economic determinants play a major role together with biological, environmental and lifestyle influences.

If an improvement of health care performances can be observed over the last few years, especially in the regions of the new member states, AER insists on the necessity to intensify the efforts pursued until now to fight health inequalities.

Health inequalities start with unequal access to healthcare. Hence, AER reaffirms its commitment to the right to access healthcare for the citizens of its regions, as this is a fundamental European value.

¹ AER Overview of Health Care Systems, Eva Tabernig (2009)

Actions at European level are justified and must continue to close the remaining gaps in access to healthcare:

- between urban and rural areas
- between regions in old and new member states
- between the different groups of population

The economic crisis and its impacts on health

AER is aware that the current economic crisis will inevitably have social and health consequences. The unemployment wave the regions are experiencing emphasises the differences existing within populations and exacerbates the risk of poverty. This leads to negative consequences in health, with children and elderly people being hit hardest.

Moreover, there is a risk that the economic crisis leads to a decrease in investments in health. AER's member regions insist on the importance of keeping health at the top of the political agenda at all level of government, as an unhealthy workforce has negative impacts on economy.

Structural funds and health

AER has been working for many years for the recognition of the regions' role in fighting against health inequalities, and is pleased that the European Union has finally listed health among the 12 cohesion priorities for the period 2007-2013.

Progress in reducing regional health inequalities was made possible thanks to successive reforms undertaken by the governments and the financial support from which these regions benefited. It is therefore necessary that the European Union keeps dedicating a large share of its budget to health for the forthcoming period. EU support can help in combating health inequalities at the regional level in many ways. AER has therefore identified the following as beneficial investments for the reduction of health inequalities:

- The use of new technologies for the benefit of health. New technologies can provide opportunities for the organisation and distribution of healthcare services. This helps to improve the efficiency of healthcare delivery and to reduce health inequalities. Regions should therefore agree to major initial investments and regular adjustments to budgets. Through its e-health network, recognised by the European Commission, AER has been contributing to the development of technological applications for several years.
- The training of a health workforce to face the growing needs of patients and the health workforce shortages many European regions are experiencing. Providing the regions with the tools to enable them to attract and retain healthcare professionals is crucial. Acknowledging the growing mobility of healthcare professionals, AER intends to develop exchange programmes, based on regional solidarity and working according to the rules of similar AER programmes. AER calls upon the EU to support these programmes and encourages the European Commission to discuss their creation in more detail.
- The modernisation of health infrastructures should be further supported, as better equipment enables the provision of efficient and high-quality services. This improvement of patient conditions in health infrastructure is needed. Medical care is often too expensive, or too slow, or too far: on average, 31% of those living in the EU report an unmet need for medical care.²

² Joint Report on Social Protection and Social Inclusion 2009, EU

About indirect health investment

AER agrees that indirect health investment also can support health improvement but it should in no way replace direct investment. For instance, taking action in social and employment policy can help to reduce health inequalities and supplement health investment but are not able to resolve them fully.

Conclusion

Finally, AER stresses the importance of solidarity in fighting health inequalities. Even in countries where the healthcare system enables a high level of health, growing differences may remain between the different population groups and health inequalities are not excluded. Therefore, when implementing solutions to reduce health inequalities, special attention should be given to children, the elderly, people with disabilities and migrants.

Mainstreaming health concerns across all European policies is essential. Objectives are best achieved when synergies are created between different policies and actors.

AER's member regions hope that the responses to this consultation will contribute to further acknowledge the importance of keeping the reduction of health inequalities high up on the political agenda and to assess the potential impacts on health when making political decisions. AER believes that the proposed solutions should be considered in the future development of strategies against health inequalities, whether they are geographical, social, gender or minority based.

AER remains at the disposal of the European Commission to further contribute to actions and measures that aim to reduce health inequalities.