

2021 | MEP Interest Group event

19 APRIL

Turning principles into a reality of more **equitable** healthcare

HOST: MEP INTEREST GROUP ON EQUITABLE ACCESS TO HEALTHCARE

Report

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Monday, 19 April 2021, 11:00-13:00 CET, Microsoft Teams

A meeting of the MEP Interest Group on Equitable Access to Healthcare, organised jointly with the Patient Access Partnership (PACT) on 19 April, provided the opportunity to address topical issues related to healthcare, equitable access, and health systems performance across the EU. At the beginning of the meeting, **Ms. Mary Lynne van Poelgeest-Pomfret** - member of PACT's Steering Committee and moderator of the event, introduced the MEP Co-chairs of the Interest Group and gave them the floor for their opening remarks.

Opening remarks

MEP Sara Cerdas began her intervention by stating that to improve access to healthcare, all gaps should be identified, and namely *who? how? why?* to meet the European citizens' expectations. Key elements in achieving this goal are fairness and equity, not only in times of pandemic. MEP Cerdas pointed out the EU4Health programme as one of the many mechanisms and tools needed to achieve this goal and get even closer to equitable access in health care.

MEP Andrey Kovatchev made a retrospective comparison of the two mandates of the Interest Group on Equitable Access to Healthcare. Both mandates started at turning points and times of crisis – the 2014 mandate worked towards overcoming the socio-economic crisis and the new mandate (2020) works towards overcoming the impact of the COVID-19 pandemic. In the next few years, the EU will put an unprecedented number of financial resources at the disposal of the Member States - through EU4Health, Cohesion Funds and the Recovery and Resilience Facility. Better access metrics will contribute towards ensuring that these financial instruments can ultimately deliver meaningful change and better access on the ground. He concluded by saying that *“Without healthy people there is no economic growth.”*

Healthcare was not among the priorities in the EU while now it is in the centre of it, stated **MEP Tomislav Sokol**. Among the priority areas of the European Parliament, MEP Sokol identified Europe's Beating Cancer Plan and overcoming the COVID-19 crisis. He highlighted that solutions proposed should be feasible and concrete in approach. Therefore, the main question posed is where the EU can add value in resolving pending issues and what solutions can be offered? *“While differences in access exist, we cannot speak of European solidarity and unity”*, says MEP Sokol. *“There is good political ground for the Interest Group to contribute towards turning equitable access to healthcare into reality.”*

Ms. Susanna Palkonen, Chairperson of the Patient Access Partnership, expressed her gratitude for the significant progress which the Interest Group has made, from working in silos to joining forces in constructive collaboration. The MEP Interest Group on Equitable Access to Healthcare, established in 2014 with the support of PACT, is now serving a second mandate - and reminds us all that there is a long road ahead until patients across the EU enjoy equitable access to quality healthcare. Therefore, *“a lot more needs to be done, as the pandemic exacerbated the pre-existing systemic healthcare problems and challenged equitable access to healthcare”*, concluded Ms. Palkonen.

After the introductory speeches of the MEP Co-chairs and the Chairperson of PACT, Ms. Mary Lynne van Poelgeest-Pomfret introduced a series of presentations.

Key EU instruments to make health systems more equitable and resilient

The first presenter of the meeting, DG SANTE Policy Officer **Ms. Katarzyna Ptak-Bufkens** stressed that improving access to healthcare along flagship initiatives of the Commission is the commitment reaffirmed in the recent European Pillar of Social Rights Action Plan. This Action Plan also stressed the importance of better metrics of accessibility of health systems and the [report](#) of the Healthcare Systems Performance expert group, which has just been published, contributes to this goal. She gave an overview of the content of the report and explained that proposed measures can help policy makers to design better targeted policy measures to reduce inequalities. While some could be developed at European level, for example measures of the impact of health benefits on reduction of poverty, the others are more context-specific and should be developed at national and subnational level. She also stressed that the “patient experience” has not been measured well to date and the HSPA report proposes tools to fill this gap.

Hub Coordinator, **Dr. Ewout Van Ginneken**, representing the European Observatory on Health Systems and Policies (EOHSP) provided interesting insights on whether a vignette approach can add to existing access indicators and help differentiate between population coverage and realised access to care. The intervention of Dr. Van Ginneken started with a discussion on existing indicators, such as patients’ unmet needs

and financial protection and asking the question whether these provide sufficient detail. The vignette is a short description of a person or situation designed to simulate key features of a real-world scenario. To measure realized access, a brief description of a patient’s age, medical complaint, and health history together with a recommended patient pathway was given to respondents. Respondents then had to fill out a survey to indicate whether this particular patient had access to all these services. The vignette pilot has revealed important gaps in coverage for certain areas of care provision that would have stayed under the radar when only looking at available services in the benefit ‘basket’ of a country. In addition, the vignette approach, when compared with outcome indicators, can help explain the role of access in suboptimal outcomes. It can also help in providing more detailed diagnoses that can be addressed by targeted policies. Dr. Ewout Van Ginneken concluded his intervention by stating that “*The vignette approach can identify gaps in coverage and access to recommended care as well as differences in treatment.*”



Turning principles into a reality: Action Plan on the Pillar of Social Rights

Health Attaché, **Mr. João Miguel Lança** (Portugal), shared some of the planned health-related activities and priorities of the current Portuguese Presidency. He pointed out some of the priority topics, such as reinforcing public health cooperation by building a European Health Union, supporting sustainable, equitable and universal access to medicines and medical devices, promoting digital health, strengthening the EU role in global health, and tackling COVID-19. Mr. Lança further highlighted the important work towards the implementation of the Beating Cancer Plan among all member states. Improvement of the regulatory framework in healthcare could lead to better management of health systems in times of crisis and pandemic. Achieving all goals in the framework of the 20 principles of Pillar of Social Rights and pursuing the European agenda is in best interest for all. A few regular meetings and debates on health topics are included in the calendar of the Portuguese Presidency, some of which are:

- ✚ EPSCO Councils – Health (*two formal meetings*)
- ✚ Meeting of the EU Member States Experts Group on Global Health
- ✚ High Level Conference on Access to Medicines and Medical Devices
- ✚ European Cancer Research Summit 2021 (*Joint event with Ministry of Science and Technology*)
- ✚ 19th eHealth Network Meeting
- ✚ 4th eHealth Summit
- ✚ Joint Meeting of the Heads of Medicines Agencies and the Competent Authorities for Medical Devices

What is needed to turn a vision of European Health Union into practice: a stakeholder perspective

The next presenter, **Ms. Ingrid Stegeman**, Programme Manager at EuroHealthNet, reminded the audience that most inequalities in health are not due to discrepancies in access to healthcare, but rather to social determinants of health. There are many actions that health systems can undertake to improve health outcomes for all European citizens and to reduce health inequalities within and between EU Member States, that above all require working more in partnership. Some examples presented included: a stronger emphasis on, and capacities in relation to collaboration with other sectors, strengthening the role of primary care, health promotion and disease prevention, emphasis on social prescribing, and social value in commissioning. The importance of a stronger focus on mental health was stressed, as was digital health literacy, and better data. In this way health systems can make an impact and improve access to health. She stated that a more 'holistic' approach to health and access to healthcare is needed along with proportional universalism, which reflects wider socio-economic factors.

Dr. Daniel López Acuña, Adjunct Professor of the Andalusian School of Public Health and Coordinator of Work Package 8 of the Joint Action Health Equity Europe (JAHEE) Initiative underlined problems linked to inequitable access to health and related social services in Europe and on the specific work and findings of the Joint Action in this regard. Dr. Acuña underscored how inequities in access to health and social services worsen existing health and social inequities. The main conclusions of the policy framework for action in this area developed by the work stream of JAHEE were summarized along with the findings of the country assessment conducted in 13 Member States. He referred to the importance of overcoming structural barriers that hinder a true universalist approach as well as to the need of addressing policies and actions to different population groups left behind in terms of access to health and related social services. An example was given, which showed that less than 50% of the countries in the study reported that there are policies specifically addressing the reduction of inequalities in access to health and even fewer are being implemented. In conclusion Dr. Acuña stated that to reduce inequalities in access to health and social services *“A true Equity approach is needed and should be a Universal one.”*

European Policy Centre (EPC) Policy Analyst **Ms. Simona Guagliardo** raised the important question of how the EU can support national policies on health and add value by building a strong European Health Union. Such union is of great importance, for all Member States to be able to react fast in times of crisis (such as the COVID-19 pandemic), which poses big risk to entire populations. The pandemic is aggravating the already existing social, economic and health inequalities across EU and further exposed health systems' unpreparedness and preexisting weaknesses. The European Semester 2021 (exceptional cycle) should be seen as leverage, as it has been designed and corresponds to the COVID-19 pandemic needs and the CSRs. In conclusion, Ms. Guagliardo underlined the need to learn and react swiftly to the pandemic to jointly shape the recovery from COVID-19. *“Health should be seen as investment, but not a cost. People's health and wellbeing should be linked with social and economic prosperity”* concluded Simona Guagliardo.

Closing remarks

Ms. Susanna Palkonen closed the meeting by thanking all speakers and drawing final conclusions. There was agreement among the participants that to turn principles into a reality of more equitable healthcare, tools developed thus far should be flexible, and adaptable according to experience. The added value of transforming policies into workable implementation strategies in the field of healthcare is key, resulting in impact and better outcomes for patients and society at the Member State level. Ms. Palkonen reminded participants that this was the first meeting of a series from the MEP Interest Group on Equitable Access to Healthcare along with other PACT activities, which are set to promote best practices, improve access to health care, and reduce inequalities.