

The European Patients' Forum Manifesto for the 2014 European Elections 22-25 May 2014

Breaking down access barriers Background Briefing No.3

The European Parliament Elections and new Commission 2014 offer a fresh opportunity for the European Patients' Movement to encourage politicians and policy-makers to commit to a healthier Europe.

We want to create a sense of urgency and real imperative to address the fundamental roadblocks to patients' access to proper healthcare and to demonstrate how patients can be part of the solution to make health systems more effective and quality-oriented. In other words, a healthier Europe, as outlined in our Manifesto "Patients + Participation = Our Vote for a Healthier Europe"



Access to quality healthcare is a basic EU citizens' right. Yet it is still not a reality for many of us – a situation made worse by the economic crisis. Access means the availability of treatment, but also its affordability. Access also means non-discrimination. All patients in the EU deserve equitable access to care.

Breaking down health inequalities is also good for health systems. If we do not get the care we need at the right time, we may develop more severe illness, reducing our capacity to live a full and productive life and increasing health, social and economic costs. All of us deserve a chance to contribute to society.

ACCESS TO HEALTHCARE IS A BASIC RIGHT FOR ALL, BUT NOT A REALITY FOR MANY

Access to healthcare is a basic EU citizens' right, and one of the fundamental principles of European health systems together with safety, quality and equity.¹ Treatment should be accessible to every patient who needs it, not only to those who can pay. Regrettably, this is not a reality for all. There are huge disparities within the EU in the availability of treatments and their affordability^{2,3}, while health spending has stalled or fallen since 2009 in many member states.⁴ This means that existing inequalities are made worse by austerity measures such as new hospital fees, cuts in health insurance coverage or increased co-payments, against a background of rising unemployment and reduced incomes.

DEFINITION: ACCESS = AVAILABILITY + AFFORDABILITY

Healthcare is accessible to patients when it is functionally available to the patient who needs it, e.g. it is possible to get an appointment without undue delay and without having to travel far, and when the cost is affordable. Medicinal products are considered accessible when they are available in the market, can be prescribed and distributed through reachable channels, and the cost is affordable.⁵

HEALTH INEQUALITIES FROM THE PATIENT'S PERSPECTIVE

From a patient's perspective, health inequalities mean unequal access to medical and other care, and disparities in the quality of that care. Patients with chronic diseases and their families have specific vulnerabilities in terms of timely access to diagnosis, high-quality healthcare and related support services, and specific disadvantages that include inability or reduced ability to work, loss of income and risk of poverty, social discrimination and stigma. Patients and families on low incomes

¹ Council Conclusions on Common values and principles in European Union Health Systems. (2006/C 146/01).

² See for example the EPF statement on health inequalities, 2010, available at: <http://www.europeanpatientsforum.eu/Documents/Policy/HealthInequalities/EPF-position-101207-FINAL-HI.pdf>

³ http://www.emsp.org/index.php?option=com_content&view=article&id=121:ms-barometer-2009-results&catid=55:multiple-sclerosis-information-dividend&Itemid=152

⁴ OECD data.

⁵ Definition adapted from one used in the Working Group on Mechanism of Coordinated Access to Orphan Medicinal Products (MoCA-OMP), Platform on Access to Medicines in Europe.

are at risk of poverty as a consequence of ill-health and catastrophic health expenditures, which in turn affect their access to healthcare and the quality of care, creating a vicious circle.⁶

INVESTMENT IN HEALTH IS CRUCIAL IN TIMES OF CRISIS

Health is one of the highest priorities of European citizens.⁷ Health inequalities carry a significant economic cost, which could be as high as 20% of the costs of healthcare *and* 15% of the total costs of social security benefits.⁸ Investment in health is therefore an investment in our fundamental values, in social cohesion, and in economic development.

Reducing health inequalities is crucial for the overall health and wealth of society, but currently the opposite is happening. Existing health inequalities – including access to healthcare – are being exacerbated by cuts in healthcare spending and social insurance coverage in response to the economic crisis, at a time of even greater demand for healthcare and social support. It has been shown conclusively that cutting healthcare budgets is counter-productive and will not contribute to the sustainability of health systems in the long run.⁹

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EU Member States should commit themselves to *ensuring adequate investment* in health. This may mean maintaining or even increasing health budgets. Investment should be transparent both in amount and in percentage of the total budget, so that it can be compared with other expenditures. At the same time, EPF supports actions to *increase the efficiency* of health investments, so that money can go further as waste and misuse in the system is eliminated and services are targeted effectively. This is where patient organisations can be invaluable partners – see [EPF Manifesto Background Briefing No. 1, “Patients’ views matter”](#).

EQUITABLE ACCESS TO HEALTHCARE IS VITAL FOR PATIENTS AND SOCIETY

From the chronic disease perspective, early intervention is vital. Many chronic diseases are degenerative, making early detection and prompt medical intervention essential to ensure good health outcomes and quality of life for patients. Lack of timely treatment results in deterioration of the condition in the long-term. Complications usually require much more complex and costly medical interventions, which not only burden the patients and their families but are also an avoidable cost to the healthcare system.

Conversely, when optimally treated and well-supported, patients are able to manage their condition, continue to function in society and live a full life. Thus, in our view, health promotion, prevention and patient-centred chronic disease management should be seen as aspects of the same holistic continuum. Effective prevention can free up resources to provide healthcare for patients, while investment in high-quality chronic disease management (effectively tertiary prevention) can maximise patients’ quality of life, reduce the disease burden on individuals and the system, and optimise the use of healthcare resources.

⁶ EPF statement on health inequalities, 2010.

⁷ Special Eurobarometer 391, “Social Climate” (2011).

⁸ JP Mackenbach et al., “Economic costs of health inequalities in the European Union”, *J Epidemiol Community Health* 2011;65; 412-419.

⁹ WHO European Observatory report, 2012, “Health policy responses to the financial crisis in Europe”.

EPF KEY SOLUTION: EUROPEAN PLATFORM ON ACCESS AND EQUITY

We ask European decision-makers to:

Support an EU initiative on equitable access to healthcare for all European citizens, through a multi-stakeholder platform.

EPF calls for a multi-stakeholder EU platform comprising political decision-makers and all relevant stakeholders to develop a strategy and an action plan to ensure equitable access to healthcare for all European citizens, regardless of their background or ability to pay. The strategy should also identify the specific needs of different target populations, such as minority and disadvantaged groups, and develop actions to address them.

Part of the platform's mandate should be to develop an equitable pricing strategy for pharmaceuticals in the EU, taking into account the capacity of different member states to pay, for example by reference to GDP, and also according to the needs of different member states. This will require cooperation and solidarity between member states and also the pharmaceutical industry.