



Bruxelles, 31/03/2009

## **EU action to reduce health inequalities**

HOPE welcomes the initiative of the Commission requesting for input to the development of a Commission Communication aiming to support the reduction of health inequalities in the EU.

On general data, HOPE understood that the Open Method of Coordination had already provided some answers to the question on trends regarding health inequalities and is working on indicators and monitoring tools. Indicators, which means sound valid and reliable data, should certainly be the priority before envisaging anything at European level.

Once the pre-condition is met, HOPE would broadly supports opportunities of sharing experience between healthcare systems and of coordinated action throughout the EU. Actions should however be built on existing mechanisms at European, national and regional level. The diversity of Member States experiences is a source of lessons but also of misinterpretations. It is then critical to engage stakeholders from health and beyond to get the most of this diversity.

HOPE believes however that any action taken at European level must fully recognise the differences between healthcare systems and not undermine in any way the capacity of the Member States to plan, fund and organise patient care for their citizens.

HOPE itself has been involved on various occasions in issues relating to social determinants and healthcare inequalities. This was the case for example with the Migrant-friendly hospitals project. Co-financed by the European Commission, DG Health and Consumer Protection (SANCO) brought together partners including hospitals from 12 member states of the European Union. These partners agreed to put migrant-friendly, culturally competent health care and health promotion higher on the European health policy agenda and to support other hospitals by compiling practical knowledge and instruments. One major strategy to test feasibility of becoming a migrant-friendly and culturally competent organisation was the implementation and the evaluation of three selected subprojects in the diverse reality of European hospitals, with the local implementation financed out of hospital funds, but supported in a European benchmarking process.

A second example was the focus of the HOPE exchange programme and Conference 2007 on “Social Determinants as a Cause of Health Inequalities in Healthcare Systems.” The exchange participants worked during their 5-week stay on the issue and presented their results. It adressed social and economic determinants: inequalities



by age; inequalities by gender; inequalities due to exclusion from social community networks; inequalities by socio-economic, cultural and environmental factors affecting employment, salaries and, generally speaking, the implementation of welfare schemes; inequalities at individual level.

As a provider of services, the health care sector can and clearly should play a key role in addressing the European policy objectives that directly appeal to the sector's core business by ensuring access to good quality services. Services should not only be accessible and affordable, but also responsive. This implies services have to be tailored to the needs of people living in poverty and/or at risk of social exclusion.

This could be channeled through the improvement of mainstream services, but also through setting up special initiatives in support of people at risk of poverty and/or social exclusion, or groups already faced with specific disadvantages.

Health services can also contribute to policy objectives related to facilitation of employment participation. As an employer, the health sector may provide job opportunities to people from disadvantaged communities or to people in long-term unemployment.

Finally, structural funds are again mentioned, as in other Commission's documents as one solution. The access to those funds is far from being easy for healthcare providers. This limits them as a solution but should be reflected in the preparation to the future structural funds.

**Contact for further information:**

HOPE Central Office  
Pascal Garel  
Tel: +32 (0)2 742 13 20  
Email: [sg@hope.be](mailto:sg@hope.be)

*HOPE is the acronym of the European Hospital and Healthcare Federation, an international non-profit organisation, created in 1966. HOPE includes national associations of public and private hospital and of owners of hospitals. Today HOPE is made up of organisations coming from 26 Member States of the European Union and Switzerland as observer member.*