IMPROVING ACCESS TO HEALTH AND RELATED SOCIAL SERVICES IN EUROPE FOR THOSE LEFT BEHIND

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Inequity in Health Persists: Should Switzerland be Concerned?
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JAHEE:GENERAL OBJECTIVE

The general objective of Joint Action for HealthEquity in Europe (JAHEE) is to contribute to:

- achieve greater **equity** in health outcomes across all groups
  in society in all participating countries and in Europe at large
- reduce the inter-country **heterogeneity** in tackling health inequalities

JAHEE also includes a specific focus on **migrants** and **vulnerable** groups

JAHEE covers the period from June 2018- to June 2021

MAIN OBJECTIVE OF WP8

WHAT?

The main objective of this Work Package is to **contribute to the goal of "leaving no one behind"** in terms of access to health services and related social services in the EU.

HOW?

This will be done through the **formulation and implementation of regional, national and local strategies, policies and programs** for reducing inequalities in access to health and social services and through **building Member States' capacity** to effectively advance action

13 PARTNERS

- Spain (Andalusian School of Public Health,EASP) **Coordinator**
- Bosnia and Herzegovina (MoCA and FMoH)
- Bulgaria (NCPHA)
- Cyprus (MoH CY)
- Czech Republic (NIPH)
- France (MoH FR)
- Greece (DYPEDE)
- Italy (AGENAS,ISS,ITMoH)
- Poland (Jagellonian University Medical College)
- Portugal (MS)
- Romania (SNSPMPDSB)
- Serbia (IPHN)
- Sweden (FoHM)

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Work package 8 – Improving access to health care and related social services for those left behind

Process and progress in the first project year

- Consultation held In Granada, Spain, in December 2018 with the thirteen WP8 participating Member States.
- Policy Framework for Action on factors limiting equity in the delivery of health and related social services developed.
- Country Assessment in the thirteen Countries participating in WP8 to map factors limiting equity in access to health and related social services concluded.
- A cross country analysis of the 13 Country Assessment has been prepared
- 2nd meeting of WP8Member States held in Rome for discussing actions to be implemented in October 2019

WP8 POLICY FRAMEWORK FOR ACTION

TOWARDS A COMMON UNDERSTANDING (I)

- The Previous EU funded Joint Action on Health Equity in Europe concluded that it was important to apply the «Equity Lens» not only to Social Determinants and other upstream Factors that generate health inequities but to Health Systems aspects as well.

- This implies
  - **addressing systemic issues** aimed at reducing the existent gradient of health inequalities
  - **addressing the needs of specific groups** generally resulting from social exclusion processes situating them at high risk and high vulnerability

TOWARDS A COMMON UNDERSTANDING (II)

- Important to advance measures that:
  - increase and improve the **universalism** of health systems
  - identify **targeted interventions** that may constitute concrete measures of «affirmative action» for mitigating the vulnerability of certain population groups with respect to the reach and access to the health system and the provision of health and related social services

- The fundamental purpose is to identify **key entry points to existing situations that are amenable to change** like exposure to systemwide barriers to preventive and curative care or mitigation of the vulnerability to such barriers in certain population groups

TOWARDS A COMMON UNDERSTANDING (III)

- Relevance of evidence based recommendations on **improving the access to health services (preventive and curative) and other related social services for people left behind** either because they are vulnerable groups from a social, economic or cultural standpoint or because access to some types of services is hindered for them for one reason or another.

- This stream of work is **consistent with the SDGs** (both goal 3 and its targets ,goal 10 ,as well as other related goals).

TOWARDS A COMMON UNDERSTANDING (IV)

- inequities in terms of access for those who do not benefit from it and identify the necessary actions for mitigating the bottle necks that hinder it.
- Vulnerable groups and different types of services with unequal access
- Policies, strategies and programs to promote equal access to health services for those populations lagging in each country.
- Access barriers linked to the way in which services are provided and barriers linked to factors on the side of those in demand of services.
- Tension and sometimes even a contradiction between advancing **targeted approaches** to vulnerable population groups, as an attempt to undertake «affirmative action» in the delivery of services, and the **universalist approach** encompassing general population measures aimed at producing structural interventions affecting the whole community
- It is possible to undertake both approaches and explore their complementarity

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Major trends identified in the WP8 CountryAssessments conducted in 12 Participating Countries

HEALTH SYSTEM COVERAGE OVERVIEW

- Majority of countries have declared universal coverage
- Most countries reported co-payment for drugs
- Some services are not covered or only partially covered: e.g. dental care optical care, rehabilitation, mental health…
- Majority of countries reported that access to certain services are exempt of co-payments for vulnerable groups, and also for certain uninsured groups e.g.: dental care, communicable diseases.
- Children are covered beyond the scope of the mandatory health insurance in Bulgaria, Czech Republic, France and Spain.
- Obstetric care, pregnancies and or maternity leave are covered in Bulgaria, Czech Republic and Poland;
- Emergencies in Bulgaria, France, Poland Serbia, Spain.
- In Poland the uninsured have access to a minimum benefits package.

UNMET NEEDS

Majority of countries reported long waiting lists(Bulgaria, Czech Republic, France, Greece, Italy, Poland, Romania, Serbia, Spain) for accessing some services.

A majority also reported differential access to health services (Bulgaria, Czech, France, Greece, Italy, Poland, Romania, Spain, Sweden) depending on socioeconomic status

Geographical disparities either by region (Bulgaria, Czech Republic, France, Italy, Romania, Spain, Sweden) or between rural and city dwellers (Bulgaria, Greece, Italy, Poland, Romania and Spain) were reported as well

POPULATIONS IN SITUATION OF VULNERABILITY

- **Two population groups in situation of vulnerability stand out significantly in nearly all countries: Roma and children, mainly those of vulnerable families being the biggest population under the level of risk of poverty and social exclusion.**
- **Others groups listed: elderly: increasing number of elderly, and thus of chronic and mental disorders and diseases and of social needs (residences, home care, loneliness) placing a big financial burden on the social and health services.**
- **Many countries have a group of population that are left out: undocumented migrants, asylum seekers, minorities and those who do not have the entitlements of public insurance coverage.**

POLICIES VS REALITY

- **Universal health coverage is the norm.**
- **Less than 50% of the countries reported that there are policies specifically addressing the reduction of inequities in access to health and related social services in their country (France, Greece, Italy, Romania, and Spain)**
- **Fewer countries reported action plans for implementing the policies (France at regional level, Italy and Romania).**
- **While the majority of countries reported that no population is excluded in the national health policy, the reality shows that there are many unmet needs in all countries.**
- **Policies for the coordination of social and health services, housing, and medical and nurse education do not seem to be universally available across European health systems, and a number of countries reported that they are entirely unavailable in their health systems.**

CONCLUSIONS -1

- Although there is virtually universal coverage in all Europe, most of the countries have a **co-payment system for drugs, dental and ocular care, rehabilitation and some other services** that are a barrier for vulnerable groups and for those of lowest socioeconomic status.
- A number of countries, mostly from Eastern Europe, reported that they have **established exceptions to mitigate the effects of out of pocket** payments for some groups or minorities, especially for children, for women during and after pregnancy and in emergencies.

CONCLUSIONS -2

- **Roma and children** systematically appear in all countries as especially vulnerable. Children from Roma families and single parent families are at high risk of poverty and stand out as a target population.

- The **lack of suitable collaboration between social services, employment and other sectors for the more vulnerable groups** (people in unstable housing, people with mental disorders, Roma and families in fragile situations) also shows up as significant issue to be addressed.

CONCLUSIONS -3

- In general **there is a lack of residences and home care for the elderly.** In several countries, the elderly, are extremely poor, especially older people in rural areas, and the ageing of the population will only make matters worse if they are not addressed soon.
- There is a **need for a better coordination between different administrations, continuity of care and integration with social and community services** and specialized primary care - specially for the homeless, unemployed, Roma, people with disabilities or mental problems and elderly.