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EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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First Conference on Health Inequalities in the New EU Member States

Adoption of a Resolution to enhance political commitment

Entitled “Policy Makers and Patients – creating the change”, the conference took place on the 20-21 September 2012 in Sofia, Bulgaria. For the first time a conference addressed the challenge of health inequalities in the Southeastern region from the specific perspective of European and national policy makers as well as patients from the 13 EU countries, of which 12 New member states, alongside three candidate countries. Representatives of seven Ministries of Health contributed to the successful development of the discussion sessions. The event was initiated and organised by the Bulgarian National Patients’ Organization (NPO) with the collaboration of the European Patients’ Forum (EPF) and under the patronage of Mrs. Desislava Atanasova, Minister of Health of Bulgaria and Dr. Andrey Kovatchev, MEP.

AEMH-President, Dr Joao de Deus, was one of the invited speakers and had the opportunity to express the view of the AEMH and hospital physicians.

The participants concluded the First Conference on Health Inequalities in the New EU Member States by a resolution which recalls the importance of health inequalities as a main political priority: “The reduction of health inequalities forms a major pillar of the EU Health Strategy, ‘Together for Health’ and a major element in achieving the goal of ‘inclusive growth’ of the Europe 2020 Strategy”. The Resolution reflects also the will to look at the discrepancies among the EU Members States with regards to access to healthcare and the quality of care, calling for recognition of “cultural differences in different regions of Europe and its impact on health inequalities”. In their call for action, the participants urge the EU Members States, in collaboration with the EU Institutions and health stakeholders, to “recognise the alleviation of health inequalities in the New Members States and Candidate Countries as a political priority at European, national, regional and local levels.” Finally the Resolution paves the way for a wider debate in regard to better access to treatment and encourages interaction and collaboration among all stakeholders.

The conference is a first step taken towards creating and implementing a comprehensive, continuous and economically efficient strategy for tackling health inequalities in the new EU Member States and candidate countries. The Federation of Polish Patients takes over the responsibilities to organize the next event in Warsaw, Poland in 2013. The Bulgarian National Patients’ Organization (NPO) and the European Patients’ Forum (EPF) will continue to support the fight against health inequalities with an in-depth survey among patients’ organisations to ensure up-to-date and concrete data on the results for patients.

You will find here attached the resolution.

FIRST CONFERENCE ON HEALTH INEQUALITIES IN THE NEW EU MEMBER STATES

“POLICY MAKERS AND PATIENTS – CREATING THE CHANGE”

RESOLUTION AND CALL TO ACTION

21 September 2012

The parties to the First Conference on Health Inequalities in the New EU Member States, “Policymakers and Patients – Creating the Change”,

Recognising that healthcare is a priority concern for citizens in the EU Member States as well as in the candidate countries;

Recalling that the well-being of the citizens is among the main goals of the Union, as expressed in the Treaty; and that the reduction of health inequalities forms a major pillar of the EU Health Strategy, “Together for Health” and a major element in achieving the goal of ‘inclusive growth’ of the Europe 2020 Strategy;

Reaffirming our commitment to the common European values of universality, access to good quality care, equity and solidarity;

Highlighting the positive economic impact of investment in health;

Expressing concern over the alarming discrepancies among the EU Member States with regards to access to healthcare and the quality of care;

Recognising that policymakers at the national and the EU levels are committing significant efforts to address the problem;

Stressing that cost should not be the main criterion for evaluating strategies for reforming health systems even in a time of economic crisis. The ultimate goal of such strategies must be to improve the health and quality of life of European citizens, including persons at risk of or affected by chronic diseases.

Recalling The Council Conclusions of 2010 calling for implementation of innovative chronic care models including ways to reduce health inequalities and improve access;

Recognising that chronic disease is often a direct cause of health inequalities for patients and their families, due to their dependence on timely access to safe, high quality healthcare and support services; reduced or inability to work, and the resulting loss of income and risk of poverty; the direct and indirect costs of illness; and social discrimination and stigma.

Recognising the need for strengthening the capacity of the healthcare systems in the new Member States;

Acknowledging that health promotion, prevention, and patient-centred chronic disease management form a holistic continuum, where effective prevention and health promotion can free resources for healthcare provision, while investment in high-quality, patient-centred chronic disease management can reduce the disease burden, increase social productivity and optimise the use of healthcare resources.

Recognising that access to timely diagnosis followed by prompt treatment is crucial to ensure good health outcomes and quality of life for patients, and to avoid deterioration and complications that require complex medical interventions that burden both the patient and the healthcare system.

Recognising that patients, when well treated and supported, are able to function in society and continue working for longer, thus reducing the burden on their families while also benefiting the economy and society as a whole.

Recognising that patient-centredness is a core component of high-quality care, as well as demonstrably cost-effective, leading to reduction in avoidable hospitalisations, better allocation of resources, better patient experience, and more activated, motivated and empowered patients.

Recognising that patients have a unique experiential knowledge that is currently under-utilised as a resource for improving the healthcare system – through identifying gaps and unmet needs, and through identifying solutions for better targeting of services and better cost-effectiveness;

Recognising that in order to become “co-producers” of health, patients and citizens should be empowered inter alia through health literacy, high quality information and the implementation of patient-centred care models;

Recognising that health inequalities affect disproportionately women and men in certain population and age groups and gender, age and socio economic status are key determining factors;

Recognising the cultural differences in different regions of Europe and its impact on health inequalities;

URGE the EU Member States, in collaboration with the EU Institutions and health stakeholders:

1. to recognise the alleviation of health inequalities in the new Member States and Candidate Countries as a political priority at European, national, regional and local levels;
2. to implement existing high level commitments and strategies on health inequalities;

3. to ensure that health systems reforms are based on the fundamental principles of equity of access, solidarity, inclusion, high quality and patient-centredness;
4. to encourage a multi-faceted approach to health inequalities, including enhanced investment in health, optimising efficiency and effectiveness and facilitating innovation in all its guises;
5. to encourage a wider debate on access to medicines and treatments based on patients‘ needs;
6. to ensure a life course perspective on health inequalities, whereby health promotion, prevention, and patient centred disease management are seen as one continuum;
7. to stratify and target vulnerable groups at real risk of health inequalities;
8. to secure mechanisms to strengthen capacity to tackle health inequalities, increase the quality of the provided healthcare services and examine concrete strategies for better access to treatment and medication;
9. to encourage and support strategies for increased collaboration, solidarity and cohesive action among and between all the relevant stakeholders – policy makers, health providers, relevant industry sectors, and civil society organisations – in a joint effort to address the challenge of health inequalities;
10. to empower patients and other citizens to become partners in the dialogue on health and integral parts of the health systems, inter alia through high quality information and health literacy strategies and the implementation of patient-centred care models;
11. to recognise the valuable role played by patient organisations, and to actively involve patients and their representative organisations in healthcare-related policies and initiatives at national, regional and local levels coupled with adequate institutional, structural and financial support mechanisms;
12. to reiterate the role of health professionals and specialists in relation to health inequalities, and address the large scale migration of health workers;
13. to actively promote European cooperation through identification and exchange of good practices for the purpose of enhancing the quality of healthcare, implementing patient centred chronic disease management strategies, and facilitating patients’ access to affordable treatment;
14. to encourage and facilitate the use of relevant EU funding programmes to advance projects addressing directly or indirectly health inequalities (European Innovation Partnership on Active and Healthy Ageing, Horizon 2020, the Health for Growth Programme and others);
15. to ensure that health inequalities are prioritised in the Structural Funds during the next programme period and that appropriate capacity building and technical support is made available to Member States and Civil Society;
16. to commit to receiving and using the data from patients‘ perspective on health inequalities that will be launched following this conference;