

Priority 3:

Ensuring equal access to health and care

In prioritising health, the EU should ensure that its policies aimed at improving public health and building health-enabling environments are developed with equity in mind and reach all people living in the EU. Particular attention should be paid to marginalised groups, who often face inequities, especially in accessing health and care, and in the context of digital transformation of health systems.

Priority 3.1: Addressing health inequities

Promote health equity, social justice and social rights. Access to health is unequal in Europe, which is in stark contrast to the EU's pledge to be "a Union of Equality". This requires inequities in health access to be addressed, especially for marginalised groups. The next Parliament should commit to:

- 3.1. Combatting intersectional health inequities, poverty, social exclusion, discrimination and racism to ensure equitable health outcomes;

It is essential to develop health policies that leave no one behind and promote equity and non-discrimination. To address such issues, more data is needed on inequities, as well as an increased focus on the social and economic determinants of health.

Addressing social and economic determinants of health

Not everyone in the EU has an equal opportunity to be in good health or has equal access to health services when in need of care (see [infographic](#)). It is the social, economic, environmental, and commercial determinants of health that shape the world in which we are born, grow, live, work and age. Combating health inequities should therefore not only be a key priority action of EU health policies, it also requires an inter-sectoral approach.

- Health equity can only be achieved through **stronger collaboration between sectors**; to foster greater recognition of the (social) determinants of health, and truly implement the Health in All Policies approach.
- Health equity should be achieved through the *Drivers of Health Equity*, as defined by the World Health Organization; policy coherence, social participation, empowerment and strong and transparent accountability frameworks.
- Health equity can only be achieved through an 'unequal approach', targeting the most marginalised and underserved groups first, helping them to **break the "poverty trap"**.

- Meaningful social participation in decision making processes, following a human-rights based approach is vital. **Co-creation of health policy** is crucial, developing solutions not only for people, but with people. It involves not only striving for diversity and representation, but also to reflect this diversity in positions of power.
- Racism and discrimination should be recognised as **Fundamental Determinants of Health**. Organisations across sectors have called for this in their [DisQo joint statement](#), providing the foundation to further this discussion.
- The social determinants show that our health is not only dependent on health policy; it requires a cross-sectoral approach. Consequently, the European Commission should foster mainstreaming across DGs, for example through a stronger **Task Force on Equality**.
- The growing energy poverty crisis should be addressed, taking into account its impact on health. Health inequities can be both a cause and effect of energy poverty, meaning that a successful **Just Transition** must account for the health angle.

Improving data on inequities

Though the social determinants and other causes for health inequities are increasingly understood, more granulated and systematic equality data is needed to understand the causes for intersectional inequities and to take action accordingly ([see infographic](#)):

- Clear and consistent **key definitions** pertaining to discrimination and racism in health should be fostered, to facilitate discussion on structural issues.
- For evidence-based policymaking and monitoring, the collection of **equality data** disaggregated by indicators on multiple grounds of discrimination, should be encouraged.
 - For example, EU level exercises and projects, such as the European Cancer Inequalities Registry, could broaden their remit to cover other areas of inequalities related to race-ethnicity, age, gender, LGBTIQ+, vulnerable groups such as people living with a disability, impairment or (multiple) chronic conditions, and look into concerns about medical deserts.
 - Eurostat and the Fundamental Rights Agency also have a role to play in providing more equality data and bridging health and fundamental rights issues.
 - The [DisQo joint statement](#) covers this too, particularly in its third and fourth priorities.



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