

European Doctors (CPME) represent national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

CPME Policy on Health Inequalities

O. Recommendations

- To eradicate health inequalities, it is necessary to follow the 'Health in all policies' principle and take coherent and conducive action across all sectors, including housing, education, transportation, urban planning, finance, agriculture, migration, and environment.
- Poverty exacerbates health inequalities. Action against poverty remains a primary objective.
- It is necessary to plan for and train a health workforce to sufficient levels to enable safe patient care. EU recommendations on minimum capacities should support national authorities.
- National authorities must take action to eliminate financial barriers to accessing healthcare, in particular by preventing catastrophic out-of-pocket payments.
- Pharmaceutical policy must ensure that access to medicines, including the affordability and availability, does not exacerbate health inequalities.
- Healthy lifestyles must be promoted by making healthy food available, accessible and affordable to all and by discouraging the consumption of and access to unhealthy foodstuffs, tobacco, and alcohol.
- Member States must devote resources to improving environmental conditions in particular for the most vulnerable especially by promoting access to clean water and minimising the exposure to air pollution.
- Investment in health literacy is key to informing about the right to health, enabling healthy choices and ensuring available services are known and made use of.
- National authorities should, without delay, address deficits in access to healthcare for vulnerable patient groups such as the homeless, refugees, migrants, and other marginalised populations.
- National authorities must build formal structures for translation services in the healthcare system, accompanied by funding for language interpretation services and ensure accessibility for persons with disabilities.

- National authorities must counteract the 'digital divide' when implementing the digital transformation of health systems and be mindful of its effect on all population groups.

1. Introduction

Many avoidable factors are known to contribute to and exacerbate inequalities in relation to mental and physical health and well-being, and to healthcare.

Doctors and other healthcare professionals have a duty to actively work on these issues to move towards universal and equal access to better health and healthcare. Moreover, authorities must follow the 'Health in all policies' principle to ensure coherent action to eliminate inequalities across all policy areas.

2. Health systems' impact on health inequalities

Health workforce shortages

Effective planning policies must be implemented to avoid health workforce shortages exacerbating existing inequalities regarding access and availability of healthcare. This becomes particularly relevant in medically underserved urban areas as well as rural locations or other regions negatively affected by geographic imbalances in the distribution of healthcare professionals. CPME calls for minimum ratios of health professionals per population unit for baseline universal health coverage and for emergencies, taking into account morbidity weighting in deprived areas and linked to minimum capacity recommendations for healthcare facilities, to ensure services can be provided. Additionally, the European Commission should create a European monitoring service to support Member States in improving health workforce planning, based on full time equivalents and not on head count, workforce data processing and the monitoring of cross-border mobility.¹

- [CPME policy on health workforce](#), 2021

Financial barriers

EU Member States must counteract financial barriers to accessing healthcare, especially by protecting patients from incurring catastrophic out-of-pocket payments. While low-income households and vulnerable groups, such as refugee populations, are most severely affected, there is an impact following the social gradient. Insufficient health insurance coverage, high levels of out-of-pocket payments and additional expenses such as co-payments or transport

¹ Pandemic Preparedness – European Doctors' recommendations to the EU, November 2020

costs continue to prevent patients and populations from accessing medical care. This can deepen poverty, undermine health and exacerbate health and socio-economic inequities.

Language barriers

Language barriers can inhibit access to good quality healthcare². National and regional authorities must take action to minimise the impact of language barriers on patient-doctor contact as well as public health information campaigns. To ensure medical and public health information meets the linguistic needs of diverse populations, national authorities should commit to formalising translation processes. This must be accompanied with funding for language interpretation services.

- [CPME Statement on the Medical Treatment of Refugees](#), 2019

Access to medicines

European patients must have equal access to high-quality, effective and safe medicines at a price they are able to pay. Ensuring stable supply to all Member States, including in health emergencies, is a prerequisite. To achieve this goal, European doctors support the objectives of the European Commission's Pharmaceutical Strategy for Europe and the Oslo Medicines Initiative to advance collaboration and improve EU citizens' access to novel medicines. CPME remains committed to contributing to the revision of the general pharmaceutical legislation and EU rules on medicines for children and rare diseases as well as to all other measures taken to realise equal access in the EU.

- [CPME response to the evaluation roadmap on the revision of the general pharmaceutical legislation](#), 2021
- [CPME response to the public consultation on the revision of EU rules on medicines for children and rare diseases](#), 2021
- [CPME Position Paper on the European Commission Pharmaceutical Strategy for Europe](#), 2021
- [CPME statement on the Oslo Medicines Initiative](#), 2021
- [CPME Policy on Medicine Shortages](#), 2020
- [CPME Policy on Access to Medicines and Pharmaceutical Pricing](#), 2016

3. The impact of social determinants on health inequalities

Awareness and affordability of healthy diets and physical activity

² Van Loenen, T., Van Den Muijsenbergh, M., Hofmeester, M., Dowrick, C., Van Ginneken, N., Mechili, E. A., ... Lionis, C. (2018). Primary care for refugees and newly arrived migrants in Europe: A qualitative study on health needs, barriers and wishes. *European Journal of Public Health*, 28(1), 82–87. <https://doi.org/10.1093/eurpub/ckx210>

Unhealthy diets and a lack of physical activity are important determinants of poor health and premature death across Europe³. Healthy foods and drinks, in particularly fresh fruits and vegetables, as well as other foods and drinks unprocessed by industry, should be available, affordable and attractive, while measures should be taken to discourage consumption of unhealthy foods and drinks. This requires coordinated and coherent action in education, taxation, social, agricultural and industrial policies. Physical activity, in particular for children, requires safe and easily accessible infrastructures, which not only refers to green spaces, but also e.g. pavements, cycling paths, playgrounds, and sports facilities. Therefore, urban planning, housing and transport policy decisions must always take into account the health dimension, in line with the 'Health in all policies' principle. Access to physical activities can also be facilitated with social prescribing, where possible.

- [CPME Policy on Physical Activity, 2020](#)
- [CPME Policy on Healthy Living, 2019](#)
- [CPME Policy on Obesity, 2017](#)
- [CPME Policy on Alcohol Labelling, 2018](#)
- [CPME Policy on Novel Tobacco and Nicotine Products, 2019](#)

Environmental inequalities

Environmental inequalities and injustice have deleterious effects on health, as the ability to avoid, or cope with environmental health hazards is known to be linked to socio-economic status. Lower-income inner-city neighbourhoods tend to have higher densities of both roads and housing, which increases the risk of exposure to air pollution and therefore potentially causes damage to health. Poor housing and insufficient insulation is also linked to excess mortality in certain European countries causing severe health problems including respiratory diseases and cancer through harmful building materials, mould and smoke. Overpopulated housing can also increase inequalities, including the effects of communicable disease and the exacerbation of difficulties in children's education. Member States need to recognise the link between housing policy and health inequalities, and must devote resources to improving housing conditions for the most vulnerable.

Finally, polluted water causes serious health problems. Providing contamination-free drinking water should be accessible to all. Water safety is beyond the individual's control, it therefore stands to reason that public authorities must do their utmost to protect all populations including the disadvantaged.

- [Lancet Countdown 2020 Report: Policy Brief for the EU, 2020](#)

³ [Addressing health inequalities in the European Union: Concepts, action, state of play](#). 2020. EPRS

- [CPME Policy on Air Quality and Health](#), 2019

Health literacy

Improving health literacy is key to abolishing health inequalities, especially through targeted strategies for marginalised or vulnerable groups. The European Health Literacy Study (HLS-EU) demonstrates that limited health literacy remains a challenge in several European countries.⁴ Low health literacy is associated with reduced use of preventive services, insufficient management of chronic diseases, and higher mortality.⁵ Limited health literacy also limits opportunities for disadvantaged groups to be actively involved in decisions about their health and care over the life course.⁶

- [Making health literacy a priority in EU policy](#), 2013

Vulnerable patient groups

CPME reaffirms that doctors have a moral as well as ethical obligation to provide the same level of care to all patients, regardless of ethnicity, gender, sexual orientation, skin colour, political status, or religion. However, administrative and financial hurdles in some Member States have affected the access of vulnerable groups, including the poorest households, to medical care. This is particularly apparent regarding the treatment of refugees as well as other marginalised groups. National authorities should, without delay, address deficiencies in access to healthcare for these groups. Delivery of preventive healthcare services, including vaccination, must also be extended to vulnerable groups such as migrants and refugees, who face continuous difficulties in accessing healthcare services due to citizenship and registration requirements.

Digital divide in healthcare

Considering the fast progression of digitalisation in the field of healthcare, it is necessary to be aware of how the opportunities and risks affect health inequalities. To avoid a 'digital divide', it is necessary to take action to eliminate technical barriers to accessing telemedicine such as poor access to the internet or to digital devices. Action should also be targeted at improving skills among both patients and doctors to foster digital health literacy and awareness for data rights. Policies must be conscious of ethical questions arising in the context of patient-doctor online discussions of sensitive health-related topics. Many factors must be taken into consideration not the least of which is lack of privacy due to overcrowded housing.

- [CPME Policy on Telemedicine](#), 2021

⁴ Sørensen K, et al. Health literacy in Europe: comparative results of the European health literacy survey (HLS-EU). *Eur J Public Health*. 2015 Dec;25(6)

⁵ Consensus Paper: Making health literacy a priority in EU policy. 2013

⁶ Local action on health inequalities: Improving health literacy to reduce health inequalities. *Public Health England*. 2015

- [CPME Policy on the European Health Data Space – Focus on Health Research and Policy Making](#), 2021
- [CPME Policy on Digital Competencies for Doctors](#), 2021

Personal financial stability

CPME calls for policies affecting personal finance, including tax law, labour law (in particular for new forms of work), as well as laws pertaining to bankruptcy to consider their effect on health along the social gradient. Personal financial circumstances do not only influence access to health systems and services, they also have direct impact on health including mental health and, of course, life satisfaction. It is necessary to raise awareness for the fact that income security and social protection has an even greater impact on self-reported health than health services, living conditions, social and human capital, or employment and working conditions⁷.

4. Doctors' role in reducing health inequalities

As set out in the 2011 CPME Statement on Health Inequalities⁸, neither National Medical Associations nor individual doctors are usually in a position to take direct responsibility for implementing measures that reduce health inequalities and improve the health for disadvantaged groups. They can, however, document disparities in health and access to healthcare services along the social gradient and make this visible to policymakers.

In terms of action, National Medical Associations and individual doctors can act as ambassadors of the right to health, drawing the attention of governments to international conventions or charters that secure the right to health, lobbying their health authorities for better health care particularly for disadvantaged groups and ensuring that every child has the best start in life. Such advocacy also includes cooperation with other professionals and civil society to raise awareness for access to healthcare, including for vulnerable groups outside the formal healthcare system.

- [CPME Statement on Health Inequalities](#), 2011

⁷ Healthy, prosperous lives for all: the European Health Equity Status Report, 2019

⁸ CPME Statement on Health Inequalities, April 2011