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AFFORDABLE AND QUALITY HEALTHCARE FOR ALL

Conclusions of the PES Social Europe Network (19/05/2020)

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1. Introduction – Europe, a history of improving healthcare access for all

For social democrats, health is essential when it comes to the fair and sustainable development of our societies. **Health is one of the greatest forms of wealth** we have, contributing to the wellbeing of individuals and paving the way for prosperous societies. Health plays a strong role in delivering a truly Social Europe. Europe has the best medical systems and social protection in the world, with the best equipment and the most highly trained workforce. It has always been our vision to promote and strengthen this through a **stronger role for both public institutions and welfare states, so we can deliver quality healthcare services for all our citizens.**

It is only by having healthy citizens, able to participate in social and working life, that we will ensure the development of our societies. It is only by **fighting inequalities** at every stage of life that will make our societies fairer. It is only by **investing strongly in public healthcare** systems and in **health professionals** that we will guarantee the wellbeing of our citizens. Spending on health cannot be seen as a cost, but rather as an efficient investment for sustainable growth.

Health and care services are central to the **public good**. Like other pillars of society - education, culture, water, sanitation – health is not a commodity like any other. It is a right that cannot be solely subjected to market forces. **We are opposed to the in principle of commodification of health.** Access to high-quality services is an inherent social right for all people and it must remain so in Europe. Therefore, we support a **definition of Global Public Good which encompasses health, care and social services**, and allows Member States to take all necessary measures to support national health systems.

Looking at the consequences of the COVID-19 crisis, we reconfirm our commitment to our fundamental principles and our determination to improve our health and welfare systems, making sure they are well-resourced, more efficient and resilient.

The topic of health, and more specifically the state of European health systems, is a subject dear to the hearts of European citizens. This has been brought into sharp relief by the COVID-19 outbreak. The provision of healthcare is a basic human need which helps individuals lead healthy lives, fulfil their potential, and improve their overall wellbeing.

Numerous declarations, including the Constitution of the World Health Organization (WHO)¹, have enshrined the idea that **all individuals have the right to the highest attainable standard of healthcare**. The global dimension of attaining health is also reflected by the United Nation's Sustainable Development Goals of ensuring healthy lives at all ages.² The importance of health is again covered by the **European Pillar of Social Rights** that was adopted at the Goteborg European summit in 2017. This initiative, which expresses principles and rights dedicated to social protection and inclusion, covers health under Principle 16 - 'everyone has the right to timely access to affordable, preventive and curative healthcare of good quality'.³

Whilst its primary focus is on securing a just transition, the **European Green Deal** published and presented by the European Commission in December 2019 addresses the topic of health from an environmental perspective. We support the clear idea that the economy of the future must be resilient towards the health of the planet, but it must also be geared towards

¹ https://www.who.int/governance/eb/who_constitution_en.pdf

² https://www.un.org/sustainabledevelopment/wp-content/uploads/2017/03/ENGLISH_Why_it_Matters_Goal_3_Health.pdf

³ https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

the health of citizens, **preventing health risks** from affecting workers and citizens. This includes the impact of pollution, chemicals in consumer products, housing and foods.

Although the EU has a number of tools and competences regarding public health, healthcare systems remain under the competence of national authorities, leaving the European Union to simple coordinating responsibilities. The COVID-19 crisis has highlighted the necessity of **going beyond this national focus**. No challenge has better highlighted the need for cooperation and solidarity between Member States, European institutions and global organisations.

This coronavirus crisis has also revealed a need for European societies to take various bold and radical steps. The crisis has raised some crucial questions. It has tested the state of healthcare in Europe and its readiness to fight unforeseen events, and it has put a huge strain on services for vulnerable people, particularly older people in care homes and assisted living services. The crisis has shown the difficulty public healthcare systems face when it comes to coping with an influx of patients, including situations where a large number of vulnerable people quickly become sick, such as older people or those with pre-existing conditions. Healthcare and broader care services have faced many problems - the severe scarcity of vital materials such as gloves, masks, gels and hospital beds, a lack of medical staff and caregivers, and Europe's dependency on third countries when it comes to the global chain of production and supply for basic medical equipment. **These deficiencies must be tackled in order to increase the EU's preparedness for future health threats.**

Our political family will always strive to **ensure that everyone, regardless of socio-economic background or geographical origin, has access to good quality care**. This is **a fundamental right** and a key **determinant of economic, social and territorial cohesion**. We will continue to demand that all individuals are covered by medical insurance. We fought against the conservatives and neo-liberals, who have consistently called for more austerity, budgets cuts in health and for the shrinking of the public sector. It is our priority to remove any barriers to providing high quality care for society and people.

When policymakers discuss health, they will now talk about the pre- and post COVID-19 era. Whilst this pandemic will have changed their view on the importance of health, the crisis has only reinforced our conviction that we must be bolder and more vocal in fighting for our ideals. This document outlines our **common principles** – fighting health inequalities, **investment in public healthcare, universal and affordable accessibility to care and medicines, the need to focus on prevention, exploring the use of digitalisation, and guaranteeing the fundamental rights of women and vulnerable groups.**

This is where the EU and our political family can make a difference and bring added value to the area of health.

2. Addressing inequalities in health: delivering truly universal access

2.1 Health inequalities in and between member states

Health inequalities persist in our societies and they are often linked to socio-economic inequalities. They result from the circumstances within which individuals are raised, educated, work and live. In order to make Europe more social, **we have a duty to stop these inequalities from persisting**. Clear and strong commitments to reduce them are fundamental.

As social democrats, we believe that fighting to establish **truly universal access to healthcare must be a priority. No one should be barred from accessing healthcare.** We have seen that, regardless of progress made in this field, health related inequalities in the Union persevere.⁴

Inequality continue in several fundamental areas:

- **Universal health coverage** - covering services such as doctor consultations, tests and hospital care - has been achieved in many countries in Europe. Yet there are still several Member States which fail to provide universal access to citizens in regard to these services. Effective access to healthcare is jeopardised by privatisation and insurance-based systems that do not grant equal healthcare access to all. More worryingly, in some countries, the lack of universal access results in over 10% of the population not being covered by health services.⁵
- The average **infant mortality** rate in Europe is currently at 3.6 deaths per 1000 live births. Looking at the period 1997 to 2017, this figure almost halved. But despite such a positive trend, differences persist among member states. Cyprus has the lowest rate, registering 1.3 deaths per 1000 live births. At the bottom of the list are Malta and Romania, with 6.7 deaths per 1000 live births.⁶
- The average **life expectancy** in Europe is currently 81 years. Gaps in life expectancy are narrowing across Europe, but there is a difference of nearly 7 years between the Member State with the highest figure (Spain with 83.5 years) and the Member State with the lowest figure (Bulgaria with 75 years)⁷. Education level is an important factor when analysing causes leading to inequalities. Across the EU, individuals who have a lower level of education can expect to live shorter lives - about 8 years less for men and 4 years for women – compared to those with higher education degrees.⁸ In order to reduce this education gap, it is fundamental to increase the access to quality public education systems in all Member States.
- Other barriers to access contribute to individuals having **unmet needs for medical examination**. These barriers include: the high cost of medical examinations; a lack of public transportation; long travelling distances to reach hospitals; and long waiting lists. As is so often the case, these issues are more likely to affect people in low income groups, who are more likely to report unmet medical need compared to people in high income groups.⁹ Here again, the disparities within the European Union are staggering. The proportion of the adult population with unmet needs ranges from less than 0.4% in countries like Austria and Spain, peaking at 18.9% for Estonia.¹⁰
- Unmet need for healthcare is an important aspect of social protection. Presently it is insufficiently addressed in the Social Scoreboard which monitors EU Member States' implementation of the European Pillar of Social Rights. The current indicator for self-reported unmet need for medical care, as drawn from the EU Statistics on Income and Living Conditions (EU-SILC), and other monitoring instruments of the EU Social Pillar, must be enlarged to include information on people living in communal housing

⁴ http://www.euro.who.int/__data/assets/pdf_file/0005/272660/EuroHealth_V21n1_WEB_060315.pdf

⁵ https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf - page 175

⁶ https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mortality_and_life_expectancy_statistics#Infant_mortality

⁷ https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_mlexpec&lang=en

⁸ https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-en.pdf?expires=1585916343&id=id&accname=guest&checksum=7AFA6891D5BBAAE95BCAB4DDE2931066 – page 12

⁹ <https://www.oecd.org/els/soc/cope-divide-europe-2017-background-report.pdf> - page 19

¹⁰ https://ec.europa.eu/eurostat/statistics-explained/index.php/Unmet_health_care_needs_statistics

or institutional care, undocumented people, homeless people, and children under 16 years old.

- **Undocumented migrants** or individuals with no residency rights in an EU Member State are experiencing difficulties in accessing healthcare. The absence of a legal status correlated with other barriers such as language, reluctance to share information with authorities, lack of information and understanding of healthcare systems lie behind these difficulties. To tackle this challenge, Member States should issue comprehensive information on the services they provide, enhance support structures, and look into tools, such as mobile clinics and healthcare professions in the field, to reach the most vulnerable people (for example, undocumented migrants). We salute the measures taken by the **government of Portugal to ensure that migrants and asylum seekers have access to public services during the coronavirus pandemic**.
- Millions of Europeans with disabilities are still unable to fully access healthcare. This is partly due to inaccessible facilities, the lack of appropriate training of healthcare professionals and discriminatory treatments against persons with disabilities by health insurance providers.¹¹ The EU must **adopt a new EU disability strategy post 2020** to tackle these challenges and ensure equal access to healthcare services. It must promote disability awareness to health professionals while maximizing the potential of digital health services. Moreover, we need to strengthen the support of caregivers for people with disabilities, who are mostly women.
- The possibility of consulting a general practitioner, a dentist or an ophthalmologist, must not depend on factors such as health literacy, availability, geographical location or an individual's income. It is clear that those who are worse off, who are older and less mobile, those living in remote or insular areas or who are otherwise more vulnerable, suffer from such inequalities. This is particularly in the case of minority and vulnerable groups such as the LGBTI+ community and ethnic communities such as Roma.

Disparities in the numbers of practitioners and doctors vary between and within Member States. We need to fight against the phenomenon of “medical deserts” - areas which experience a chronic shortage of medical staff due to a decline in the numbers of practitioners – which exist in several EU regions. This is why it is important for European countries to continue **to increase the ratio of medical practitioners per habitant** and to facilitate accessibility to consultations. Through this approach we will ensure that access to basic health care services is not being endangered.

We must further support frontline healthcare institutions by creating additional **medical houses** in deprived neighbourhoods and in remote places. It is fundamental that these institutions have the possibilities to ensure that the most vulnerable individuals have the possibility to access healthcare.

Out-of-pocket payments for health services are leading European households into poverty, endangering their ability to meet other basic needs such as food, housing and heating. Europe must strive to overcome all the challenges and barriers when it comes to access and coverage of health.

Our political family shares the strong will to **increase accessibility to health as the core measure in the fight against inequalities in this field**. We will tirelessly fight to ensure that the principles of **universal access to health services** and **universal health coverage**

¹¹ <http://www.edf-feph.org/newsroom/news/world-health-day-2018-equal-access-healthcare-still-denied-persons-disabilities-europe>

is guaranteed in our societies. It is undeniable that all European citizens, regardless of socio-economic background, must be granted access to healthcare and care of high quality.

2.2 Public health services: a pillar of the EU social model

When tackling inequalities in health, the states, the regions and their public hospitals and national and regional health systems must play the leading role. It is through strong public health services that European countries have the means to truly guarantee access to care and deliver on the various health related needs of their populations.

In order to reduce inequalities based on socio-economic factors, we call for national governments to prioritise the financing of their health institutions. They must **ensure that public health services are strengthened and equipped accordingly**, allowing even the most vulnerable groups to benefit from quality care.

Overall, fighting inequalities must go beyond solely relying on public health systems and health policies. It is necessary to have a coherent and holistic approach both at national and European level. This means **promoting the “health in all policies” principle** in all public institutions - schools, sport, agriculture, urban planning, and other fields. This approach would improve social, economic and cultural determinants responsible for health inequalities. To safeguard and improve the health of our population, synergies and collaborations need to be established with other sectors and actors.

As social democrats, we will continue to battle the **dangerous trend of privatisation in healthcare**. We cannot allow our resilient health systems, which are based on sound public finances, to take the route of the American healthcare model and have the private sector and the financial market constrain which individuals can receive care and which cannot. Additionally, we must support actors in the non-profit sector that deliver health, care and social services. They are key contributors to our social-economies societies, where general interest and sustainability comes ahead of profit.

Furthermore, it is paramount to ensure patients' rights in **cross-border healthcare**. Currently the EU Directive is not being implemented well in many Member States, and citizens generally do not know about their rights under this Directive. Member States should increase their efforts to provide user-friendly information about cross-border healthcare to the citizens and work together to simplify reimbursement procedures for patients receiving care in another EU country.

2.3 A multigenerational challenge

Inequalities in health arise from the earliest age and continues into adulthood. The increased poverty caused by the 2007/8 economic crisis, and the severe conservative-led economic measures that followed, have led to a decrease in health expenditures and an increase in income inequality. These factors have contributed significantly to health disparities, affecting both young and old.

With almost one in four children in the European Union at risk of poverty and social exclusion, our political family has taken the lead in addressing this problem - we are working to give all our children a better future. This is why we have pushed for the creation of a **European Child Guarantee** to ensure that **children's rights to free and high-quality healthcare**, education and childcare, decent housing and adequate nutrition are guaranteed all over Europe. It is fundamental that the European Commission respects its commitment to

this programme and works towards ensuring equality of opportunity for all children by implementing the European Child Guarantee already in 2020 with a budget of 20 billion euros in MFF 2021-2027.

Healthy ageing must be facilitated through efforts to promote health and prevent disease. It is important that we continue to fight against persistent **age discrimination** in health care. No doctor or hospital should be forced to refuse care for patients which are elderly or living in elderly homes. This is why we must **defend the principle of equity of access for all**. We have a duty to further work towards ensuring senior citizens receive all the quality and adequate care needed in order to support the process of healthy ageing. As proposed by the European Social Partners¹², measures aimed at ensuring the safety and health of workers until their legal retirement age must be implemented.

The COVID-19 crisis has particularly hit older and vulnerable people living alone in care homes. It is of the utmost importance to increase protection for these people and conduct the necessary tests in order to curtail the spread of the virus. More support needs to be allocated to regional and local authorities which are responsible for providing **care, long-term care and similar services** to these citizens.

In order to deliver effective long-term health and care services, it is important for the EU to develop integrated care models that improve the coordination between their health and social care systems. Having **integrated care systems** and more synergies between these services would facilitate more positive health outcomes for the most vulnerable patients requiring quality care across the course of their lives, such as people with disabilities or the elderly.

A real debate should open on the question of the right-to-die. At the moment, the practice of euthanasia is legal only in Benelux countries while in others it is a possibility, under strict circumstances, to have a physician assisted death.¹³

Policy proposals:

- Establish truly universal health coverage and access.
- Strengthen public health services in order to deliver quality care for all, prevent privatisation.
- Adopt a new EU Disability Strategy post 2020.
- Increase people's access to quality public education as a tool against inequalities.
- Ensure medical access to everyone, including in the poorest and most remote areas.
- Increasing the ratio of medical practitioners per habitant and facilitating accessibility to consultations.
- Reduce "out-of-pocket payments" to the minimum for patients.
- Ensure patients' rights in cross-border healthcare.
- Promote the concept of "health in all policies" principle in public institutions.
- Create a European Child Guarantee in order to guarantee children's, amongst others, access to healthcare. As proposed by the S&D Group in the European Parliament, it should be funded with at least 20 billion Euro so as to effectively tackle the existing problem of child poverty, as well as the significant repercussions of the COVID-19 crisis that will further increase the number of poor children in the

¹² http://resourcecentre.etuc.org/spaw_uploads/files/framework_agreement_on_active_ageing_003.pdf

¹³ <https://www.euronews.com/2019/09/25/where-in-europe-is-assisted-dying-legal->

EU.

- Ensure the healthy ageing of senior citizens and enhance their protection against the COVID-19 virus.
- Revise EU-SILC indicator for unmet needs for healthcare and other monitoring instruments of the EU Social Pillar, to better cover people living in communal housing or institutional care, undocumented people, homeless people, and children under 16 years old.

3. Reviewing the financing of healthcare systems in Europe

We believe that **people's access to healthcare needs to be based solely on their medical situation and not on their financial means**. As a result of the economic crisis several countries have **cut health budgets**, reducing or freezing government budget transfers to health insurance schemes, and tightening controls on growth rates in regards to public spending on health.¹⁴ **Austerity measures** in countries such as Ireland, Portugal, Latvia, Greece and Croatia have led to significant reductions when it comes per capita public spending. For the period 2007-2012, spending in these countries ranged between -7% to -28.9%.¹⁵

Years of budgetary slashes and increased privatisation in the health sector have had a direct impact in raising inequalities in Europe and altered the costs and coverage of health services. These changes have also reduced public health programmes and initiatives, such as those focused on prevention, early intervention, and at-risk groups like older people, disadvantaged people, women, people experiencing mental ill health, and others.

Today, health expenditure per capita and as a share of the gross domestic product (GDP) vary greatly from one Member State to another. When it comes to expenditure per capita, high income countries such as Luxembourg, Germany and Sweden top the lists as the biggest spenders in health, while lower income countries like Romania and Bulgaria are at the opposite end. In terms of GDP, spending on health care in the European Union stood at 9.6%, ranging from over 11% in France and Germany to less than 6% in Romania.

We believe that the current levels of investments and funding in many Member States mean public health systems are not prepared for population growth, aging societies and the need to tackle new diseases and propose new treatments. Without **substantial investments in public health** these hurdles cannot be overcome. A **social economy**, placing social objectives and citizens' individual interests ahead of capital is a necessity for Europe.

The COVID-19 crisis has shown some of the limitations our public hospitals and healthcare workers face. In the countries most affected - because of lack of beds for patients needing urgent care, and limited ventilators, protective masks and sanitising gels - our public hospitals were put under significant pressure. Many were on the brink of collapse. It is **unacceptable that problems around infrastructure, hospitalisation capacity and medical tools is the reason why people have died for lack of appropriate treatment**.

We cannot continue to put the burden on doctors and staff working in hospitals and other care settings, who are having to prioritise treating patients with the best chance of survival. Cost reduction measures, "no stocking" policy and lean management might work in the private sector. But this is not sustainable when it comes to public healthcare institutions

¹⁴ http://www.euro.who.int/__data/assets/pdf_file/0008/257579/Economic-crisis-health-systems-Europe-impact-implications-policy.pdf

¹⁵ http://www.euro.who.int/__data/assets/pdf_file/0008/289610/Economic-Crisis-Health-Systems-Health-Europe-Impact-implications-policy.pdf?ua=1 – page 52

which are facing a pandemic without enough beds for patients, medical masks and staff. **Our health systems should be equipped to anticipate and cope with the unforeseen.**

Assessing the efficiency of health systems based on cost is the wrong approach. We must continue working towards **providing quality health care and improving the resilience and capacities of our public hospitals**, so they can provide good day-to-day care and deal with unforeseen health crises. At the same time, it is important to ensure that elderly homes are properly equipped so that care-givers can better protect themselves and the individuals populating these homes.

Public support for health workers, caregivers and the health system has never been clearer. Thousands of citizens have spontaneously come to their windows to clap and thank health workers for their heroic effort during the COVID-19 crisis. We must now translate this recognition into investment into more resilient and better funded healthcare systems, so that if and when another crisis comes, they will not be stretched beyond their limits.

Increasing investment in public hospitals, health workers and caregivers, both in urban and rural areas, must become a priority in all Member States. This priority should be reflected in the process of the European Semester, particularly in the country-specific recommendations (CSR). Member States must be encouraged, particularly through these CSRs, to dedicate a greater percentage of their GDP to that end, and to direct the outcomes of national fiscal policies towards improving social protection and public health services. Furthermore, EU structural funds must continue to be used to support projects that further the goal of quality health care accessible to all. Duly **empowering local and regional authorities** for the **effective decentralisation and optimal delivery of healthcare services** is crucial.

The COVID-19 crisis has shown how important the role of the state is. Public health sectors rely on state support to cater for people's needs. Now more than ever we see that a strong state sustains a strong public health care system. In face of the coronavirus pandemic, we welcome the Commission's decision to **suspend the strict Stability and Growth Pact (SGP) rules**, this will offer much needed fiscal space to governments to support the welfare state and the health sector. Government spending for unemployment benefits, for keeping business afloat and safeguarding the functioning of the health sector is now exempted from **budgetary discipline calculations**.

Nobody should be left behind in the response to COVID-19 – **this is a common challenge and a priority**. The review of the SGP rules, upon the initiative of Commissioner Paolo Gentiloni, has opened up an opportunity to achieve this. In the long term, **fiscal flexibility should be maintained** for more than the duration of this health crisis. Investment will be crucial for recovery.

Going forward, Member States must be given fiscal space to not only cater for emergency fiscal needs but also to make sure they have the means to invest and trigger a socially fair and sustainable economic recovery. Aiming for upward fiscal convergence, especially in the Eurozone, must be the target. **We need a pro-growth long term fiscal framework that safeguards quality healthcare services to all our citizens.**

Better resourced public health systems, adapted to rapidly changing environments and needs, have the capacity to reduce health inequalities, improve life expectancy and treat illnesses. It is a key factor in making our societies fairer and healthier.

Policy proposals:

- Increase investment in public healthcare both in urban and rural areas.

- Improve resilience and capabilities of public health institutions for them to better cope with unforeseen challenges.
- Suspension of the Stability and Growth Pact rules for 2020 and beyond and the promotion of pro-growth long term fiscal framework.
- Revision of the European Semester in order to better take into account health needs in the CSR.
- Empower regional and local authorities, especially due to the steep increase of expenditure resulting from the COVID-19 crisis.

4. **Better Prevention: promoting a healthy lifestyle**

Throughout history, health services were mostly understood as a system that seeks to mitigate negative impacts on our health - tools to fix existing problems. However, **preventing disease and promoting a healthy lifestyle while mitigating harmful behaviours** are increasingly the focus of health systems. Preventive action empowers people to increase control over their health and leads to long-term benefits, including reduced healthcare expenses for households, but, more importantly, to a better quality of life and wellbeing for each individual. Since the average citizen lives longer than ever before, this approach has an enhanced importance.

According to the United Nations, whose Sustainable Development Goals were endorsed by our political family, there are three pillars of health promotion:

- **Good governance.** Policies to create a social structure that makes healthy choices accessible and affordable to all. Because multiple factors beyond our healthcare systems - such as education, income or living conditions - affect the health of individuals, we must favour an integrated approach which fosters cooperation between these sectors. This is how we can develop and implement policies and projects horizontally, thus effectively placing health as an overarching priority for our society.
- **Health literacy.** Promote knowledge about health and ensure that everyone has access to proper information so they can make the healthiest decisions. Widespread health literacy is the foundation of our efforts to foster healthier lifestyles, thus also providing the basis for reducing inequalities in health and beyond. Ultimately, without information campaigns to raise awareness, the chances of mobilising people for action and achieving change are slim. Literacy and knowledge lead to **citizens' empowerment**. Patients must participate and use their influence in the healthcare decision-making process.
- **Healthy cities.** Creating greener cities that incentivise people to have healthier lifestyles and a better quality of life. Our public infrastructures should be designed to create a healthy setting for citizens and communities. Besides sanitation, hygiene and health services, we need an overall environment that complements other policy. In 2050, 68%¹⁶ of the population will be living in urban areas. We need a strategy to ensure that urban planning, social policy and the local economy safeguard **clean air** and favour an active lifestyle.

In Europe, health concerns have shifted towards **non-communicable or chronic diseases** such as diabetes, respiratory and cardiovascular diseases and cancer. In these cases, notwithstanding the importance of interventions by public health systems, improving the

¹⁶ <https://www.un.org/development/desa/publications/2018-revision-of-world-urbanization-prospects.html>

health situation of individuals can be done by tackling illnesses affecting people's lives and by addressing the risk factors leading to poor health. One of the most efficient ways to tackle these challenges is by educating children and by promoting prevention and communication campaigns. Going beyond health measures, to counter these diseases we must address the socio-economic determinants of poor health conditions which prevent people from following a healthier life.

Obesity is one factor contributing to health deterioration. It is a phenomenon which affects millions of Europeans. As research shows, more than half of the adults tested (51.6%) are considered over-weight.¹⁷ Obesity is a major health hurdle that widens health inequalities in Europe. It needs to be addressed.

The European Union must continue its efforts to empower consumers by promoting the display of nutritional information and by making further progress in the area of the reformulation of food products. The concept of **healthy nutrition** should be promoted with the help of various tools designed to limit salt, fat and sugar content in processed foods. We must **reduce access to junk food and sugary drinks** and increase taxes on unhealthy food and drinks products. These principles are in line with the Farm to Fork strategy of the European Green Deal, which seeks to foster sustainable food production and affordable healthy food for all. We need to support an ambitious revision of the Food Information to Consumers Regulation to ensure consumer-friendly labelling that empowers people to make healthier choices while also guaranteeing that the healthy options are also considered the most optimal options for consumers. This reaffirmed direction of promoting healthy nutrition from agricultural producers to consumers, must also be reflected in the EU's global political efforts. We must look at measures to help farmers and producers deliver quality and affordable food in a sustainable way, while ensuring the Common Agricultural Policy is equipped with stronger health standards.

Public education institutes must play a bigger role in **promoting the concept of healthy nutrition**. They must **educate young people** on ways to make their lives healthier. We must ensure that children, teenagers and young adults from all social groups acquire the means and knowledge to make healthy choices. The more people are educated the healthier lifestyles choices they will make.

Schools can further contribute to these goals by providing **healthy and hot meals every day**. Children across Europe face unequal access to adequate nutrition and addressing this challenge is a core component of the European Child Guarantee put forward by our political family. This action would keep our children well-nourished and healthy but also offer a positive gateway towards proper dietary habits in the future. Initiatives such as the EU school scheme - providing children across the EU with milk, fruit and vegetables - must be supported so participation is expanded to an even larger number of schools.

A **lack of physical activity** not only reduces an individual's quality of life, it also increases the burden of medical care costs later in life. In order to **combat sedentarism**, it is important to promote the introduction of physical activity into the daily life of each citizen. Being active can be done in several ways and with different intensity levels: walking, cycling or playing sports regularly improves muscular and cardiorespiratory fitness, while also decreasing risks of chronic or noncommunicable diseases. Increasing physical activity requires a combination of the three pillars of health promotion: health literacy to spread helpful information about its importance, a proper environment that fosters societal and cultural change about physical activity, and public policies to design and deliver on a strategy based on a collective effort across different sectors.

¹⁷ <https://ec.europa.eu/eurostat/documents/2995521/7700898/3-20102016-BP-EN.pdf/c26b037b-d5f3-4c05-89c1-00bf0b98d646>

On top of eating unhealthy foods, **the consumption of tobacco and alcohol has to be tackled and regulated**. Europe is the heaviest drinking region of the world with 10.9 litres of pure alcohol per person, nearly twice the world average.¹⁸ Tobacco is responsible for nearly 700,000 deaths every year, thus making it the single largest avoidable health risk, and the most significant cause of premature death in the European Union. Despite a significant reduction in the number of smokers, 18.4% of the EU citizens are daily smokers¹⁹. The EU has to play a key role in reducing peoples' consumption of harmful products. Measures on graphic health warnings are proving effective and fully standardised packaging has been adopted by some countries. We support enhanced cooperation between the EU and Member States with regard to cross-border advertising, packaging, labelling, taxation and trading of alcoholic beverages and tobacco products.

In April 2016, a United Nations General Assembly Special Session addressed the issue of use illegal drugs. The resulting report emphasised a public health approach to dealing with drugs, alongside control measures. An increasing number of public health agencies argue that drug policy should be re-orientated towards improving public health rather than focusing on criminal justice. Public health approaches exist alongside and interact with medical/psychiatric and penal/criminological ways of dealing with drugs. In Europe, the Netherlands has adopted an approach where large-scale drug trafficking is vigorously prosecuted while drug use is considered to be a public-health issue, not a criminal one. **A coordinated approach must be developed between the EU and Member States**. As both the EU Drugs Strategy and the EU Action Plan on Drugs are approaching the end of their cycle, we call on the EU to produce **updated measures** aimed at reducing the demand for drugs and the disruption of drug trafficking.

Prevention is a key aspect of the response to the rise of chronic diseases in Europe. This is why European involvement is needed to enhance the preventive dimension of this challenge, to propose regulations and norms which help to reach the UN SDG 3 on good health and wellbeing. At the same time, there must be coordinated action at the local, regional, and national levels when it comes to the environmental health factors leading to chronic diseases, such as air pollution.

Finally, **mental health difficulties**, such as depression or anxiety, and which may contribute to alcohol and drug use, impact more than one in six people in the EU.²⁰ People experiencing mental health difficulties often face stigma and exclusion, including from relatives and friends. Alongside the health impact it has on individuals, poor mental health is putting health and social care under strain, which are in need of greater spending.²¹ To overcome this challenge, it is necessary for the EU to **deliver a comprehensive and proactive strategy when it comes to mental health**. Moreover, the pandemic is having a significant negative impact on the mental health of citizens. The EU must produce Europe-wide campaigns to raise awareness and provide information about mental wellbeing.

Policy proposals:

- Address all risk factors leading to poor health and chronic diseases with a focus on prevention.
- Promote the concept of healthy nutrition and the good food strategy. This means limiting salt, fat and sugar content in processed foods, reducing access to junk food

¹⁸ <https://feditobxl.be/site/wp-content/uploads/2017/02/ERAH-2017-final.pdf>

¹⁹ https://ec.europa.eu/eurostat/statistics-explained/index.php/Tobacco_consumption_statistics#Daily_smokers_of_cigarettes

²⁰ https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-4-en.pdf?expires=1585252929&id=id&accname=guest&checksum=910CCE82A71393A682AD7A44575DE1D8

²¹ <https://www.oecd.org/newsroom/mental-health-problems-costing-europe-heavily.htm>

- and sugary drinks, and increasing taxes on unhealthy food and drinks products.
- Promote the good food strategy (bio, local, respect of seasons) in public canteens (schools, administrations, universities, hospitals).
 - Tackle sedentarism by promoting physical activity.
 - Regulate the consumption of tobacco and alcohol.
 - Update the EU Drugs Strategy and EU Action Plan on Drugs.
 - Call for an EU strategy on mental health.

5. Training the most qualified doctors and nurses

Health workers, nurses, caregivers and doctors who were on the frontline of the battle against the COVID-19 virus have been rightfully welcomed as heroes. We would like to thank them for their efforts and sacrifice. It is thanks to their heroic work that COVID-19 is being overcome.

But it is these same people that have been the most affected by the different budgetary restraints in public health. The crisis not only highlighted the shortage of workers and specialists in our hospitals, it reminded us of the inhumane working hours and conditions they experience as they try to save people's lives.

For us, it is clear that to provide health services of the best quality, it is fundamental for our public hospitals to be properly staffed with dedicated and highly qualified doctors and nurses.

To succeed in this task, we must make health professions more attractive and ensure the next generation of Europeans study healthcare. **Europe must become a leading hub for future medical professionals and research.** European universities - which provide some of the most advanced medical education in the world - must receive investments and be promoted in order to attract a greater number of medical students. At the same time, these learning institutions need to be incentivised so that **tuition fees do not become a barrier for students**, particularly those from poorer background. **Access to medical education must be made affordable for all.** We need to ensure that medical degrees and academic diplomas are recognised across EU countries.

As the EU faces a growing population and ageing society, the need for medical professionals will only grow. For us to sufficiently cover the mounting medical needs of our citizens, we have the important task of **creating more healthcare-related jobs.** Europe cannot risk allowing public hospitals to be run with insufficient doctors and nurses. The same applies for the elderly care homes – they cannot function without adequate caregivers. Workers mobility and the mutual recognition of professional qualifications must be ensured. At the same time, we need to **ensure that the movement of skilled healthcare workers** from one country to another does not place the country of origin under severe pressure. We need to work together to **counter the phenomenon of 'brain drain'**, especially when it comes to nurses. This issue mostly affects Eastern and Southern Europe countries.²²

The COVID-19 pandemic has highlighted the increased gender dimension in healthcare. Women are on the frontline of the corona-crisis, making up to 70% of the global health and social workforce. Despite their high exposure to the virus and their readiness to risk their lives for the sick and vulnerable, their condition has been largely ignored. For too long there

²² <https://g8fip1kplyr33r3krz5b97d1-wpengine.netdna-ssl.com/wp-content/uploads/2017/09/NurseMigration-1.png>

has been little recognition, unequal pay and poor treatment. We must commit to targeted public investments to **meet the needs of women health service workers**.

As social democrats we must do our utmost to **improve the financial status and working conditions of health workers. They are too often underpaid, understaffed and under-resourced**, particularly when it comes to nurses and support staff. These conditions can be improved by: limiting the number of hours a healthcare worker can work under normal circumstances; increasing the number of available healthcare workers; increasing training of medical staff and caretakers; offering lifelong learning opportunities; providing better work life balance; guaranteeing higher salaries; and, making the profession attractive for future generations. Though these measures, we can succeed in alleviating the pressure and stress healthcare workers face.

Policy proposals:

- Action to ensure Europe becomes a leading hub for future medical professionals and research.
- Increase access to affordable medical education.
- Improve recognition of diplomas and professional skills.
- Investments and promoting universities to attract higher number of medical students.
- Create more healthcare-related jobs in Europe.
- Ensure that the movement of skilled healthcare workers does not place the country of origin under severe pressure.
- Promote decent work and improve the financial status and working conditions of health workers, thereby also increasing the attractiveness of the profession.

4- 6. Access to medicines and medical supplies

6.1 Guaranteeing affordable medicines

The increasingly high and unsustainable cost of medicines, coupled with reduced public health budgets, has put under threat peoples' access to medicines. This situation endangers the health and wellbeing of Europeans.

Our priority must be to **ensure that high-quality medical products are made available** in the market, **appropriate to the needs of patients** and **affordable** so that people in financial hardships can still receive treatments. At the same time, we must fight for a **rational use of medicines across the EU**, promoting campaigns and educational programmes aimed at increasing awareness on key topics. For example, by making citizens aware of the use of medicines, with the goal of **avoiding overconsumption**, in particular of antibiotics, and promoting the use of prescriptions by healthcare professionals and the generic medicines administration. We need to fight against the commodification of health and ensure that research laboratories and pharmaceutical industries are regulated by common European standards, especially when these are funded with public money or benefit from tax cuts.

Measures must be taken in order to help social and healthcare systems **cope with the exorbitant prices of some vital medicines and cures**. Improving the functioning of European joint procurement at national, regional or cross-border levels to purchase medical devices, medicines and vaccines is absolutely necessary to break the power of the pharmaceutical industry. It is important to have further **regulation and transparency** in this field - many medicines are sold at prices far higher than would be expected based on their production costs. It is not acceptable that medicines and treatments which can save lives cost millions of Euros. In short, **we cannot allow drug producers to put exorbitant**

financial gain ahead of affordable medicines and treatments for people in need, especially not if the research and development of these medicines has been publicly funded.

The EU and its Member States play an important role when it comes to the supply of medicines for European citizens. It is only through constructive cooperation between political decision makers, stakeholders and the pharmaceutical industry that we can **ensure enough medicinal stocks, supporting fair and transparent pricing of drugs and the future development of new medicinal products.**

It is crucial to **ensure that vaccination programmes are effective and that high vaccination coverage is reached.** In countries where vaccinations are voluntary, such as Estonia or Lithuania, the coverage rates are lower than in Member States which recommend or enforce this practice.²³ In the past years, there has been a decline when it comes to vaccination of older people against influenza. The EU average coverage rate stands at just 43%.²⁴ Europe has also witnessed a resurgence in cases of measles, especially in Member States whose first-dose measles immunisation rates are below the threshold required to achieve herd immunity.²⁵ We cannot allow children in Europe to die from preventable diseases like measles, or for people to succumb to seasonal influenza, for the sole reason that they are not vaccinated. The vaccination of individuals is a fundamental component of the fight against communicable diseases. At the same time, more coordination is needed in order to align vaccination schedules and to have a stronger communication effort in order to counter vaccine misinformation and anti-vaccination campaigns.

6.2 Having control over medicine production

The COVID-19 pandemic crisis has shown that it is necessary to relaunch the debate on the state of play of Europe's pharmaceutical industry. For years now, major companies have taken the decision to massively delocalise the **production and manufacturing of generics** in third countries such as India and China. According to estimates, the EU imports 80% of its active pharmaceutical ingredients from abroad.²⁶ A similar situation exists for drug, antibiotic and vaccine production. In times of market failure, and when production in these countries has slowed down, the European Union must take stock of its vulnerability with regard to the medical supply chain. The EU should not be reliant on third countries for medical supplies, including active pharmaceutical ingredients, generic medicines and medical devices. **We cannot allow the EU to be dependent on foreign countries when it comes to ensuring the medical needs of its population.**

The sources of supplies of medical products need to be diversified. The best solution is to develop the capacity of Europe to be **autonomous** when it comes to the production of medicine. It is time to **repatriate the production of essential active pharmaceutical ingredients and medicines to Europe.** It is fundamental to encourage and stimulate European pharmaceutical companies to find ways to develop their products in our continent, while prioritising the European market and the needs of European citizens. The EU has started to make Europe more attractive to producers of generic medicines through its review of Supplementary Protection Certificates, which must be taken further.

This longer-term solution would guarantee that medical products assessed by the European Medicines Agency (EMA) continue to be **safe, based on scientific evidence, produced**

²³ https://ec.europa.eu/health/sites/health/files/state/docs/2019_companion_en.pdf - pg 20

²⁴ *ibid* – pg 19

²⁵ https://ec.europa.eu/health/sites/health/files/vaccination/docs/2018_vaccine_confidence_en.pdf

²⁶ <https://www.lesoir.be/279622/article/2020-02-13/coronavirus-une-future-penurie-de-medicaments-guette-leurope>

with better environmental standards, and contribute to creating new jobs in Europe. Strong and efficient regulations and norms, and properly executed risk management processes, are key factors when it comes to medical production. A strong pharmaceutical sector in the European Union could also take the lead when it comes to the development of new medicinal products and cures, especially for cases where patients have unmet medical needs. To this end, it is clear that both **public and private investments at European, national and regional levels are fundamental for patient-driven research and the development of new effective and innovative drugs**. It is important to **ensure full transparency** when it comes to research by implementing the Clinical Trials Regulation. Research and innovation development spending must guarantee that medicines resulting from publicly funded research are available at a fair and affordable price. It is necessary to strengthen the practice of **open science** and to adopt a more coordinated approach in the field of health research and innovation. Research data and results, especially when they result from publicly funded programs, must remain within the public domain and be accessible and reusable by the academic and scientific community.

Socio-economic barriers to accessing medicines can lead individuals to seek alternative routes to obtain drugs. The rise of online shopping, correlated with growing demand, can lead to consumers buying **falsified or counterfeit medicines**. These products, which have not been checked for quality and safety by the EMA, pose a major threat to the health of citizens. International and European Law enforcement, health and consumer protection authorities must further cooperate in order to seize these medicines and close websites illegally offering such drugs.

Financial, fiscal incentives towards pharmaceutical companies are key to the production and emergence of new or generic medical products. It is important to make it clear that when funds are provided and when tax exemptions are given, the resulting manufacturing and research should target drugs, antibiotics, vaccines and treatments driven by public health needs and not those which can bring an economic return. **The wellbeing of people must be worth more than the profitability of big pharmaceutical companies.**

The health of millions of Europeans cannot depend on a few production sites abroad. This is why it is important for the European Commission to **propose a strong and transparent pharmaceutical strategy**, presenting clear actions and objectives addressing the challenges linked to drugs, vaccines and medical equipment shortages. The strategy should include a provision requiring Member States to communicate to the European Commission and the European Medical Agency the inventory of their national medicines and medical devices. This would allow a prompter reaction to any eventual shortages.

Health Technology Assessments (HTAs) must be carried out on new medicines and medical devices. We need to go beyond the current cooperation which is voluntary and create a European wide approach to HTAs. It is necessary that European countries apply the use of common methodology, criteria and joint clinical assessment tools. Cooperation at EU level needs to be strengthened and competent authorities need to be supported in assessing the effectiveness, costs and real added value for patients of new technologies in the healthcare sector. Therefore, negotiations should be concluded on the Health Technology Regulation as soon as possible.

Antimicrobial resistance (AMR), which is the ability of bacteria and microbes to resist treatments such as antibiotics, is responsible for an estimated 33,000 deaths per year in the EU and EEA area.²⁷ On top of its grave health impact, the higher costs of treatments are putting a heavy burden on national health systems. It is therefore important for the EU to continue addressing AMR, supporting the full implementation of the

²⁷ https://ec.europa.eu/health/amr/antimicrobial-resistance_en

EU's "One Health" Action Plan and Member States' national action plans. We underline the need to coordinate actions aimed at **curbing the excessive misuse of antibiotics** - a practice which erodes their effectiveness - and to have sound medical diagnoses before prescribing antibiotics. At the same time, we call for increased investment in the research and development of new antibiotics and for the EU to play a leading role at the global level in reaching an agreement on the use of, and access to, antimicrobials.

Policy proposals:

- Guarantee affordable quality medicine to all and promote the use of generics.
- Promote coordination between Member States in setting tenders to purchase medicines, to tackle the market power of the pharmaceutical industry.
- Promote rational use of medicines across the EU, promoting campaigns and educational programs.
- Further transparency when it comes to the pricing of medicines and research and development.
- Enhance vaccination programme coverage throughout Europe.
- Counter disinformation and anti-vaccination campaigns.
- Enhance research and innovation of new drugs, vaccines and treatments.
- Reconsider the EU's dependence on the global supply chain for medicines.
- Fight against the phenomenon of falsified and counterfeit medicines.
- European Commission to propose a strong pharmaceutical strategy.
- Creating a Europe-wide approach to HTA.
- Tackle Antimicrobial resistance at EU and global level.

2. 7. Guaranteeing health at work

Healthy workers contribute fundamentally to economic growth and the competitiveness of European societies. The laws and regulations in charge of the labour markets and working conditions should ensure that individuals have a healthy work environment. **Creating job and income stability while guaranteeing adequate working conditions is one of our political family's main goals.**

We believe that it is crucial for **targeted investments to be made to prevent work-related illnesses, accidents and other physical or psychological stresses.** By preventing work related ill-health in any form, we contribute to improving the health of our workers, lessening the burden on public health systems and improving the economy by increasing productivity and reducing absenteeism. Improvements in both safety and health at work also enhance workers' job satisfaction. Good-quality working environments can not only prevent work-related health problems, but also enable people with health problems to return to work more quickly after an illness and thus remain economically active for a longer period.

The European Pillar of Social Rights has strongly committed to the fundamental rights of workers and to improving living and working conditions. It has called for: quality working conditions; workers to have a high level of protection; working environments adapted to professional needs; as well as the right of people with disabilities to services that enable them to participate in the labour market and in society. **These fundamental principles must now become a reality.**

At the level of Member States, national action plans have already been taken to address work-related health problems. As proposed by the European Trade Union Confederation

(ETUC)²⁸, it is now important for the **EU to propose a new Strategic Framework on Health and Safety at Work for the period 2021-2027**. This framework must reiterate the right to decent working conditions as well as the right to information, consultation and participation of all workers. It must also put forward: a zero vision on fatal accidents and work-related cancer; strengthened measures to protect workers at the frontline from virus outbreaks; high standards when tackling new risks; and, ensure real enforcement. The full involvement of trade unions and workers will be essential to achieve these objectives.

Improvements have been made in recent years when it comes to limiting the exposure of workers to carcinogens and mutagens. This has reduced the chances that workers are exposed to dangerous substances which might cause cancer. Employers must continue to keep exposure as low as technically possible, and in any case below threshold that could affect workers' health. But the fight is not over and **further regulation on carcinogenic and mutagenic substances in workplaces needs to continue being a priority**. An ambitious **revision of the Carcinogens and Mutagens Directive (CMD)** must extend its scope beyond the 50 priority substances. It must include binding occupational exposure limit values and better take into account reprotoxic substances - which affect workers reproductive health and the health of their descendants - and other dangerous substances such as cytotoxics. To better prevent exposure to asbestos it is necessary to look into revising the EU Directive on Asbestos. At the same time, we must ensure that existing legislation is enforced in all Member States. Finally, the role of the European Agency for Safety and Health at Work (EU-OSHA) needs to be strengthened in order to guarantee the health of workers.

The introduction of new technologies, work processes, and **new forms of employment and work organisation have created additional risks for both physical and psychological health**. The increased use of digitalisation in workplaces has increased employees' connectivity because work tools are also used away from the workplace. This has led to more stress and work pressure, requiring new approaches when it comes to safeguarding their wellbeing. In order to ensure that all health risks are prevented, labour inspectorates, occupational health services and general practitioners should work closely with employers and workers' representatives. In light of the current pandemic, the COVID-19 virus must be recognised as an occupational disease. Furthermore, as long as there is no vaccine or cure available, this virus needs to be included in the highest category of hazards (category 4) of the Biological Agents Directive.

Health risks are not only physical but also psychological. Workers' concerns about the rise of **stress related sickness** are increasingly common. More than half of all working days lost in the EU are caused by work-related stress.²⁹ This is due to factors such as: job insecurity; long or irregular working hours; excessive workload; effort reward imbalance; poor organisation and management; discrimination and different forms of harassments and violence. This is an angle which cannot be overlooked when tackling work health related challenges. Therefore, we call for a **Directive on mental wellbeing at the workplace**, recognising anxiety, depression and burn-out as occupational diseases and establishing mechanisms for the prevention and reintegration of affected workers in the labour market as well as legislation on **the Right to Disconnect**.

We have a duty to do more in order to prevent all work-related fatal accidents and occupational illnesses such as anxiety, depression or burn-outs. **Physical risks factors and musculoskeletal disorders (MSDs) need to be regulated** with a focus on effective prevention at the workplace and with a gender perspective since women are most affected

²⁸ [https://www.etuc.org/sites/default/files/circular/file/2019-](https://www.etuc.org/sites/default/files/circular/file/2019-11/ETUC%20position%20on%20a%20new%20EU%20strategy%20on%20Occupational%20Safety%20and%20Health.pdf)

[11/ETUC%20position%20on%20a%20new%20EU%20strategy%20on%20Occupational%20Safety%20and%20Health.pdf](https://www.etuc.org/sites/default/files/circular/file/2019-11/ETUC%20position%20on%20a%20new%20EU%20strategy%20on%20Occupational%20Safety%20and%20Health.pdf)

²⁹ <https://endstress.eu/>

by it. A new Directive tackling work-related MSDs is needed. It is also important to ensure that employees on long-term sick leave are not rushed back into the workplace. They must have the time needed to receive treatment and recover. These workers must also be protected from potential unfair dismissals by strong social safety nets. As mentioned by the “Dying to Work” campaign³⁰, individuals for which there is no cure to their sickness must be given a choice on how to proceed in regards to their work. No one should be denied this right.

For further details when it comes to the employment facet, the PES is producing a brochure on the European Pillar of Social Rights and on the concept of wellbeing.

Policy proposals:

- Investing in the prevention of accidents, work-related, physical or psychological illnesses.
- Call for a new Strategic Framework on Health and Safety at Work for the period 2021-2027.
- Continue working on an ambitious revision of the Carcinogens and Mutagens Directive (CMD).
- COVID-19 virus to be recognised as an occupational disease and included in category 4 in the Biological Agents Directive as long as there is no vaccine or cure available. Prioritise the physical and psychological wellbeing of workers by calling for a Directive on mental wellbeing at work place, legislation on the Right to Disconnect and a Directive on Work-related Musculoskeletal Disorders.

3. 8. Gender perspective in Health

Gender plays an important role with regards to different pathologies as well as their treatment and impact on wellbeing and recovery. The interrelation between sex-related biological differences and socio-economic and cultural factors affects the health of women and men differently, as well as their access to health services.

An understanding of the interaction between sex and gender in the development and management of health and disease benefits everyone in terms of prevention, intervention and outcome. Health research requires sex-disaggregated data, and gendered indicators must be used to develop gender-sensitive health policies and programmes. **Including a gender perspective in medical research can improve our understanding of various conditions** and affect the treatment of heart disease, cancer, osteoporosis or arthritis. Women’s pain cannot be overlooked and chronic female disorders, such as endometriosis, have long been deprioritised by research and health services.

Compared to men, women are twice as likely to experience depression and anxiety and are more likely to describe their overall health as poor. Unequal work-life balance, the pressure of care responsibilities and socioeconomic power imbalances mean that women are facing

³⁰ <https://www.dyingtowork.co.uk/>

specific mental health risks. **Such gender differences must be adequately addressed by public health programmes.**

8.1. Sexual and reproductive health and rights

Women across Europe still do not enjoy equal opportunities and rights. They face discrimination when it comes to sexual education, medical information, assistance, care, contraceptive possibilities and abortion. Across Europe we are currently seeing a **backlash against gender equality, LGBTI people and other vulnerable people, and the concept of sexual and reproductive health and rights (SRHR)**. Access to contraception, safe and legal abortions, and sex education is being curtailed in the name of conservative ‘family values’.

To ensure women’s fundamental rights to sexual and reproductive health, we must promote health for all women and girls and their access to affordable healthcare. As social democrats we call on the EU and its Member States to take a firm stance in enforcing **these fundamental rights. They must be respected without exception.**

Public health programmes must support and guarantee access to quality pre- and post-natal health services, affordable contraceptives and focus on prevention and comprehensive sexuality education for all teenagers, young girls and boys. At the same time, it is necessary to take measures to **ensure access to voluntary family planning and the full range of reproductive and sexual health services.**

Sexual and reproductive health and rights for all should be included in the EU Health Programme as a comprehensive part of health services and in the Charter of Fundamental Rights. This must go hand in hand with a right to information and education for all women and girls, including the promotion of healthy relationships and consent. These measures are central to break down stereotypes and patriarchal structures.

“Period poverty” and “pink taxes” are issues which our political family and PES Women are monitoring closely. We encourage other member states to take inspiration from best practices undertaken in this field, such as in Germany and Scotland, either by **lowering taxes on sanitary products or by making them available for free.**

We must also reflect on ways to **ensure that women and men have access to contraception.** This is particularly pertinent now when the Coronavirus outbreak means people are confined without access to contraception. An eventual increase in unprotected sexual activities can lead to a growing number of unintended pregnancies. This is why, regardless of the times we live in, we call on Member States to take actions to make contraception and the morning after pill accessible and affordable for all women, with a special focus on the younger generation.

When it comes to abortion rights, we record improvements in places which have previously been very conservative on the issue. Nevertheless, abortion is still outlawed in some regions and further restrictive preconditions remain a barrier when it comes to accessing services. The issue of conscientious objection still prevails in medical care, **making it harder for women, LGBTI people and other vulnerable people** to find non-objecting gynaecologists or nurses for information, education, contraception or abortion services. Furthermore, in the context of the COVID-19 crisis where some governments have used the pandemic as a reason to restrict access to sexual health and rights, **the right of women to abortions and the right of trans and intersex people to access life-saving medication should be guaranteed.** Ensuring women and sexual minorities have the right to health must be fully respected across the EU.

In today's Europe, the practice of forced abortion and sterilisation of women with intellectual and psychosocial disabilities cannot go on. We call for the prohibition of these acts where this is not already the case. The right to informed consent must be respected.

Policy proposals:

- Enforce the respect of women's fundamental rights to sexual and reproductive health and rights.
- Promote family planning centres (information and free consultation for sexual and reproductive rights for women and mothers).
- Include SRHR in the EU Health Programme and Charter for Fundamental Rights.
- Guarantee affordable access to sanitary products.
- Ensure women's rights to safe abortion.

8.2. Combat violence against women

Violence against women in health systems should be recognised so that the seeking, as well as offering, of reproductive services can be exercised free of discrimination, coercion and violence. It is fundamental that all Member States **address the issue of violence against women within the health system and beyond** by enforcing legislation on gender equality and by allocating sufficient human and financial resources to health care systems to tackle this issue. **Ratification and implementation of the Istanbul Convention by all EU Member States is a crucial step in this direction.** It is important that judicial systems in Europe are revised and updated where needed. Stronger measures, focused on the needs and realities of addressing gender-based violence, must be taken.

Social distancing and quarantine measures taken during COVID-19 also have an impact on domestic violence. The situation is dire for women forced to stay under the same roof as their abuser. Limited access to support services increases the risk of gender-based violence. It is important to **increase the number of shelters to provide safe and emergency accommodation** where women and their children can seek immediate refuge from violence, as well as long-term support. At the same time, it is important to increase education and awareness of law enforcement forces when tackling such cases.

Policy proposals:

- Address the problem of gender-based violence within health systems.
- Increase the number of safe houses for abuse victims.
- Review judicial systems to have stronger measures against gender-based violence.
- Ratification of the Istanbul Convention by all EU Member States.

4. 9. Going digital: a new era for healthcare

The global trend of **digitisation** is also influencing developments in the field of health. In recent years, innovation in information and communication technologies, coupled with the development of mobile applications, robotics and artificial intelligence, has opened the door for a new paradigm of health services. This has the potential to improve the efficiency and accessibility of healthcare for all EU citizens. By harnessing the power of data analytics, it is

possible to achieve a new level of cooperation and integration without compromising our privacy and individual rights. **Our intent is to empower our citizens and safeguard their health and personal data.**

Health may benefit from digital technologies in a wide range of services. For instance, citizens could have access to an e-patient portal which holds their lifelong data on health. Not only would they be able to better manage and monitor their personal situation, but also to receive e-prescriptions. This would relieve patients from unnecessary effort (travelling, hospital visits, etc.), while significantly reducing the bureaucratic workload of doctors. Additionally, in emergency situations, a doctor could use stored critical information, such as blood type, allergies or on-going medication, to act accordingly.

Unfortunately, our health systems still lack information to optimise their services. Despite being a key enabler for e-health services, data is often not available to patients or to public authorities, medical professionals or researchers to help them develop and deliver better diagnosis, treatment or personalised care. Citizens could help scientific research teams by **anonymously and securely** sharing their health data. This would help health service providers and health system managers to better understand diseases or to improve early detection of epidemics.

Evidently, in light of the ever-growing number of collected health data, citizens need to be reassured that **their information will not fall into the hands of third parties**. Member States and the EU have a duty to create the right framework to enhance cybersecurity for the health sector. This framework must **guarantee the control, privacy and protection of patients' personal data**. This should be a cornerstone for the creation and implementation of the **European Health Data Space**.³¹ In our view, personal data belongs to the respective citizen and should be respected: ethics are the backbone of good policymaking and our agenda is human-centred.

Digitalisation of health services can also have a positive contribution to reducing inequalities in access to healthcare. Since information could be shared more easily and citizens could check their personal record, future healthcare costs may be prevented. In addition, regional differentiation can be reduced through the implementation of telemedicine support, thus increasing services for remote populations. Nevertheless, in order to make the most of digital health opportunities, further work must be undertaken to **reduce the digital divide between and within Member States**. This must include developing the digital literacy of citizens, with a special focus on the elderly, providing widespread access to the internet, and training for healthcare professionals. These tools should not replace traditional personal services – instead they must enhance healthcare services and make healthcare more affordable.

Policy proposals:

- Empowering citizens by promoting an e-patient portal with personal health records.
- Enhance EU level coordination, including disease prevention and treatment research.
- Enhance digitalisation of health as a tool against inequalities.
- Reducing the digital divide and increasing development of digital literacy.
- Secure citizens' personal health data.

5. 10. For more and better EU coordination in health policies

³¹ https://www.socialistsanddemocrats.eu/sites/default/files/2020-02/sd_our_inclusive_digital_europe_en_200205_0.pdf

10.1 Improved coordination between national health systems

Because the organisation and running of healthcare systems are mainly a national competence, the main **role of the EU is to coordinate with Member States** and provide guidelines, in full respect of the subsidiarity principle, in order to increase access to healthcare, reduce inequalities and create sustainable health systems.

The proclamation of the European Pillar of Social Rights by European leaders highlights the importance health must have on the national and European agenda. The declaration, which states “that everybody has the right to timely access of affordable healthcare services”, is one of the best tools we have in our fight to reducing socio-economic health inequalities. The principles must now be fully implemented by Member States.

The EU functions to **complement national policies**, especially in areas where Member States cannot be effective alone, such as pandemics and health threats which endanger the free movement of goods, services and people. As seen during the COVID-19 crisis, cooperation between all Member States and the European Institutions has value. Common problems are best addressed through a unified approach based on solidarity with each other. By **cooperating together** through this crisis, the EU engaged with the pharmaceutical industry to develop vaccines and meet medical shortages. It launched new joint public procurements for understocked medical tools and encouraged the purchase of protective equipment through its Civil Protection Framework.³²

Cooperation in health between the EU and Member States goes beyond the COVID-19 crisis - it is fundamental to **tackling daily health related challenges**. Several concrete **joint measures will make a positive impact** in this area: targeted health promotion; exchange of best practices; analysis of the state of health-related inequalities; assessment of the impact of health reforms; improvement of the living and working environment; and, the undertaking of joint procurement of vaccines and drugs, strengthening negotiating power and driving down prices.

The EU must become a **leading voice in global health**. In our interconnected world, health policies taken by individual countries can influence the entire globe. By acting in a united way, based on shared values and expertise, the EU can play a leading role in improving the health of people across the globe. It is particularly important to having a strategic partnership with our neighbourhood and the African continent. We must commit to helping and strengthening our cooperation with these partners.

10.2 Making the green agenda a health agenda

The European Green Deal outlines various European and national measures aimed at transforming our societies and economies towards climate-neutrality and sustainability. The actions pushed in the Green Deal will make our Union more sustainable and provide for public health benefits, as well as counter the negative consequences of climate change on public health determinants such as clean air, safe drinking water, sufficient food and shelter. The extreme climatic conditions are affecting communities throughout Europe, generating higher densities of pollutants in the air, causing droughts and impacting our agricultural sector and ultimately also leading to premature deaths, especially in vulnerable groups.

We welcome the following initiatives mentioned in the Deal:

³² https://www.consilium.europa.eu/en/press/press-releases/2020/03/17/conclusions-by-the-president-of-the-european-council-following-the-video-conference-with-members-of-the-european-council-on-covid-19/?utm_source=dsms-auto&utm_medium=email&utm_campaign=Conclusions+by+the+President+of+the+European+Council+following+the+video+conference+with+members+of+the+European+Council+on+COVID-19

- The “Towards a zero-pollution ambition for a toxic free environment” proposal, which will include **zero-pollution action plans for air, water and soil**. This is a fundamental step to cut down toxins. Air pollution alone accounts for around 450,000 premature deaths annually according to the European Environment Agency.³³ To limit these negative effects, we must take all necessary measures. This will include reducing the impact of emissions from traffic and energy production, while simultaneously increasing the air, water and soil quality standards throughout the EU.
- Sustainability in the agriculture sector can increase the number of healthy products available for people. As referenced previously (see *Better Prevention: Promoting a healthy lifestyle*), the Farm to Fork strategy plays a key role in making the production of foods and consumption patterns healthier. Better nutrition is a solid base for the prevention of diseases, increasing public health in the long-term. To reach these goals, the European Union must reduce the use of chemical pesticides, fertilisers and antibiotics, and promote healthy affordable food options for all.
- The chemical industry is a driving force behind the success of European industries on the European and global stage. Part of this success has been strong regulation which fosters innovation and increases wellbeing for citizens. With a **sustainable chemicals strategy**, the EU can effectively address the impacts of chemicals on the environment and on consumers. New scientific evidence must be included in the regulations of endocrine disruptors and hazardous chemicals in consumer products.

In order to reap the benefits of a transition leading to a sustainable and just society, we must decisively address environmental and climate policy as a central tool in safeguarding public health throughout the EU and beyond. A healthy and sustainable climate and environment are needed in order to better prevent the spread of diseases, decrease occupational hazards such as heat strokes, and avoid food shortages due to natural disasters and inadequate weather conditions. The European Green Deal is the central tool in addressing these threats and must be supported in its aim of greening the transition and thereby delivering better health for European citizens.

10.3 Increase European financing of health-related programmes

The EU has been complementing national actions and funding on health issues. This has included:

- **Cohesion policy**³⁴, which plays a determinant role in supporting health in Member States and their regions. Through the European Regional Development Fund (ERDF) and the European Social Fund (ESF), different areas of health receive support. This includes: health infrastructure and equipment; research and support to small and medium enterprises; health promotion and addressing health inequalities; and, support for the health workforce.
- **The Health Programme**³⁵ has dedicated, in the period 2014-2020, €449 million aimed at improving public health, by preventing illness, and eliminating threats to physical and mental health in European countries. In the future budget, health policies will mainly be funded through the ESF+ programme, with an allocation of € 413 million.³⁶ These figures must be more ambitious so that more national health authorities will have the possibility to obtain funding. Therefore, the ESF+ budget should be doubled in the MFF 2021-2027.

³³ <https://www.eea.europa.eu/themes/air/health-impacts-of-air-pollution>

³⁴ https://ec.europa.eu/regional_policy/en/policy/themes/health/

³⁵ https://ec.europa.eu/health/funding/programme_en

³⁶ https://ec.europa.eu/health/funding/future_health_budget_en

- **Horizon 2020**³⁷ is investing in research and innovation in health and grants funding for a number of health-related projects. This includes the development of biotechnology and medical technologies. The Commission's proposal of €97.6 billion for the period of 2021-2027³⁸ dedicated to this programme is insufficient, considering the health challenges and necessity for research and innovation.

Because the existing instruments did not allow for an adequate response to the COVID-19 crisis, the European Commission also proposed to **extend the scope of the EU Solidarity Fund (EUSF)** in order to cover public health emergencies as well. This will enable member states to seek financial assistance from the EU in order to meet their citizens' immediate needs and contribute to the return of normal living conditions.

EU actions do not stop at coordinating or financing health-related projects. In the face of common health challenges, the EU can bring member states together to pool funding and forge common plans. By concentrating resources and expertise, the EU can take the lead in developing better public health measures and treatments for diseases while reducing harm and preventing early death across the Union.

This approach could have a significant impact on health issues like **cardiovascular diseases and cancers**, which together account for 62% of deaths in Europe.³⁹ Research into treatments and preventions in this area, in particular, could benefit millions of citizens. **Other common diseases and conditions** - notably dementia, Alzheimer's, sickle cell anemia and conditions which affect respiratory health, digestive health, mental health, and other areas – could also benefit from an EU-level approach.

Rare diseases are said to affect up to 30 million people in Europe, leaving them vulnerable as access to related medicines can be extremely expensive and difficult to find.⁴⁰ The European Union has recognised the necessity to tackle this challenge and improve the lives of citizens affected by these diseases. Despite the fact that many Member States have set up national rare disease strategies, EU action in this field is necessary. We believe that the EU brings an added value by increasing cross-country collaboration, facilitating discussions between healthcare providers and improving research, notably through the European Reference Networks (ERNs). Nevertheless, further work needs to be undertaken so as to accurately diagnose individuals and to develop new, affordable and appropriate therapies.

10.4 Make the EU measures against COVID-19 permanent

The COVID-19 crisis has had catastrophic consequences for the lives of our citizens. It has attacked the economic and social foundations of our societies. Our public healthcare systems and frontline workers have been driven to the brink of collapse. To overcome this crisis, Europe needs to deliver bold and efficient measures in healthcare and the other affected sectors. The EU and Member States need to work in a coordinated manner, showing solidarity and prioritising the health and interests of Europeans ahead of any other factors.

Our political family has been calling for various social-economic measures to be taken at European level. In regard to health, we believe that the following short and medium-term actions must be taken in response to the COVID-19 pandemic.⁴¹

³⁷ <https://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing>

³⁸ https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-research-innovation_en.pdf

³⁹ <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20190716-1>

⁴⁰ <https://www.eurordis.org/about-rare-diseases>

⁴¹ <https://www.socialistsanddemocrats.eu/sites/default/files/2020-03/25-proposals-to-overcome-the-crisis-en-webdesign.pdf>

We must do our utmost when it comes to **guaranteeing the safety** of healthcare workers, who are fighting this pandemic every day, by providing them with **personal protective equipment**. It is fundamental that immediate and sufficiently abundant support is mobilised at the global level so that doctors, medical institutions, innovative SMEs and researchers obtain the means to research and **develop an effective treatment and vaccine for the virus**. It is fundamental that once a treatment against COVID-19 is approved by health authorities, it becomes **accessible, affordable and available at the global level**. Any vaccine, treatment and therapy efficient in dealing with urgent public health threats **must be considered a public good**. This is a crucial priority in the fight against COVID-19. When it comes to the longer term, the EU must **allocate sound funding for research and innovation related to public health threats and emergencies**, so that we build our preparedness and resilience in fighting possible future pandemics.

We also must mobilise all the necessary tools and resources while reinforcing the capacities of RescEU, in order to build up an adequate **EU reserve for essential medical equipment and supplies**. This must include items such as protective face masks, ventilators, test kits and laboratory supplies. Regions which are the most affected by medicine and equipment shortages need to be prioritised when it comes to the distribution of these vital goods. Without medical tools, we will not be able to deliver care to patients and we will not be able to protect doctors, nurses and other professionals who are facing the virus. To prevent shortages, Member States must **strengthen the practice of joint procurements** when ordering large quantities of medical supplies. This process must be applied once the vaccine for COVID-19 is developed but also expanded to new vaccines, antibiotics and other curative medicines and treatments, especially in the case of rare diseases. This will avoid competition between Member States and price speculation, and allow for equal access to medicines and medical devices throughout the whole Union. The EU must also **facilitate the mobility of health professionals** to the most affected regions through the EU Civil Protection Mechanism or the deployment of the European Medical Corps.

Supporting and strengthening European health agencies, such as the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA), is crucial. **More human capital and increased funds** are necessary to increase Europe's surveillance capability and allow institutions to process information and provide real-time reports on disease monitoring. The European Medicines Agency will play a key role in rapidly approving a safe and effective COVID-19 vaccine, once it has been developed. The role of this agency in designing and approving of EU clinical trials needs to be strengthened.

Countering and curtailing disinformation in relation to the COVID-19 pandemic is fundamental. We believe that the European Union, Member States and social media platforms must work together in order to combat the growing amount of fake news and disinformation appearing on social media. This misinformation risks the health of citizens, misleading them with advertising and proposals to buy unsafe products on the internet.

Member States and the EU must **coordinate their actions when it comes to lifting the confinement measures**. In order to avoid the re-emergence of the virus, it is fundamental that such decisions are coordinated. To allow for a gradual return to normal life, Member States must be ready to undertake large scale testing of their populations and provide citizens with personal protective equipment.

In the medium term, Member States must allocate all the resources needed to **improve national public healthcare systems**. The COVID-19 crisis has cast a light on the limited capacities of our systems and healthcare workers when it comes to sustainably confronting a pandemic. For years our political family has been **denouncing the negative effects which have resulted from neo liberal policies in the public health sector**. Budgetary cuts and

increased privatisation of services have led our public healthcare systems to where they are today. It is time to **increase our financial efforts in order for all European healthcare systems to be able to deliver high-quality care which is accessible to all, including socially excluded groups**. In parallel, we must ensure that **doctors, nurses, caregivers and other professionals** working in public healthcare institutions **benefit from good wages** and enjoy **good working conditions** and normal working hours.

Looking beyond COVID-19, the EU must improve the tools it has at its disposition and be better prepared to tackle future health crises. That is why it is important to have in place a **European Health Response Mechanism** which would have the competence to react promptly and efficiently when such occurrences arise. This expert-led body would have the possibility to identify both the material and professional needs of Member States dealing with health-related crises and to coordinate the movement of patients and healthcare workers from one Member State to another.

In order to evaluate their readiness to tackle future pandemics, but also to fulfil the Sustainable Development Goal of universal health coverage, **Member States should carry out stress tests of their national and regional healthcare systems**. These tests, based on common rules and criteria, would allow Member States to identify areas of their healthcare systems requiring improvements and further investment. Based on the results obtained, the European Commission should propose a **Directive for minimum standards for quality healthcare**, ensuring that every country in the European Union delivers quality services to their patients.

All these efforts should be the starting point for building up a strong European **Health Union** to support national healthcare systems and ensure quality services whenever our citizens need.

Policy proposals:

- EU-wide investment in research to produce a COVID-19 vaccine that is efficient and accessible to all.
- EU-wide stockpiling of indispensable medical equipment and material, the provision of test kits for the regions most affected, joint procurements for medical supplies, and strengthening of European health agencies.
- The EU must coordinate so medical supplies for the fight against COVID-19 are distributed to Member States in accordance with their needs and are not kept within national borders.
- Investment and building up of public health systems in Europe, reinforcing the hiring of medical staff and caregivers. This includes providing sufficient salaries and ensuring national health systems are properly equipped.
- Fight disinformation and fake news related to COVID-19.
- Supporting and strengthening European health agencies such as the European Centre for Disease Prevention and Control (ECDC) and the European Medicines Agency (EMA).
- Coordinate actions and decisions related to lifting confinement measures.
- Create a European Health Response Mechanism to deal with future health crises.
- Member States to carry out stress tests of their healthcare systems. The European Commission to propose a directive for minimum standards for quality healthcare.

6. 11. Conclusion

Although important progress has been made in Europe in the field of health, inequalities between citizens and between member states when it comes to accessing quality health care and treatments remain a reality. It is in tackling these inequalities, improving the capabilities of health systems and developing research and innovation capabilities that the European Union, in cooperation with Member States, can make a difference for the daily lives of Europeans.

The COVID-19 outbreak has resulted in increased demand for care and treatment by European citizens. This has put great pressure both on national health systems and social security systems, but also on healthcare professionals.

It is fundamental that decision makers provide all the funding needed to solve challenges in the area of health. Through sound investment and progressive measures we can: truly eradicate inequalities in access to care for children, the elderly and other dependants; improve the conditions of hospitals; support healthcare staff; and, develop new efficient and affordable drugs which meet the needs of patients.

The COVID-19 crisis has reaffirmed our drive to build societies that are based on solidarity and equipped with strong public services. We are determined to step up our efforts in defence of strong welfare states. We will fight any neo-liberal measure which diminishes the functioning of our public services. More than ever, we have a duty to promote and defend the idea that the conditions of our hospitals and health care professionals must be improved at all costs. There cannot be any doubt, without enough personnel, equipment and infrastructure the EU will be unable to fulfil one of the principle tasks of government – to guarantee the health of its citizens.

We must look into building a strong European Health Union, supportive of national health systems, which: ensures EU-wide access to affordable healthcare and care; boosts the coordination of national services and policy responses, especially in times of crisis; promotes our industrial autonomy in medicines and essential supplies production; bolsters joint procurement and stockpiling; ethically gathers health data to prevent future outbreaks; and, safeguards public health.

The upcoming Conference on the Future of Europe will be an important opportunity for our political family to showcase our common positions when it comes to health and discuss policies which can improve the overall health of European citizens.

Together, as Europeans, we will be able to prioritise the wellbeing of our citizens, defend our public services, and deliver a fair and healthy society for all.