



## **The future of Europe's healthcare: ending inequalities and improving quality of life for all cannot wait**

**Declaration adopted by the PES Health Ministers on 8 February 2022**

Back in 2017, the EU enshrined “timely access to affordable, preventive and curative health care of good quality” in the European Pillar of Social Rights. Since then, the COVID-19 pandemic has brought home quite how vital quality healthcare is to our individual and collective wellbeing. Universal public healthcare is not a luxury, it is a cornerstone of our social market economies in which everyone has the right to live a long and healthy life.

The latest Eurobarometer survey confirmed that health and social security remain at the top of the list of citizens' concerns for Europe and for their own countries.<sup>1</sup> Although health care and health systems are the competence of member states, the EU has a valuable role to play in preserving and improving healthcare. Europe must deliver on its promise to improve the health and wellbeing of everyone, especially the most vulnerable. The European Child Guarantee, which commits all member states to providing free and effective access to healthcare for children in need, supported by EU funds, is a significant step in the right direction.

The right to universal access to timely and appropriate health coverage is a priority for us. Everyone should feel safe and should receive the best care available when they fall ill. Equal and equitable access to healthcare – regardless of financial means, gender, sexual orientation, cultural background or any other factor – is a fundamental right, alongside education and social security. Health can be a tool to expand human rights within the EU. In our respective countries, we fight to ensure that the highest quality medicines, medical devices and other health technologies and preventive care are available to everyone. To address these challenges, we rely on quality public services which we strive to protect and support. Our health and welfare systems are an integral part of the European way of life.

Unfortunately, affordability remains a key barrier for many European citizens. Quality health services should never be the privilege of those who can afford the highest insurance premiums or out-of-pocket payments. We should not turn a blind eye to the fact that patients in the EU have different levels of access, notably because of budgetary constraints, high medicine prices, profiteering companies as well as issues of licensing and commercial withdrawal. We know that in many cases the most vulnerable are postponing their visits to the doctor and do not have the means to follow up on treatment. This situation is unacceptable. The concept of healthcare should be widened to encompass the importance of looking after one's mental health, especially for young people. UNICEF has found that nine million European teenagers live with a mental disorder.<sup>2</sup> As with any other type of treatment, access to therapy and counselling should not be constrained by income.

It is fundamental to reverse the trend of austerity and budget cuts in health and to end the corporatisation of health services. We must ensure that health remains a universal right.

<sup>1</sup> <https://europa.eu/eurobarometer/api/deliverable/download/file?deliverableId=76725>

<sup>2</sup> <https://www.unicef.org/eca/media/18056/file/Europe%20regional%20brief.pdf>



Member states must therefore be able to invest sustainably in quality and affordable public health institutions, the best solution for the promotion of healthy, cohesive, and socially just communities. The digitalisation of public health systems is an opportunity to close social and territorial gaps. Health and care workers deserve recognition for their tireless commitment to their difficult and dangerous jobs during the pandemic.

It is time for member states to increase their cooperation and to work in partnership with health professionals and industry to ensure accessibility and fair, transparent and sustainable pricing of medicines for all. To this end, the European Commission must facilitate voluntary joint procurement of treatments, materials and equipment outside of crisis situations. The Health Emergency Preparedness and Response Authority (HERA) will have an important part in strengthening the resilience of our supply chains of health technologies, and the European Medicines Agency a vital role to play in mitigating shortages of critical health technologies.

Furthermore, the EU needs to prioritise the research and development of medicines based on medical and societal needs. This includes developing treatments in areas where pharmaceutical companies have limited incentives to invest and work to tackle the many diseases which, because a cure has yet to be found, continue to still kill millions of people worldwide. Significant research is needed into gender-specific medicine, ensuring that treatments are tested for both men and women. The development of anti-microbial resistance (AMR) poses a long-term threat to health outcomes.<sup>3</sup> Member States must coordinate their actions to reduce the misuse of antibiotics, pool their efforts to develop new antibiotics and follow a “One Health” approach to the links between animal health and human health.

In the longer run, ending inequalities also means taking a preventative approach to tackling the multiple factors of ill-health, that often most impact the least well-off. Lower income households and marginalised groups often face worse working conditions and living standards: strenuous manual work, longer hours worked and exposure to harmful chemicals (notably in the predominantly female cleaning sector) are causes of illness and injury. Substandard housing also has a negative impact: overcrowding, poor ventilation and energy poverty are also associated with ill-health, both mental and physical. Outside of the home and the workplace, air pollution causes 400,000 premature deaths per year in Europe alone, with poorer neighbourhoods situated closer to trunk roads and industrial sites face the highest concentrations of pollutants.<sup>4</sup> Despite the EU having one of the strongest consumer protection systems in the world, harmful chemicals that cause cancer, endocrine disruption and other chronic conditions continue to find their way into common household goods. Progress must continue in tackling tobacco use and alcohol abuse, which continue to cause preventable deaths. Promoting equality by improving living and working conditions contributes to better health, and vice versa by giving everyone the chance to flourish.

The pandemic has reminded us that vaccines work. Europe leads the way when it comes to the vaccination of our citizens, but we must also continue to increase vaccine sharing. This is not only about solidarity, but also about public health: no one will be safe until everyone is safe. Guaranteeing the right to adequate health beyond the EU's borders should remain a priority for us as socialists and social democrats. Improving international pandemic response and resilience requires a fair distribution of medicines, equipment and training, and the EU must lead the way for a reform of global health governance.

To preserve our European social model and social cohesion, we have a responsibility to make sure our health systems are well-resourced, supported by excellent public services, affordable and accessible to all. As social democratic health ministers, we want the EU to ensure that

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<sup>3</sup> AMR is estimated to be responsible for 33,000 deaths per year in Europe:

[https://ec.europa.eu/health/antimicrobial-resistance/eu-action-on-antimicrobial-resistance\\_en](https://ec.europa.eu/health/antimicrobial-resistance/eu-action-on-antimicrobial-resistance_en)

<sup>4</sup> [https://www.eea.europa.eu/publications/air-quality-in-europe-2020-report/at\\_download/file](https://www.eea.europa.eu/publications/air-quality-in-europe-2020-report/at_download/file)

everyone benefits from the wonders of medicine. This is how we guarantee healthy living and how we immunise our societies against inequality and injustice.

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- **Frank Vandenbroucke**, Minister of Health and Social Affairs, Belgium
- **Magnus Heunicke**, Minister for Health, Denmark
- **Aki Lindén**, Minister of Family Affairs and Social Services, Finland
- **Karl Lauterbach**, Minister of Health, Germany
- **Roberto Speranza**, Minister of Health, Italy
- **Paulette Lenert**, Deputy Prime Minister, Minister for Consumer Protection, Minister of Health and Minister Delegate of Social Security, Luxembourg
- **Chris Fearne**, Deputy Prime Minister and Minister of Health, Malta
- **Marta Temido**, Minister of Health, Portugal
- **Alexandru Rafila**, Minister of Health, Romania
- **Carolina Darias**, Minister of Health, Spain
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