

**Consultation Paper:
EU action to reduce health inequalities**

**Joint Position Paper
of the European Social Insurance Platform**

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About the *European Social Insurance Platform (ESIP)*

ESIP represents a strategic alliance of over 40 statutory social security organisations in 16 EU Member States and Switzerland. ESIP's mission is to preserve high profile social security for Europe, to reinforce solidarity based social insurance systems, and to maintain European social protection quality.

These organisations are active in the field of health insurance, pensions, family benefits, occupational safety and accident insurance and unemployment insurance. The aims of ESIP and its members are to preserve high-profile social security for Europe; to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European decision-making process and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

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The “principle of solidarity” is the corner stone of the statutory social security organisations

ESIP welcomes the initiative of the European Commission to address health inequalities between socially advantaged and disadvantaged EU citizens. This initiative is a reasonable complement to other ongoing Commission initiatives like the directive on patients’ rights in crossborder healthcare or the Green Paper on Health Workforce. They all highlight the importance of equal access to healthcare for all citizens in the EU. From ESIP’s point of view it is essential in this context to point out that equal access has to be ensured at the local and regional level: assuring high quality healthcare close to the place of residence must be the priority. Therefore and because it is first and foremost the responsibility of the Member States to improve equal access and to reduce inequalities these issues should be addressed primarily at the national level and the EU level should only take a supportive role.

The ESIP member organisations, which include statutory health and long term care insurances, statutory accident insurances¹ and pension insurances, are founded on the “principle of solidarity”. The solidarity principle provides sufficient health insurance coverage, which is independent of the income (social solidarity) and health status (risk solidarity) of the insured persons. Solidarity means risk sharing through collective agreements and/or compulsory membership. Continuous endeavours are made to further improve the system of solidarity and prepare the social security systems for the demographic challenges of the future.² In addition, social security schemes have an important role as a kind of "shock-absorber" in the economic crisis because they safeguard people in case of unemployment and guarantee social benefits whatever their job situation. Social security schemes are a key player in the field of solidarity and must be preserved as such.

Many ESIP members on their own or together with other public actors in their respective Member States are engaged in projects which aim to tackle inequalities in health: In France, the Regional Programme of Access to Prevention and Care (PRAPS) e.g. facilitates co-operation between different actors, such as civil society, public services, medical professionals, insurance groups, hospitals and other professional groups working together to improve access to prevention and care for the most vulnerable groups. In Germany, the BZgA (Bundeszentrale für gesundheitliche Aufklärung – Federal Centre for Health Education) undertakes innovative health education and health promotion initiatives, particularly in social hot spots.

Our experience shows that each Member State and often even every region is facing different types of unequal access and problems. Therefore they need to find their own local solutions tailored to the specific problems of the area. We doubt that a harmonised pan-European approach would be useful in this context. Article 152 of the European Treaty acknowledges the existence of 27 different (health) systems

¹ Statutory accident insurance institutions provide medical treatment in case of an accident at work or an occupational disease.

² In Germany, for example, a new national health insurance fund came into force on 1 January 2009 with a fixed common contribution rate for all statutory health insured persons. At the same time, an improved risk structure compensation scheme was introduced.

and each system is facing different types and levels of inequalities. Article 152 and the principle of subsidiarity should therefore be considered before European action is proposed. Nevertheless ESIP sees the role of the EU in enhancing and facilitating the exchange of experiences and good examples.

Society involvement and mobilisation: Combating health inequalities is a task for the whole of society

In ESIP's view, inequalities in health status are fundamentally related to overall social and living conditions. Tackling them requires a coordinated response across relevant policy areas and stakeholders.

Not only the social security systems but the whole of society (represented by charity organisations, schools, educational institutions, public health authorities, etc.) has to make efforts to improve e.g. health education and environmental and workplace conditions. It is also a task of these institutions to raise awareness of the extent and consequences of health inequalities. Public and private organisations which have a fundamental influence on working and living conditions as well as on health behaviour in a much broader sense than the social security systems should get actively involved to improve the health of the people.

No common milestones and reduction targets

ESIP does not support the idea of a common commitment at EU level to reduce health inequalities by committing to common milestones and reduction targets because the goal-achievement rate of such milestones or targets can only be measured with the help of indicators. However, these indicators are difficult to define because the quality and validity of the indicators are very important, in particular where comparative indicators are concerned. Indicators should therefore have a direct causal relationship with the milestones or targets so that changes in the measured indicators are a true reflection of changes in the goal-achievement rate. A further precondition would be a uniform understanding in the Member States of the defined indicators as well as their comparable quality. Furthermore, the definition of any indicators should be as far as possible independent of and free from any normalising adjustments (e.g. weightings, indexing).

ESIP believes that it is very difficult to define appropriate indicators since the topic addressed here is extremely complex and multilayered due to its interdependences and its interactions. The state of health of the population or individuals depends on so many different multivariable factors that simple indicators will always fail to reflect the full picture. Further, adequacy indicators on accessibility e.g. to high-quality health care are decidedly influenced by factors beyond the health system such as social status, general living conditions, working conditions, nutrition and health behaviour.

Instead, **ESIP supports the idea of an exchange of best practices between Member States at EU level** since this could give the Member States the impetus to develop new strategies to combat inequalities. Support for the exchange of information on tackling health inequalities could be the role for the European Commission and would represent a European added value. In particular, this approach could be facilitated by a number of existing networks which operate at European and Member State level such as the Eurohealthnet, the European Network for Workplace Health Promotion and others.

ESIP supports the idea of investment through the structural funds

ESIP believes that investments through structural funds could help to reduce health inequalities. The great advantage of this form of cooperation is the local approach which is individually adapted to the different regional requirements and therefore benefits the people in terms of accessibility as well as quality. Such approaches, currently supported by the EU Commission through the allocation of INTERREG funds should, in ESIP's view, be intensified, because they do not excessively limit the necessary flexibility of the parties involved.

Further, ESIP encourages the Commission to focus more on health and social issues in defining the new framework of the European structural funds and especially the European Social Funds (ESF).

This position paper has the support of the member organisations of ESIP in so far as the matter lies within their field of competence.