



*Peer Review: Access to care
and health status inequalities
in a context of healthcare
reform – Budapest,
January 18, 2007*

Point of view of AEIP

“European Association of Paritarian Institutions”

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1. What is AEIP: At a glance

- **Social protection**
 - Coordinated retirement schemes
 - Pension funds
 - Health and provident benefits
 - Paid holiday schemes
- **Joint management**
 - By representatives of Employees and Employers
- **Our Values**
 - Solidarity
 - Transparency



1. AEIP and its projects in the area of health

Projects of the Commission III (health and provident societies)

- European Health Insurance Card
- Follow-up of developments of Health Reforms in the Member States and exchange of information
- Health of elderly and longterm care
- Consultation on health services

Conferences in the area of health:

2005: “Statutory and complementary social Insurance in Europe – Dealing with the increase of relevant risks such as Health, Occupational Injury, Disability and Long term care on a European scale”

2006: “EU-Health Reforms against the background of an Ageing Society – Same Challenges – Same Solutions?”

2007: “Health of elderly”

2. The issues

Health Inequalities exist because of:

- **Psycho-social factors**
- **Socio-economic factors**

Inequalities in access to health care exist because of:**

- **Different coverage**
- **Different benefits**
- **Co-payments**
- **Geographical barriers**
- **Organizational barriers**
- **Utilization of accessible services**
- **Discrimination (age, gender, race etc.)**

* See: Discussion paper on inequalities in health and access to health care by Cristina Masseria, LES Health

** See: Euro observer: The Health Policy Bulletin of the European Observatory on Health Systems and Policies, Summer 2006, Volume 8, Number 2

3. How can we tackle inequalities in the health status?

Psycho-Social Factors

-> Change of behaviour

- Raising awareness in the public
- Education
- Prevention

-> More choice for the individuals*

- Provide accurate information
- Individual preferences
- Choose different treatments (care or self-treat)
- Possibility of complaint management

* See: The rights of the European citizen – Balancing equity with choice by Prof. Yves Jorens, University of Gent, held at the 7th European Health Forum in Gastein

3. How can we tackle inequalities in the health status?

Solidarity and Personal Responsibility

- Solidarity means risk sharing through collective agreements and/or compulsory membership
- Responsibility is a matter for the individual and the collective
- Personal responsibility is therefore not contradictory to the idea of solidarity
- Personal responsibility in the health sector is difficult due to asymmetric information

3. How can we tackle inequalities in the health status?

Socio-economic factors

- The health market is one of the fastest growing markets*
- Health care provision is considered to be an economic activity
- Economic impact of inequalities
- Financial sustainability of the systems
- Rehabilitation measures to insert people quickly back into employment
- Investments in the access to health care
- Cooperation between economic and social actors are necessary -> mutual learning and safeguarding of social protection (health in all policies...)

*Source: Leo A. Nefiodow: Der sechste Kondratieff. Wege zur Produktivität und Vollbeschäftigung im Zeitalter der Information. (The Sixth Kondratieff: Paths to Productivity and Full Employment in the Information Age; Rhein-Sieg Verlag; Sankt Augustin; Fifth Edition 2001

*See also The contribution of health to the economy in the European Union by the Health&Consumer Protection Directorate General

4. How to tackle inequalities in access to health care

- Different coverage: universal system for all
- Different benefits: same benefits for all, setting of standard benefits
- Co-payments: hardship clauses for poor people
- Geographical barriers:
 - cross border care and adequate distribution of hospitals
- Organisational barriers: e.g. waiting lists
 - revision of organisation (DE)
 - special hospitals for employees (NL)
 - extending choice of hospitals (UK)
- Utilisation of accessible services: Awareness raising, prevention measures

4. How to tackle inequalities in access to health care

- Discrimination: discover specific needs of the groups, raise awareness and address them
 - > Role of EU, Member States, health care providers, but also
 - > Role of volunteers, churches and charities

5. Role of EU

Health care falls under the subsidiarity principle (Art. 152 EC Treaty)

- 2007: European Year of Equal Opportunities for all
- Common values and principles in EU health systems
- OMC
- Benchmarks for quality standards, equivalence of medical practice, licensing and accreditation and patient's rights*
- Social Agenda
- Social services of general interest
- Health services
- Promotion of cross border projects
- European Social Fund
- PROGRESS
- Cooperation among Directorates General (EMPL, SANCO, INFSO, Environment, but also Competition, Internal Market and Trade)

* See: The rights of the European citizen – Balancing equity with choice by Prof. Yves Jorens, University of Gent, held at the 7th European Health Forum in Gastein

6. Role of Paritarian Institutions

- Benchmarking
- Promotion of solidarity
- Cross border projects
- Territorial approach
- Prevention, safety and health at the work place
- Awareness raising and information of patients
- Technical input (data, studies)
- Cross sectoral cooperation (health, provident benefits and pensions)



AEIP



integrale



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Thank you for your attention !

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