## EHFG 2013: COMMISSION LEADS A DISCUSSION ON IMPROVING ACCESS AND COMBATING DISCRIMINATION IN HEALTHCARE WITH A FOCUS ON VULNERABLE GROUPS

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*Concerns about discrimination in access to healthcare have increased in recent years. Examples include Roma people being denied healthcare, irregular migrants being refused treatment and other groups facing discrimination and stigma due to, i.e. mental illness, gender or sexual orientation. Today, at a workshop hosted by the European Commission, people with personal experience of discrimination, along with decision makers, policy advisers, academics, nongovernmental organisations and other stakeholders discussed the damage that discrimination can do and what can be done to tackle it.*

**Bad Hofgastein, 4 October 2013** – “My personal belief is that health is for all: everybody should have access to good quality healthcare regardless of their gender, age, race, sexual orientation, type of condition, social status, education, or country of residence,” European Health Commissioner Tonio Borg today told the European Health Forum Gastein (EHFG). “One of my particular concerns is the need to overcome stigma and discrimination in healthcare in particularly vulnerable groups – those who sometimes slip through the net,” continued the Commissioner, citing Roma people, transgender people, migrants, people with mental illness as examples.

The Commissioner reminded the participants that the EU Charter of Fundamental Rights stipulates that discrimination in any form “shall be prohibited” and that the Charter guarantees everyone the right to access preventive healthcare and to benefit from medical treatment under the conditions established by national laws and practices. Stressing his personal commitment to fighting discrimination in health, the Commissioner emphasised that, despite such principles, discrimination remains a very real concern for a great number of people and the challenge is to translate principles and laws into reality for each and every citizen of the European Union.

“Resilient and Innovative Health Systems for Europe” is the slogan for this year's EHFG. More than 550 participants from some 45 countries are attending Europe's most important health policy conference in Bad Hofgastein to exchange views on key issues affecting European health systems.

A month ago, the Commission published its report on health inequalities which gives an overview of the size of, and trends in, health inequalities in the EU. The report describes the main actions that the Commission has taken to implement actions foreseen in the Communication on health inequalities 'Solidarity in Health', since 2009. It points to some positive developments and concludes that more action is needed at local, national and EU levels.

While documenting positive tendencies, such as a narrowing gap in life expectancy and infant mortality between member states, the report also shows that significant inequalities still remain. When it comes to the number of years men enjoy a healthy life, for example, there is a difference of 19 years between the lowest and highest values in the EU. For women, this is nearly as high, at 18.4 years. In 2010, the gap between life expectancy at birth between most and least advantaged Member States in the EU was close to 12 years for men and almost 8 years for women.

In addition, the report found that inequalities between social groups within EU countries also remained an important challenge. These could mainly be tracked down to disparities in the conditions of daily life and to factors such as income, unemployment levels, and levels of education, with frequent correlation between risk factors such as smoking and obesity and socio-economic circumstances.
Removing barriers in access to healthcare for such groups, such as persons living in poverty, disadvantaged migrants, some ethnic minorities, people with disabilities, homeless people, children or the elderly was an important objective of the Commission Strategy on Reducing Health Inequalities in the EU.
Making health systems more accessible for everyone

Health Commissioner, Tonio Borg, pointed out that “to address continued inequalities in health, we need to focus on improving Europe's health systems – making them more effective and sustainable, and more accessible to everyone”. “Reducing these inequalities is in everyone's interest”, he argued, “as better healthcare for all is a crucial component for social cohesion and vital to achieve Europe's 2020 goals of smart, sustainable and inclusive growth”.

**EHFG Vice-President Karin Kadenbach: Avoiding discrimination of particularly vulnerable groups**

Commenting on the subject, EHFG Vice-President Karin Kadenbach, MEP, said that spending cuts in healthcare systems posed additional threats to efforts for more fairness and equality in health status and access to care. In addition, problems of discrimination of particular groups needed to be taken into account, the EHFG Vice President said: “Evidence shows that factors such as social and economic standing, ethnicity, age, gender, disability and migration status impacts on an individual’s level of health and ability to access healthcare. Equal access to healthcare is guaranteed in almost all national legislations, but in reality there is a difference between legal provisions and the equal access to healthcare in practical terms.” Stereotypes could be the source of such discriminatory action, but also the lack of attention to the needs of specific groups.

Ms Kadenbach emphasised her commitment to root out such unfairness, and to push for genuinely equal and affordable access to health services. But she also called for individuals to take more responsibility for their own health, which was crucial at a time of economic crisis and creaking healthcare budgets. “Adopting a healthier lifestyle is not just ensuring our well-being, but helping to make sure Europe's health systems actually survive,” she said.

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