

“Taking Action – A Roadmap to Achieving Universal Health Coverage for All by 2030”

Roadmap Launch and Campaign Closing Meeting Report

6 December 2017

European Parliament, Brussels

At a time when implementing the United Nations Sustainable Development Agenda is a priority for world leaders, EPF dedicated its **2017 campaign to Universal Health Coverage**, a sub target of the United Nations Sustainable Development Goal on ensuring healthy lives and promoting well-being for all at all ages.



The European Patients’ Forum (EPF) one-year campaign entitled ‘Universal Health Coverage for All’ aimed to raise awareness about the gaps and barriers patients face in accessing healthcare, and to build on current political momentum – including the UN Sustainable Development Goal for ensuring healthy lives – to elevate health on the political agenda of the EU and Member States and foster more EU cooperation on access to healthcare.

To officially close the campaign, EPF organised a **high-level meeting** to present **EPF's Roadmap to achieving universal health coverage for all by 2030**, which concludes the campaign by identifying and proposing key political steps and actions that EU decision makers and Member States need to take and challenges that need to be considered in order to achieve universal health coverage for all patients in the EU by 2030.

The meeting, hosted by **MEP Miriam Dalli (S&D, Malta)** welcomed numerous distinguished speakers, including patient organisations, civil society, Members of the European Parliament, Commission Officials and the European Commissioner for health and food safety, and gathered over 150 participants representing a wide range of stakeholders.

INTRODUCTORY STATEMENTS

MEP Miriam Dalli opened the meeting by welcoming participants. The meeting began with the first preview of EPF's Access to Healthcare campaign video, which shared patient testimonials of existing unmet needs and unequal experiences in access to healthcare within the EU and illustrates the campaign's and resulting roadmap's objectives. The video started the meeting to set the scene, in advance of the action-orientated meeting which was to follow.



Following the viewing of the video, MEP Dalli commended the dedication of EPF towards establishing universal health coverage for all patients by 2030. *"It is an ambitious goal I wish to contribute to"*, she said. MEP Dalli, who has championed the campaign in the action area of ending discrimination and stigma, went on to explain that she chose to be part of this action to tackle avoidable and unfair differences. *"On an EU level, the issue lies in laws, understanding and attitude"*, said MEP Dalli. People should be protected from direct and indirect discrimination on the basis of health status.

She stated that the complexity of interaction relies on environmental, social, cultural and political factors. Cultural awareness can be supported by public policy and in this respect, we need dedicated research to address all structural and individual inequalities together with tangible legislation.

MEP Dalli noted that the European Union has a leading role to play in ensuring that all persons have equal access healthcare services but also addressed the lack of data when it comes to particular challenges.

MEP Dalli ended her opening statement by stating that *"it is duty of both the EU and Member States to ensure that the provisions of its healthcare services are accessible to all"*. Likewise, NGOs and citizens must be active in pushing for change, reforms and the implementation of the legislative tools that ensure non-discrimination and encouraged the audience to strive towards establishing equal treatment in healthcare.



On behalf of EPF, **Dr Stanimir Hasardzhiev**, EPF board member, Chair of the National Patient Organisation of Bulgaria (NPO) and co-host of the meeting welcomed participants and thanked MEP Dalli for her support and interest in EPF’s campaign. Dr Hasardzhiev complemented the video by emphasising the unmet needs patients in Europe face as well as the barriers in accessing quality healthcare, pointing out the huge disparities that exist within and between Member

States while referring to EPF’s 2016 survey on access to healthcare and the recent State of Health in the EU country profiles and companion report.

Dr Hasardzhiev explained that patient access to healthcare is a long-standing priority for EPF and at the heart of its work. EPF’s 2017 Campaign on Access to healthcare calls on Member States and the EU to commit to a long-term vision where equity of access and UHC is a reality for all – a sub-target of the third UN Sustainable Development Goal (SDG) to ‘ensure healthy lives and promote well-being for all at all ages’.

In line with EPF’s 2017 Campaign on Access to Healthcare, EPF’s Roadmap to be presented today and entitled ‘Taking action to achieving Universal Health Coverage for All by 2030’ aims to provide EU and national decision makers with recommendations that need to be urgently considered to achieve Universal Health Coverage (UHC) for all patients in the EU by 2030. While universal health coverage is a well-recognised goal for all healthcare systems in the EU, Dr Hasardzhiev noted that *“this basic right is not yet a reality for all patients in the EU, and for this reason, such a Roadmap is needed”*.

He added that the roadmap serves as a guide to outstanding challenges, patient concerns, unmet needs and recommended actions to achieve universal health coverage for all and invites EU and Member State decision makers to consider this roadmap and its recommendations when developing related policies and UN SDG implementation strategies.



Dr Hasardzhiev closed his introductory statement by explaining that the roadmap includes recommended actions, which relate to the 5 goals of the access campaign and thanked the MEPs who have championed the campaign and have accepted to present these recommended actions. EPF recommends decision makers consider the complementary and interconnected recommended actions set out in the Roadmap which reflect in their entirety the needs that are deemed by patients to be essential in attaining UHC and improving the patient experience when accessing healthcare. On this note, MEP Dalli invited her colleagues to join the panel.

PRESENTATION OF EPF'S ROADMAP TO ACHIEVING UNIVERSAL HEALTH COVERAGE FOR ALL BY 2030



The objective of the following panel was to present the recommended actions emanating from EPF's Roadmap to achieving universal health coverage for all by 2030. The Roadmap concludes that addressing the 5 concrete action areas is at the core of achieving universal health coverage. The following 5 speakers presented the recommendations for each of these 5 action areas. Questions and Answers with the audience followed each intervention.

Ending discrimination and stigma, MEP Miriam Dalli (S&D, Malta)

In addition to her opening remarks, MEP Dalli presented a few concrete recommendations in order to end discrimination and stigma that patients face.

The reforms of laws and policies need to abolish laws concerning healthcare based on residence status for example. Laws that will provide equal care to all, even those who are undocumented, should be encouraged she said. In addition, privacy should be respected by creating firewalls that protect the confidentiality of all patients, by limiting the sharing of information between the health sector and immigration enforcement without express consent of the patient.



To raise awareness of discrimination in the area of healthcare, it is also crucial to train and educate

staff not only about the different cultures but also transform thinking and enhance sensitivity to provide quality care.

MEP Dalli ended by highlighting the importance of the right for information which should be provided in accessible formats, here offering intercultural mediation, medical interpretation and sign language, and appropriate social and psychological accompaniment and support for vulnerable persons.

Implementing access to a holistic range of health and related services

MEP Kateřina Konečná (GUE/NGL, Czech Republic)



As a champion of the EPF campaign on access to healthcare for all, **MEP Kateřina Konečná** presented part of the Roadmap’s recommendations, notably those focusing on implementing access to a holistic range of health and related services. To illustrate the recommendations, MEP Konečná presented data showing the unequal access experienced in her country, the Czech Republic.

She alluded to unequal and limited access due to reimbursement restrictions or unavailability of healthcare services, clearly illustrating that patients treated with modern therapies, in the Czech Republic are well below the EU’s average and the greatest impact is concentrated in the poorest regions of the Czech Republic. *“Implementation of access to a holistic range of health and related services is therefore necessary in the whole of Europe”* said MEP Konečná. *The EU and its member states need to take urgent action to respond to unacceptable gaps, barriers and unmet access the healthcare needs faced by patients in Europe and take this issue seriously and with integrated care approach to health and social services.* MEP Konečná stated that she is proud of patients in the last 10 years. *“We need to get involvement of patients enshrined in law – especially for my country”*, she said.

Encouraging affordability of healthcare products and services

MEP Andrey Kovatchev (EPP, Bulgaria)

MEP Kovatchev started by saying that in the European Parliament, this topic is a priority for him and thanked EPF, NPO and the MEP interest group on patient access to healthcare for their active contribution to this work and support.

MEP Kovatchev went on to present the recommended actions to encourage affordability of healthcare products and services, highlighting the impact of corruption and the immoral behaviour of some providers. *“Our limited resources for*



healthcare are taken by such practices - unfortunately many such experiences exist in my country. People working in the area of healthcare should not have financial motivations”, he said.

MEP Kovatchev ended by highlighting that healthcare should stay a key priority of the EU and emphasised the added value of European level collaboration on health as countries can learn a lot from each other and concluded that that he can truly see the benefit it can provide.

Providing access to quality of care

MEP Paul Rübzig (EPP, Austria)



As 1st Vice-Chair of the European Parliament Science and Technology Options Assessment (STOA) Panel, MEP Rübzig opened by emphasising the importance of looking at the scientific or technological dimensions of this issue. One of the main focuses of the STOA panel for example is Health and new technologies in the life sciences.

MEP Rübzig gave the example of the recent STOA report on health tourism. In this context, MEP Rübzig made reference to cross-border healthcare and pointed out the different standards that exist. He explained that for STOA promoting high-quality healthcare, in line with standards, is a must, but the question remains whether or not harmonisation should be the way forward or not, making reference to the many policy options to be debated.

In reference to the SDG on health, MEP Rübzig highlighted the fact that quality care also means care for associated services such as food and the importance of many other SDGs. MEP Rübzig went on to highlight the importance of prevention as part of quality care. *“Health systems are not investing enough in keeping people healthy enough”,* he said.

In terms of recommended actions to provide improved quality of care, MEP Rübzig emphasised the importance of adequate investment into the resources to provide quality care, by supporting and empowering health professionals, providing new learning and teaching opportunities.

To improve health outcomes, he also made a point of how technologies can support us to achieve better health and that we should learn from data to improve timely and accurate diagnosis. *“We need to ensure public provision of healthcare services”,* he said, pointing out that learnings in this field still need to be made in order to perform better, highlighting that patients should not have to rely on private provisions.

MEP Rübzig ended by calling on Member States to adopt a patient centred definition of access to quality care. *“We can make our systems much more efficient but need the will from all those involved to do this in the proper way”,* he concluded.

Committing to sustainable investment in health

Ms Lilyana Chavdarova, Patient Access Partnership (PACT)

Ms Chavdarova was glad to present the recommendations on sustainable investment in healthcare for the fact that although the 5 goals are complementary and in this sense prioritisation would be inappropriate, *“it is undoubtedly true that the starting point of any advancement in the healthcare sphere is subject to availability of financial resources in the long-run,”* she said.



Ms Chavdarova highlighted a number of recommendations while providing some figures and examples from the recent State of Health in the EU country reports and companion report. Ms Chavdarova expressed recommendations on adequate resources, efficient and effective health spending and its assessment with systematic patient involvement, investment in a healthy workforce, long-term sustainable investment, integrated care, the importance of real-world data and equal opportunities, housing support and tackling corruption, to name but a few.

A **question and answer session** followed the presentations.

One participant asked whether the European Parliament is driving any initiatives in order to bring the importance of **EU health collaboration to the attention of the European Commission**. MEP Kovatchev informed the audience that in September 2017, more than 80 Members of the European Parliament from all major political groups signed a [statement](#) calling for continued EU action in the field of health and enhanced cooperation between EU Member States, which was sent to President Juncker. President Juncker has responded to these concerns in an [official letter](#).

Another participant asked what **recommendations could be made to the pharmaceutical and medical devices industries** in order to improve the affordability of healthcare products and services. MEP Kovatchev responded that the public service obligation in relation to avoiding shortages of medicines for example is of importance for industry. He added that transparency on pricing is also something we should expect from industry, even though this is a difficult debate, but we know very well that new medicines naturally come to market with high prices.

With regards to the rights of patients in accessing healthcare, another participant addressed the MEPs, asking **what MEPs can do in order to ensure no one is truly left behind**. MEP Dalli responded that that, both she in her capacity as S&D coordinator for the public health committee, and MEP Konečná in her capacity as coordinator for the GUE/NGL political group have a role to play. MEP Dalli said that it was completely unacceptable in a union where we boast growth and development compared to other continents that we still have people being left behind. She added that Member State subsidiarity does not mean that we have to accept this without putting up a fight. Bringing topics to the public

health committee and advocating that these are pushed for by the council and the commission is something that MEPs can do and have the responsibility to do.

PANEL DISCUSSION: IN WHAT WAY IS ATTAINING UNIVERSAL HEALTH COVERAGE PIVOTAL TO THE SUSTAINABLE AND SUCCESSFUL IMPLEMENTATION OF THE UN SUSTAINABLE DEVELOPMENT GOALS?



Ms Nicola Bedlington, EPF Secretary General moderated the following panel discussion: ‘In what way is attaining universal health coverage pivotal to the sustainable and successful implementation of the UN Sustainable Development Goals. Panellists were asked for opening statements.



Ms Bedlington opened the debate by reiterating the importance that universal health coverage has in achieving all other sub target of the goal on health and all other UN Sustainable Development Goals. *“If we don’t get it right in the SDG on health, then there is a risk that the other SDGs will fail”*, said Ms Bedlington. With this Roadmap, EPF wishes to emphasise the importance and need to establish a transparent, inclusive and collaborative working

process for the implementation of UHC and the UN SDGs and calls for inter-sectoral action for health to achieve UHC and significantly improve quality of life and care for patients.

Ms Barbara Caracciolo, Steering Committee Member of SDG Watch Europe and Sustainable Development Coordinator at SOLIDAR, thanked EPF for this inspiring document. The linkages with other UN SDGs are already very strong in the document said Ms Caracciolo. *“What are the opportunities that this SDG framework can offer to make this Roadmap something real?”*, asked Ms Caracciolo.



SDG Watch Europe is a network of organisations which brings together the different dimensions of sustainability, highlighting the inter-linked nature of the SDGs, and is also about debating how decisions are made, about transparency and fighting corruption. Ms Caracciolo sees that this roadmap will contribute to the work of the network. On the flip side, many other SDGs also have their role to play in achieving the SDG on health and universal health coverage specifically.

Opportunities identified by Ms Caracciolo to highlight how universal health coverage has a positive impact on access to education, decent work for all and reducing inequalities for example, included the 2019 Global Sustainable Development Report (GSDR), which will promote a holistic and science-based approach to policy measures that will advance the Sustainable Development Goals (SDGs) and Agenda 2030. This report (carried out every 4 years) is one important component of the follow-up and review process for the 2030 Agenda for Sustainable Development.

Ms Caracciolo ended by saying that *“the 2030 Agenda provides a fantastic framework to monitor that the EU and MSs are taking the right decisions, but also provides a powerful framework to keep highlighting these issues”*.



Ms Vanesa Cenjor, Strategic Development Director at RAIS Fundación- Social Innovation for the Homeless, Spain explained that homelessness is a violation of fundamental rights. Homeless people experience the highest level of vulnerability, including of course, health issues.

Ms Cenjor highlighted some figures to illustrate the invisibility homeless people face and the severity of the situation. She indicated that about 4.1 million people in the EU are exposed to short or long-term homelessness each year. Studies show that homeless people have serious health problems, such as hunger and nutrition, chronic pain and chronic diseases, infectious diseases or mental health problems, among others.

Additionally, homeless people have a life expectancy of 20 years lower than average. Homeless people face discriminatory situations every day and find numerous barriers to accessing services. Even when they are able to access health services, the situation that they find is challenging because they can't maintain the adherence to treatments or they don't have the time or proper place for recovery. Ms Cenjor ended by saying that *"Linking with the roadmap presented today and the United Nations objectives, we need to ensure coordination of policies (social services, housing, health), right of access to health and provide services covering the specific needs of vulnerable groups"*.

Mr Sylvain Giraud, Head of the Performance of National Health Systems Unit within the European Commission's DG SANTE, started by stating that the roadmap presented today was interesting and converges with the EC's thinking.

With regards to universal health coverage, Mr Giraud described a half-full and half-empty interpretation of the current situation. *"Ensuring protection and universal health coverage is not new in Europe"*, he said, *"it is part of the DNA of the European socio-economic model and remains very much today at the centre of socio-economic decision-making"*. *"Despite all these decades and developments, however, this is still a problem"* he remarked.



Mr Giraud highlighted the significance of the European Semester in achieving change and emphasised that the Commission has been analysing health systems through the triple objective of accessibility effectiveness and resilience. The need to ensure access to health care for all was highlighted in several of the Semester's country specific recommendations.

Mr Giraud also presented the State of health in the EU cycle of knowledge brokering and asked the audience and patient organisations for feedback on the country health profiles published as part of this process.

Furthermore, he indicated that the Commission had also made efforts to measure access and will continue to do so, highlighting collaboration with Eurostat and the European Parliament funded pilot project on improving indicators to measure access. Mr Giraud ended by stating that all this work on health systems, macro-economic coordination between Member States and support activities the Commission can provide contributes to progressing towards the implementation of the UN SDG sub target of universal health coverage.



Ms Katharine Wheeler, Vice-chair of Lupus Europe, started by clarifying that the universal health coverage we are advocating for here today, is for all patients. *“We can't afford to leave anyone behind,”* she said. Ms Wheeler went on to testify that sadly, the reality is that, today, many people are being treated as second-class human beings. Access to healthcare is a basic human right and should never be withheld in our society. *“Without equality in healthcare, we cannot obtain longer-term sustainable development”*, she said. Among these, she listed the Roma, migrants, the LGBTI community, the homeless, the elderly, people with disabilities and with chronic and rare diseases, to name but a few. *“In all, this is a large segment of the population and no longer a “minority” issue”*, she pointed out. *“It seems obvious to say that benchmarks are the key to success - but it still needs to be said”*, said Ms Wheeler.

She highlighted that progressive implementation of genuine goals to achieve tangible results is needed. *“Benchmarks cannot be created by policy makers alone, however and without patient involvement, the process loses something precious – personal experience. No-one can better tell you when a system is ill-adapted to reality or when resources are being wasted”*, she said. Ms Wheeler ended by saying that Universal health coverage is closely tied to the attainment of all other sustainable development goals and targets which relate to the reduction of inequalities, to achieving gender equality, and to the elimination of poverty. *“Consequently, health can truly be regarded as a common denominator in the UN SDGs”*, she said.

Ms Nina Renshaw, Secretary General at the European Public Health Alliance (EPHA), started by highlighting that there is a lot more the EU can do and should do to improve health and UHC. Ms Renshaw reminded everyone that when it comes to health protection, the EU has a shared amount of competence and requested that the timidity expressed be disregarded as there is a lot to be done.



Ms Renshaw made reference to the SDG gap analysis and implementation strategy that Member States have requested as an important focus for the coming months. In this respect, Ms Renshaw highlighted the importance of disaggregating data in order to paint an accurate picture of the situation which patients face. *“Some data will show us we're on the right track, but in reality, we cannot claim to have UHC as excluded populations, youth and youth unemployed, those geographically, economically or socially disadvantaged are falling through the net”*, she said. *“Once we know how far we are away from UHC, we can see what we can do about it”*, she said.

In terms of priority action, Ms Renshaw listed the following priorities: firstly, providing access to healthcare for those most disadvantaged, followed by raising issues of increasing pricing, which forces payers and governments to make compromises and ration access, and third raising awareness about the vital importance of prevention and AMR. Ms Renshaw ended by highlighting the opportunities of the EU Semester, the European Pillar of Social Rights and the UN SDGs, but emphasised that existing instruments need to be used more intelligently and effectively.



The debate was then extended to the audience, with the opportunity to ask **questions and answers**.

A number of participants highlighted the **European Semester** as a valid tool to implement this roadmap as this process is at the crossroads of EU and national action. On this note, participants **requested that patient organisations be more involved** in the discussions and development of the country specific reports and recommendations. This request acknowledged by Mr Giraud from the European Commission who welcomed and invited patient organisations and the Patient Access Partnership to discuss the 2018 country specific reports.

On a similar topic, another participant requested that patient organisations also be involved in the development of the **EU State in Health country profiles** and share their views at national events relating to these. The participant gave the example of Poland, where the issue of corruption had not been included in the country profile and called for a shadow report of these profiles for eastern and central European countries in particular.

HIGHLIGHTS AND CONCLUDING REMARKS

Commissioner Vytenis Andriukaitis, EU Commissioner for Health and Food Safety, brought the meeting to a close by reiterating the EU’s commitment to the UN SDGs and highlighted some of the solutions and efforts underway at European level. *“We are all committed to meeting these targets”*, he said. However, achieving universal health coverage by 2030, requires more than verbal commitment and short-sighted action. It depends on strategic and sustained co-operation by all major stakeholders – and it requires reaching the most vulnerable groups in our societies, he said. The Commissioner stated that in this respect, EPF’s campaign deserves particular recognition and echoed EPF’s call for every patient to have equitable access to patient-centred, high-quality health and social care.



He highlighted the signature of the inter-institutional Proclamation of the European Pillar of Social Rights on 17 November 2017 as an important step forward, making reference to principle 16 which recalls that ‘Everyone has the right to timely access to affordable, preventive and curative healthcare of good quality’. He proposed the mobilisation of existing tools such as the European Semester and funds and Structural Reform Support Service as one way to address gaps in access to healthcare and to benefit our citizens and the economy as a whole.

In line with the Opinion of the Expert Panel on Effective ways of Investing in Health, the Commissioner stated the importance of benchmarking and that improving the measurement framework is one of the Commission’s main concerns for the coming period. The Commission has made strengthening country knowledge a key priority, touching on the recent State of Health in the EU initiative and how this will support Member States in their evidence-based policy making.

The Commissioner ended by stressing the importance of working together in a coordinated, strategic manner and concluded by saying that *“EPF’s Roadmap Towards Achieving Universal Health Coverage for All by 2030, will feed into the Commission’s broader reflection ‘towards a sustainable Europe by 2030’”*.

Questions from the audience followed Commissioner Andriukaitis’ keynote speech.

Dr Hazardhiev initiated the discussion by highlighting the fact that some Member States are ignoring the country specific recommendation received in the European Semester process. Dr Hazardhiev asked whether in the future, **closer links between EU funding opportunities and the implementation of CSRs**, the Social Pillar and the UN SDGs could be made. The Commissioner responded positively, indicating that the European Commission has just decided to present these initiatives with funds that can be used.

Another participant asked what recommendations could be given to European countries that would like to be part of the EU and whether **recommendations** on hepatitis, HIV and tuberculosis could be **extended to neighbouring EU countries**. The Commissioner responded by explaining that the EU has an obligation to cooperate with the WHO to act at a global level and proposes opportunities to cooperate with neighbouring countries in this context.

Lastly, another participant stressed that patients with chronic conditions want to be **full citizens of Europe** and that the EU needs to deliver an environment which encourages this. In response, the Commissioner recognised the relevance of patient empowerment as an argument to drive change.

Dr Hasardzhiev concluded by stating that in light of the 2030 Agenda for sustainable development, there has never been a stronger case, or a more vital moment for Europe to work together to protect our health, and for this reason it is essential that this is not only maintained, but continuously improved. Health protection and improvement is a great success story of the European Union and closer cooperation and collaboration between member states will empower and equip countries with the necessary tools and peer support to achieve EPF's vision of a Europe where all patients with chronic conditions have equal access to high quality, patient-centred health and related care.

With this, Dr Hasardzhiev thanked all speakers and participants for their time and valuable contributions and closed the meeting.



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