

EN
E-015255/2015
Answer given by Mr Andriukaitis
on behalf of the Commission
(18.2.2016)

The Commission regards a correct measurement of access to healthcare as a precondition for improvements in access to good quality healthcare and for the reduction of healthcare inequalities. In 2016 the Commission will work to improve the current measurement of access and to identify and share best practices on improving access to healthcare in the EU. The work of the Commission in this field is, for now, focused on the general issue of access to good quality healthcare and not in any specific areas.

As explained in reply to Written Question E-000296/2014¹, contributions from stakeholders on tools to measure access are appreciated by the Commission. The Commission has been cooperating with different stakeholders to establish a common theoretical basis to anchor the discussions on this subject and an enlarged agreement on better ways to measure access to healthcare. The opinion of the expert panel mentioned by the Honourable Members is one of the elements supporting this work.

As regards the Honourable Members' third question the Commission acknowledges the differences in the EU Member States (MS) national policies with regard to sexual and reproductive health and rights, including the access to contraceptives. In particular, the directive 2001/83/EC² provides in its Article 4(4) for these differences in national legislations regarding prohibition or restriction on the sale, supply or use of medicinal products such as contraceptives. The Commission has no competences regarding the access to contraceptives in the MS. The Commission can support governments by fostering the exchange of good practices to help ensure that health systems have the capacity to deal with health needs, and to deploy resources in the most beneficial and effective way.

¹ <http://www.europarl.europa.eu/plenary/en/parliamentary-questions.html>

² <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:311:0067:0128:en:PDF>