



EUROPEAN PARLIAMENT

2009 - 2014

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*Committee on the Internal Market and Consumer Protection*

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**2010/2089(INI)**

11.1.2011

## **OPINION**

of the Committee on the Internal Market and Consumer Protection

for the Committee on the Environment, Public Health and Food Safety

on reducing health inequalities in the EU  
(2010/2089(INI))

Rapporteur: Emma McClarkin

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## SUGGESTIONS

The Committee on the Internal Market and Consumer Protection calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

1. Emphasises the need for a coordinated approach across numerous policy areas to address the underlying socioeconomic, environmental and geographical causes of health inequalities; also highlights that a lack of education can be a severe cause of health inequalities;
2. Stresses that health inequalities exist both between and within Member States;
3. Recognises that health inequalities, especially affecting life expectancy, have the most significant impact on the lowest socioeconomic groups;
4. Highlights the existence of discrimination against older persons in access to care; calls on the Commission and Member States to analyse the reasons for it and to take whatever measures are possible to combat such discrimination; calls on the Commission and Member States to make intergenerational solidarity and access to care for older persons a priority for the European Year of Active Ageing (2012) and to ensure that local social and medical services are adequately funded and supported by Member States throughout their territory;
5. Highlights the need for a practical plan to combat health inequalities in rural areas, taking account of the challenges posed by demographic change;
6. Stresses that health inequalities in the EU represent a substantial burden to Member States and their healthcare systems and that the effective functioning of the internal market and strong and if possible coordinated public policies on prevention can contribute to improvements in this field;
7. Encourages Member States to develop partnerships in border regions in order to share costs of infrastructure and personnel, while limiting spatial inequalities with regard to health, particularly for equal access to state-of-the-art equipment;
8. Stresses that countering socioeconomic factors such as obesity, smoking, etc., the accessibility of healthcare systems (jeopardised by the non-reimbursement of the costs of care and of medicines, inadequate prevention and the fragmentation of medical demography) and effective diagnosis should be considered key aspects of measures against health inequality and that, in addition, the accessibility and affordability of pharmaceutical treatments should also be regarded as a key aspect of individual citizens' health; therefore calls on Member States to ensure that the Transparency Directive (89/105/EEC) is being properly implemented and that the conclusions from the 2008 Commission Communication on the Pharmaceutical Sector Inquiry are being appropriately addressed;
9. Stresses that healthcare is not and should not be regarded as a general good or service;

10. Considers that Member States should regard early diagnosis practices and preventative care programmes as essential to reducing health inequalities and that they should be encouraged to further develop these schemes, as well as ensuring that they are suitably funded;
11. Urges the Commission, in the context of its collaboration with the competent authorities of the Member States, to promote best practices on pricing and reimbursement of medicines, including workable models for pharmaceutical price differentiation so as to optimise affordability and reduce inequalities in access to medicines;
12. Encourages Member States to increase the use of quality generic medicines and to negotiate as best possible, if appropriate in cooperation between States, the prices of medicines so as to enable the most disadvantaged groups to gain access to quality treatments;
13. Calls on Member States to adapt their health systems to the needs of the most disadvantaged by developing methods for setting the fees charged by healthcare professionals which ensure access to care for all patients;
14. Urges the Commission to ensure that data collected on health inequalities is shared between Member States and to encourage national stakeholders to actively exchange best practice techniques;
15. Stresses that the Commission, in cooperation with the Member States, should, by means of a system of comparable indicators, based on demographic, environmental, social and economic factors and including those already available (e.g. ECHI, WHO, OECD), support the further development of, the collection of data on and monitoring of the health sector both at EU and national level, as there are significant inequalities in that sector within the Member States (e.g. marked differences between the cities and the regions);
16. Asks the Commission to study the effects of decisions based on national and regional assessments of the effectiveness of medicines and medical devices on the internal market, including patient access, innovation in new products and medical practices, which are some of the main elements effecting health equality;
17. Urges the Commission to do its utmost to encourage Member States to offer reimbursements to patients and to do all that is essential to reduce the inequality in access to medication for the treatment of those conditions or illnesses, such as post-menopausal osteoporosis and Alzheimer's Disease, which are not reimbursable in certain Member States, and to do so as a matter of urgency;
18. Considers that the implementation of the Directive on Patients' Rights in Cross-Border Healthcare (2008/0142 (COD)) should be followed by impact assessments in order to measure as effectively as possible its consequences in combating health inequalities and to ensure that it maintains public protection and safeguards patient safety, particularly in terms of the geographical allocation of medical resources, both human and material;
19. Notes that high-quality and efficient cross-border healthcare requires increased transparency of information for the public, patients, regulators and healthcare providers on

a wide range of issues, including patients' rights, access to redress and the regulation of healthcare professionals;

20. Argues that sound and integrated consumer policies, including public health aspects such as prevention and healthy lifestyle promotion and aiming at reducing health determinants associated with consumers' behaviour and habits, could also help to reduce health inequalities;
21. Stresses that the existence of geographical areas which are poor in healthcare professionals is one of the causes of health inequalities; advocates therefore mobility of healthcare professionals within the European Union in accordance with the genuine needs of the population;
22. Regrets that the directive on cross-border health care was not accompanied by a legislative proposal on the mobility of healthcare professionals, taking into account the risk of a 'brain drain' within the EU, which would dangerously increase the geographical inequalities in certain Member States, and calls on the Commission to remedy it, possibly in the context of the future revision of the directive on professional qualifications (2005/36/EC);
23. Urges Member States to implement fully the existing Professional Qualifications Directive (2005/36/EC); with regard to the complexity of medical qualifications, encourages the Commission in its evaluation and review of the Directive to address some of the regulatory gaps that have the potential to harm patients and compromise a patient's right to safe treatment; invites the Commission to further consider whether to make registration with the IMI System mandatory for competent authorities and improve the extent to which competent authorities can proactively share disciplinary information about healthcare professionals by creating an appropriate alert mechanism;
24. Underlines that health inequalities in the Union will not be overcome without a common and overall strategy for the European health workforce, including coordinated policies for resource management, education and training, minimum quality and safety standards, and registration of professionals;
25. Stresses that health inequalities could be attributable, in some sectors, to a shortage of staff and medical equipment; calls on the Member States to take the necessary measures to tackle these issues and ensure that the health sector is adequately staffed and equipped;
26. Urges the Commission, in its forthcoming legislative proposal on professional qualifications, to move towards a reinforced mechanism for the recognition of qualifications in the Member States;
27. Urges that, in the forthcoming legislative proposal on the posting of workers, the administrative procedures should be made less complex and the problems of double taxation should be resolved;
28. Argues that open, competitive and well functioning markets may stimulate innovation, investment and research in the healthcare sector, and recognises that this must be accompanied by strong financial support for public research in order to further develop

sustainable and effective healthcare models and to promote the development of new technologies and their applications in this field (e.g. telemedicine), as well as a common health technology assessment methodology, all of which should benefit every citizen, including those from lower socioeconomic backgrounds, whilst taking into account the ageing of the population;

29. Points out that increased innovation often leads to greater accessibility of treatment, which is particularly relevant for isolated or rural communities;
30. Recalls that the adoption of a European patent, with appropriate language arrangements and a unified dispute-settlement system, is crucial for the revitalisation of the European economy;
31. Highlights the need for regional and local authorities and social economy actors to be actively involved in measures taken in these areas, in addition to national governments;
32. Takes note that the work already done in the Internal Market and Consumer Protection Committee, with regard to product safety and advertising, among other subjects, has helped to address certain aspects of health inequality in the EU, and in this context stresses the importance of strictly monitoring the information which pharmaceutical firms provide to patients, particularly the most vulnerable and least well informed groups, and the need for an effective and independent system of pharmacovigilance;
33. Urges the Commission, together with the Member States, to launch campaigns in schools to promote health and health education, and healthy lifestyles in particular, together with prevention and screening programmes geared to specific groups;
34. Urges the Commission to ensure that the question of reducing health inequalities is fully integrated into the Millennium Development Goals.

## RESULT OF FINAL VOTE IN COMMITTEE

<b>Date adopted</b>	10.1.2011
<b>Result of final vote</b>	+: 28 -: 2 0: 0
<b>Members present for the final vote</b>	Cristian Silviu Buşoi, Lara Comi, António Fernando Correia De Campos, Jürgen Creutzmann, Christian Engström, Philippe Juvin, Sandra Kalniete, Edvard Kožušník, Kurt Lechner, Hans-Peter Mayer, Mitro Repo, Robert Rochefort, Heide Rühle, Andreas Schwab, Laurence J.A.J. Stassen, Bernadette Vergnaud
<b>Substitute(s) present for the final vote</b>	Regina Bastos, Cornelis de Jong, Frank Engel, Ashley Fox, Jean-Paul Gauzès, Liem Hoang Ngoc, María Irigoyen Pérez, Othmar Karas, Lena Kolarska-Bobińska, Constance Le Grip, Emma McClarkin, Antonyia Parvanova, Sylvana Rapti, Marek Siwiec