



## Resolution 1946 (2013)<sup>1</sup>

Final version

# Equal access to health care

Parliamentary Assembly

1. The right to health is a fundamental human right. Protection of health is an essential condition for social cohesion and economic stability and represents one of the indispensable pillars of development. Access to care is a key aspect of the right to health.

2. The Parliamentary Assembly observes that inequalities in access to health care are growing in the Council of Europe member States. Various factors are at the root of this phenomenon, including financial, geographical and language barriers, corruption, socio-economic inequalities and certain migration and security policies which are unmindful of health needs. The economic crisis has led to budget cuts in many countries, forced by austerity policies, thereby putting pressure on health systems. Several countries have therefore introduced or increased charges payable by patients, particularly for essential health services.

3. The Assembly notes that inequalities in access to care, including mental health care, particularly affect vulnerable groups, including people experiencing financial problems such as the unemployed, single-parent families, children and the elderly, as well as Roma, refugees, migrants – especially those in an irregular situation – transgender persons, persons in detention and homeless people. These inequalities lead to a phenomenon of non-recourse or delayed recourse to care, which could have disastrous implications for both individual and public health and lead in the long term to an increase in health expenditure.

4. Recalling its [Resolution 1884 \(2012\)](#) “Austerity measures – a danger for democracy and social rights”, the Assembly once again draws attention to the negative impact of austerity measures on social rights and their effects on the most vulnerable categories. In this connection, it notes with concern the impact which the economic crisis and austerity measures have had on the accessibility of care in several member countries, including Greece, which is now faced with a health, and even humanitarian crisis and an increase in xenophobic and racist acts against refugees and migrants.

5. The Assembly believes that the crisis should be viewed as an opportunity to rethink health systems and be used to increase their efficiency, and not as an excuse for taking retrograde measures.

6. The Assembly therefore calls on the Council of Europe member States to:

6.1. reduce, where appropriate, the proportion of health expenditure payable by the most disadvantaged patients and take all other necessary measures to ensure that the cost of care does not hinder access to care, including the promotion of increased use of generic drugs;

6.2. ensure the accessibility of health care facilities and health professionals throughout the territory by taking appropriate measures, having recourse where appropriate to incentive measures;

6.3. ensure the accessibility of information on the health system, including vaccination and screening programmes, and set up health education programmes, while taking account of the specific needs of the different vulnerable groups and of the requirement to reduce language barriers to a minimum;

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1. *Assembly debate* on 26 June 2013 (24th Sitting) (see [Doc. 13225](#), report of the Committee on Social Affairs, Health and Sustainable Development, rapporteur: Mr Lorrain; and [Doc. 13249](#), opinion of the Committee on Migration, Refugees and Displaced Persons, rapporteur: Mr Cederbratt). *Text adopted by the Assembly* on 26 June 2013 (24th Sitting). See also [Recommendation 2020 \(2013\)](#).



- 6.4. ensure that pregnant women and children, as a particularly vulnerable group, have full access to health care and social protection, irrespective of their status;
- 6.5. simplify the administrative procedures required to be able to receive health care;
- 6.6. introduce measures to combat corruption in the health sector, in close co-operation with the Group of States against Corruption (GRECO);
- 6.7. dissociate their security and immigration policies from health policy, where appropriate by abolishing the obligation on health professionals to report migrants in an irregular situation;
- 6.8. introduce training policies for health professionals stressing the need to combat arbitrary applications, discrimination and corruption in the health sector.