Developing High Quality Public Health Services Across the Union that are Equally Accessible to All

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ABSTRACT

Health systems are facing greater demands and challenges. Access to all with high-quality standards has been a key challenge for the European health systems, however, they are engaged to take care of the rights of those in need. This article aims to identify public health areas and values. It offers many opportunities to help policy and decision makers to write “policy briefs” and to clearly outline the rationale for action. It will pursuit to enhance local capacities and skills to plan, implement, evaluate and sustain system improvements. There is a need both at Member State and European levels to support the public health services to shape the future of health and healthcare.

KEYWORDS
Chronic Diseases, Equity, Europe, Gender, Inequalities, Migrants, Policy, Public Health

INTRODUCTION

The ever-growing series of social, economic and demographic challenges require new common objectives on prioritising the health and wellbeing needs of the European health systems. The European public health policies play a crucial role in the management of resources and services. Public health provision of European Union (EU) Member States is built on common values, as recognised by the Council of Health Ministers in 2006 (Council Conclusions, 2006/C 146/01): universality, access to good quality care, equity and solidarity. The EU Member States, the European Commission (EC), and the World Health Organisation (WHO) are targeting at sustaining resilient and healthy communities.

This article signposts the shared road ahead for professionals, provider organisations and national governments regarding the health inequalities policies in the EU. It can form a tool for researchers, policy makers, and practitioners in the field of public health to drive up standards of service; improve public health outcomes; to deliver even-better value for the public purse; and to systemise the actions for health systems accessible to all.

BACKGROUND

Health issues are by definition international, and Europe has a duty to extend solidarity to the wider world population, in strategy and in delivery.

DOI: 10.4018/IJPHME.2017010102
WHO defined health systems as comprising ‘all public and private organisations, institutions and resources mandated to improve, maintain and restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions to address the social, environmental and economic determinants of health’ (WHO, 2008a).

Citizens’ health is a core EU priority (European Commission, 2013a). Among the priorities in seeking to influence the future of healthcare, is a renewed attachment to health for all, health in all policies and a better coordination between social and health policy. High performing health systems are critical to address key health challenges faced by Member States in the European region, such as changes in disease burden and population dynamics, in governance and funding mechanisms, and in technology and clinical management practice (WHO, 2012). As outlined in the WHO report a set of key challenges facing health systems in the European region are:

- Ageing and the rising burden of (multiple) chronic conditions;
- Unequal distribution of health across the region;
- Financial crisis raises concerns of affordability and sustainability;
- Access to technological advances and medicines;

The WHO acknowledges that due attention must be given to all levels of care as well as the integration and coordination of functions and care mechanisms to meet the challenges of an ageing population, with increasing expectations of service quality and safety and with the ability to access these services nationally and through cross border care (WHO, 2012).

The importance and implications of the 1977 World Health Assembly resolution ‘Health for All’ and the 1978 Declaration Systems development placed special emphasis on primary health care and stressed family health services. The mix of various sources of financing of Health care systems, which determined the policy and nature of Health Systems, has a great impact on the equity and accessibility.

The Lisbon Strategy in 2000 set out to make the EU: “the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion” through economic, social, and environmental renewal and sustainability. It stressed the importance of poverty reduction and elimination of social exclusion in the EU, (The Lisbon Special European Council, 2000).

One of the first Commission Communications to address health inequalities was “The health status of the European Union: Narrowing the health gap”, published in 2003. This report highlighted areas of action for Member States, and at EU level, to narrow health inequalities, (European Commission, 2003).

In 2007, the European Commission developed this agenda in the white paper “Together for Health: A Strategic Approach for the EU 2008-2013”, Commission of the European Communities (2007). This indicated that reducing inequalities in health must be a core value of future EU level activities on health and tasked the Commission with developing actions to take this forward. The European Council underlined this commitment in the Presidency Conclusion of 2008 which stressed the importance both of “closing the gap in health and in life expectancy between and within Member States and of preventative activities in the field of major chronic non-communicable diseases” (Council of the European Union, 2008).

The ‘Council conclusions (2011); towards modern, responsive and sustainable health systems’ under the Hungarian Presidency further emphasise innovative approaches and models of health care focusing on effective investment with the overall aim of “moving away from hospital centred systems towards integrated care systems” (Council of the European Union, 2011) moreover the Council conclusions (2013) on the “Reflection process on modern, responsive and sustainable health systems”, took under consideration the progress achieved in the reflection process, in terms of including health
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