

**Guiding questions for the thirteenth session.**

**Focus area 1: Right to health and access to health services**

**National legal and policy framework**

1. *What are the legal provisions and policy frameworks in your country that guarantee the right of older persons to the enjoyment of the highest attainable standard of physical and mental health, including access to promotive, preventive, curative, rehabilitative and palliative health facilities, goods and services?*

**Access to healthcare as part of social protection is one of the key aspects of the European way of life. Building on the Charter of Fundamental Rights, the European Pillar of Social Rights proclaimed that “everyone shall have timely access to quality, affordable, preventive and curative health care of good quality”. The SDGs call also to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". The EU is committed to this goal.**

**Ageing of the population calls for the design of the social protection systems of the future anchored to our values and principles of solidarity and fairness by developing new models of health and social care that take the best of cost effective innovations and that address the actual public health needs.**

**According to the Treaty of Functioning of the European Union, organisation of health systems and provision of health services is a responsibility of Member States. The EU supports their efforts in improving access to healthcare.**

2. *What steps have been taken to ensure that every older person has access to affordable and good quality health care and services in older age without discrimination?*

**The European Commission encourages efforts of Member States to improve their health systems. Recommendations issued within the European Semester call very often for addressing problems in access to healthcare, for example reduction of out-of-pocket costs for healthcare, more equal distribution of services across territories, dealing with staff shortages, better organisation of services, reduction of waiting times.**

**The overarching values of universality, access to good quality care, equity, and solidarity constitute a set of values that are shared across Europe, as defined in the Council Conclusions on Common values and principles in European Union Health Systems. Equal access needs to be guaranteed according to need, regardless of age.**

**The commitment to improve access to healthcare has been reinforced in the European Pillar of Social Rights Action Plan adopted in 2021. This is a shared commitment of EU institutions and Member States. The Action Plan calls in particular for efforts to address needs of the more vulnerable groups.**

In line with this commitment, the Commission has taken some actions which focus on more vulnerable groups. The EU4Health programme provides support to three projects focusing on (1)affordability of healthcare and financial protection, (2)access to healthcare of people with disabilities and (3)development of the indicators to assess the impact of in-kind health benefits on reduction of poverty.

The Commission is also providing support under the Third Health Programme to five projects, which focus on health workforce shortages in underserved areas, staff retention and task-shifting. This support should help build policy solutions to problems in accessibility of healthcare in underserved areas, the so-called medical deserts, which are very often populated by older people.

3. *What data and research are available regarding older persons' right to health and access to health care and services? Please indicate how national or sub-national data is disaggregated by sex, age and inequality dimensions, and what indicators are used to monitor the full realization of the right to health of older persons.*

**All EU health statistics are disaggregated by sex.**

At EU level indicators of accessibility of healthcare make part of the Social Scoreboard and include self-reported unmet medical needs, out-of pocket expenditure on healthcare and healthy life years at 65. Other indicators are also used in the analytical input to the European Semester (country reports) to highlight country-specific challenges in accessibility.

Given context-specific challenges in access to healthcare and differences in health systems, it is important that Member States apply tools which are adapted to local needs. The report on *More effective ways of measuring access to healthcare*, published by the Commission in 2021 provides for examples of indicators used in national and subnational context to capture accessibility hurdles specific for certain groups.

As mentioned above the Commission is developing also other indicators. The EU4Health project on financial protection will for example provide data on catastrophic spending on healthcare, taking into account socio-economic characteristics of patients. The project on access to healthcare of people with disabilities will provide new data on access to cancer care. The project on the impact of in-kind health benefits on poverty reduction will develop indicators showing redistributive effects of healthcare.