



European Medical Students' Association

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Universal Health Coverage in Europe

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

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Problem statement

Universal Health Coverage (UHC) is defined as “implementing health policies and designing health systems, which promote equity, efficiency and effectiveness and ensure financial risk protection, to reach every person and community, particularly the most vulnerable and marginalized, with quality integrated and people-centered health services” (UN President of the General Assembly, 2019). It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course (WHO, 2015).

On December 12 2012, the United Nations (UN) endorsed a resolution on Global Health and Foreign Policy that aimed to urge the member states to work towards achieving UHC (UHC2030, 2021). December 12 has thus been proclaimed as the International Universal Health Coverage Day. The European Union (EU) is a member of several organizations dedicated to that goal, including UHC2030, formerly known as IHP+ (International Health Partnership +), which has 66 partners from around the world dedicated to improving the health of citizens in developing countries. The EU is also a member of the UHC Partnership, being one of the WHO's largest international cooperation initiatives for UHC and Primary Health Care (PHC), with 115 countries from around the world participating. Additionally, the Joint Working Team on UHC, an innovative WHO mechanism that smoothly brings together the three levels of our organization - country offices, regional offices and headquarters, serves as the implementation support mechanism of the UHC Partnership (UHC Partnership Annual Report, 2019). Lastly, the Venice Office is WHO Europe's Regional office for Investment in Health and Development, directly supporting the implementation of the European Programme of Work (EPW) with the goal of leaving no one behind, working with countries and partners in the pan-European Region to achieve this.

Besides all the initiatives and efforts, even before the COVID-19 pandemic, one third of the world population lacked access to essential health services (WHO, 2021) and Europe follows the same pattern. The main obstacles to access healthcare included racial disparities, a lack of robust policies targeted towards the equitable dissemination of healthcare services, a lack of strong political commitment, and differences in access based on socioeconomic status. According to the WHO Regional Office for Europe's European Health Equity Status Report (2019), differences in socioeconomic groups in terms of Income Security and Living Conditions are the largest contributors to inequities in self-reported health, mental health, and life satisfaction within countries of the WHO European Region, accounting for nearly two-thirds of health inequities between socioeconomic groups within countries. Even though all EU member states implemented co-payments for health services from the user side, there are notable differences regarding the existence, scope and magnitude of these payments. According to the WHO global health expenditure database (WHO, 2014), out-of-pocket payments in 12 of 27 EU countries amounted to > 20% of the total health expenditure in 2018, which is much higher than the level (15%-20%) recommended (WHO, 2016; European Commission, 2019).

Furthermore, as reported by an OECD working paper, there are still EU member states awarding access to healthcare depending on the employment status or citizenship (Lorenzoni et al., 2018). In that manner, irregular residents, refugees, asylum seekers, and homeless people are excluded from

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access to healthcare (WHO, 2019). One of the biggest challenges to achieving UHC is to accommodate the needs of the vulnerable who are at a higher risk of having limited health resources, as they sometimes live in remote places or are excluded from services because of gender, age or ethnicity.

- Minority groups: Face racial and language barriers that can hamper communications between healthcare providers and patients. For example, the Roma population in Europe is one example of a vulnerable group with deficient access to healthcare (European Roma Rights Center, 2006)
- LGBTQIA+ community: Discrimination by healthcare providers towards this group is the main barrier for receiving adequate healthcare. According to ERA (Equal Rights Alliance) - LGBTI (lesbian, gay, bisexual, transgender, and intersex), a regional organization of LGBTI groups in the Western Balkans and Turkey, LGBTI people in these locations have difficulty accessing and affording health care. Trans people and HIV patients have been disproportionately impacted in terms of access to hormones, medications, and routine medical consultations. As a consequence, the members created online platforms to help the community, continued their efforts to train professionals in the health and legal professions, and found new ways to fund service delivery. (ERA Annual Conference Report, 2021)
- Migrants, Asylum Seekers and Refugees: Some countries fail to provide migrants with accessible and affordable health care services. The German healthcare system, for instance, limits access to acute care only for the first 15 months of a refugee's stay (R. Baeten et al., 2018).
- People living in areas affected by emergencies: In emergency situations, security, hygiene and infrastructure are compromised, making people liable to more physical and mental health problems. For example, in the face of Russia's invasion of Ukraine, some European countries offered free access to medical care or health insurance to Ukrainian refugees, showing immense solidarity and commitment in the path of achieving UHC.

Our view. Aim

We, the European Medical Students' Association (EMSA), representing over 50.000 european medical students, are strongly committed to Universal Health Coverage and call upon all relevant stakeholders to take concrete actions towards ensuring access to health services for all, in line with the 2030 Agenda. WHO Regional Office for Europe's Roadmap to Implement the 2030 Agenda for Sustainable Development (2017) stated that, to advance in its implementation, five interdependent strategic directions are proposed:

- Advancing governance and leadership;
- Leaving no one behind;
- Preventing disease and addressing health determinants by promoting multi-and intersectoral policies throughout the life-course;
- Establishing healthy places, settings and resilient communities;
- Strengthening health systems towards universal health coverage.

As future medical professionals in Europe, we firmly believe that UHC should be adopted throughout the European continent. We strongly believe that a multi and intersectional approach to UHC, respecting human rights, gender equality, and youth participatory mechanisms in place, should be established from the European to the local level, where there are crucial and urgent steps yet to be made, particularly in the post-pandemic environment. To build strong and resilient health systems with better health outcomes, all components of UHC should be focused on. As achieving UHC aligns perfectly with EMSAs vision and mission, EMSA has already worked on several projects to raise awareness, build capacity and encourage medical students to take action. We intend to continue collaborating with relevant external partners, medical organizations and authorised stakeholders in the development of long-term health policies for equity and accessibility in health and the successful implementation of UHC for everyone in Europe.

Recommendations

EMSA calls on the World Health Organisation and United Nations to:

- Provide technical support to governments in the form of evidence based guidelines to:
 - Improve systems to guarantee product quality supported by appropriate legislation and governance structures within the public sector;
 - Guidelines on patient safety and quality of health services;
 - Multisectoral action to address social determinants.
- Coordinate international cooperation and dissemination of best practices in UHC successful implementation;
- Support and encourage research focused on strengthening health systems;
- Meaningfully engage, encourage and support youth initiatives and organizations in their UHC actions, including them in discussions and the decision-making process.

EMSA calls on EU Member States, National Governments, Health Ministries & other relevant Ministries to:

- Commit to a successful implementation of UHC, expand and strengthen UHC legislation and regulations in place and setting clear goals according to the evaluation of current status and people's needs;
- Promote efforts between national and local authorities, and collaborations between the health and finance ministers, to:
 - Invest in public health and primary health care;
 - Promote strong and resilient health systems;
 - Enhance emergencies preparedness and response.
- Establish alliances and partnerships with various sectors, such as the general public, the commercial sector, and patient groups, promoting inter-collaboration.
- Create specific policies and guidelines for developing and implementing UHC regulations that meet the requirements of all vulnerable groups and minorities.

EMSA calls on Human Rights Organizations, NGOs and Civil Society Organizations to:

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- Make efforts towards assessing the needs and providing support to all vulnerable groups and minorities needs, collaborating with relevant stakeholders in joint actions in the pursuit of UHC.
- Promote high-level advocacy efforts across Europe.
- Hold national and local governments accountable to ensure that action towards UHC is taken;
- Actively raise awareness about the importance of UHC and empower population through capacity building initiatives;
- Advocate for health systems, by forming partnerships and making efforts to connect policymakers and healthcare providers to their communities, while promoting participatory decision-making;
- Ensure continuous advocacy strategies to increase meaningful youth engagement and engagement of social minorities in high-level political dialogues and decision-making forums;

EMSA calls on European medical faculties and university hospitals to:

- Integrate formal education on UHC, Global Health and health systems education in the academic curricula of healthcare professionals;
- Capacitate professors and educators on Universal Health Coverage;
- Invest in open education platforms for knowledge sharing on UHC.

EMSA Calls on Healthcare workforce and Healthcare facilities to:

- Evaluate the services provided in their facilities, tracking their relevance to UHC principles and social accountability;
- Use the most cost-effective technologies to promote equitable, affordable and universal access to health for all, including the special needs of vulnerable groups.

EMSA calls on EMSA members and healthcare students to:

- Promote UHC in their field of action, through advocacy efforts, research, campaigns, activities and capacity building initiatives, taking advantage of existing mechanisms;
- Engage with national and local stakeholders on UHC as representatives of youth and healthcare students;

List of Abbreviations

EMSA:	The European Medical Students' Association
EPW:	European Programme of Work
ERA:	Equal Rights Alliance
EU:	European Union
IHP+:	International Health Partnership +
LGBTQIA+:	Lesbian, gay, bisexual, transgender, queer, intersex, and asexual
NGO:	Non-Governmental Organization
PHC:	Primary Health Care
UHC:	Universal Health Coverage
UN:	United Nations
WHO:	World Health Organization

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