



Health for All Now!
People's Health Movement



Sheet 3: Accessibility

Health before profit ...

... Let's change Europe!

We want a Europe that guarantees financial, geographical, temporal, and cultural accessibility for everyone.

For our health, guarantee financial, geographical, temporal and cultural accessibility...,

We can consider several levels of accessibility to healthcare. The most obvious is the economic aspect, and it permeates the others.

What kind of accessibility are we talking about?

Financial accessibility

In a socialised or state-run system, financed by contributions or taxes, it is possible to apply the rule that *"everyone contributes according to their means and receives according to their needs"*.

Financial systems, on the other hand, tend to assess contributions on the basis of risk, and offer benefits limited to a *"basket of care"*.

In most European countries, there's a decline in the socialised share of health care and an increase in the share provided by private (and commercial) insurers.

The proportion of care financed "out of pocket" by recipients is constantly increasing.

People with basic health insurance can no longer enjoy the same quality of care as those with supplementary insurance.

These are the two (or more) speed medicines essential to the commercialisation of social protection. The most affluent citizens can afford fast, regular, high-performance care provided by the commercial private sector. The rest have to make do with what underfunded public services can provide.

The immediate consequence of this is that people put off seeking care and even give up.

The most striking examples are in the fields of ophthalmology, dentistry, prosthetics, and orthopaedic devices.



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For people in precarious situations, refusals often concern medically necessary care: diagnoses that are not made or are made late, chronic illnesses that are not taken care of, and that can develop into complications (diabetes, high blood pressure, heart defects, etc.).

Geographical accessibility

The dominance of profitability, the need to reduce public debt, and the dogma of "free and undistorted" competition are at the root of reforms to the organisation of healthcare (hospital restructuring, for example) and the increasing scarcity of services in rural areas.

A reversal of the organisation based on accessibility according to isochronous curves, i.e. the collective will to organise care so that no one lives more than an hour from a quality technical center capable of providing certain types of care, or more than half an hour from a maternity hospital.

Concentrating activities by specialising sites and grouping them together means that care is being provided further away from the people who need it.

In Greece, five out of eight psychiatric hospitals have closed, and in France almost a thousand maternity hospitals have closed, reducing accessibility and creating what are known as medical deserts. Distance is also a source of expensive travel.

Accessibility **in terms of time**

Waiting times are getting longer in the public sector, while the practice of "VIPs" bypassing the queues through more expensive private consultations is developing.

Depending on the specialty, waiting times for a consultation appointment can be as long as nine months in a public hospital, whereas the same doctor can see you within 15 days in a private consultation, at an additional cost of course. For surgery, the waiting times are even longer.



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Cultural accessibility

Knowledge of what is available and how to access it, language, hygiene and health habits, etc. are all factors that limit access to healthcare.

The complexity of healthcare systems and reimbursements, lack of knowledge of social rights, restrictions on reimbursements for services and medicines, unadvertised surcharges, etc. are all factors that increase the delay in seeking care.

The way care is now formatted, through comparative standardisation practices, no longer allows for adaptation to the specific characteristics of the public.

Our priorities

- The European Union must require Member States to ensure sufficient funding for public and non-market health services, guaranteeing a universal social protection system based on solidarity and offering accessible, high-quality services.
- The European Union must aim to reduce social inequalities, particularly in the field of health.
- Put in place sanction mechanisms for countries that exclude vulnerable groups from social protection and do not respect the principle of non-discrimination in access to quality healthcare
- Activate European funds to promote local, non-commercial public health.