

Speaking notes for webinar of Council of Europe Conference of INGOs, Session on How to reduce inequalities and poverty throughout the upcoming economic and ecological transitions?

23 June, 14.30-17.00

The Standing Committee of European Doctors (CPME) welcomes the opportunity to contribute to this session.

As representation of national medical associations across Europe, CPME believes that health inequalities are morally unjust and socially unfair. They are contrary to the fundamental right to health and do not only have a human cost, but are also expensive from the point of view of the economic sustainability of public spending. CPME's mission statement explicitly highlights the importance of universal health coverage and the social determinants of health, such as education, housing, access to green spaces, nutrition, and level of financial security. We firmly believe that doctors must act on health inequalities.

CPME has been collecting status reports from its members since March, to understand how doctors are experiencing the COVID-19 pandemic. We have seen that the pandemic has affected all countries and spheres of society, however we saw existing and new inequalities manifest in terms of access to healthcare. Those countries with pre-existing shortages of doctors that were severely affected by the pandemic reported that these shortages were more acutely felt. In other countries the need to reallocate health professionals to COVID-19 patients' treatment created new shortages. 23 countries approached medical students or retired doctors to build a surge capacity. CPME is therefore calling for a review of health workforce planning at national level, to build a baseline capacity which is sufficient to ensure universal health coverage as well as surge capacities which can be deployed to deal with extraordinary situations.

Inequalities also arise among patient groups. It was reported that hard-to-reach communities, which do not engage with media or authorities to the same extent as the general population for example for religious reasons, could not be informed effectively. CPME therefore calls for a greater awareness for the needs of these vulnerable groups and the systems' capacity to adopt tailored measures to improve health literacy and access to healthcare.