



On Human Rights day 2016, 29 leading national organisations working against poverty and inequality point Ireland's failure to deliver on the human right to health and wellbeing for all

The Community Platform, representing 29 leading national networks and organisations, today launched **6 principles for an inclusive health policy**.

In its statement, the Platform deplored the failure of successive Governments to put in place the policies and resources to deliver on commitments made at United Nations and European level over nearly 70 years to deliver on the human right to health.

The Community Platform statement highlights the effect of the two-tier health system; the poor development of primary health care; poor housing welfare and education policies causing ill-health; an underdeveloped preventative health system and lack of community participation in health policy

Seamus Boland, Irish Rural Link, said:

“The current two-tier health system means that those without health insurance have to often wait for up to one year to access specialist treatment. For people living in rural areas, accessing specialist health care incurs extra costs of travel, accommodation and caring cost”.

John Stewart, Sign Language Interpreting Services added:

“Health outcomes for disadvantaged communities are significantly poorer than the general population. For example, health services don't systematically use sign language interpreters, resulting in lower health outcomes for Deaf people (1). Research in the UK points to evidence of institutional discrimination against Deaf sign language users (2). There is no Irish evidence simply because no one has even looked for this.”

Robin Hanan of the European Anti Poverty Network (EAPN) Ireland, the secretariat of the Community Platform, said:

“Platform members see the tragic result of our current hit-and-miss approach to progressing health policy every day. We are all familiar with the poor health conditions and wasted life chances from dealing with health policy simply as a matter of acute care without giving enough attention to prevention and primary care. We are particularly aware of the impact of discrimination within the system, with longer waiting lists and poorer facilities becoming quite literally a matter of life or death. We also see the appalling results of poverty, discrimination, homelessness poor housing and lack of opportunities on mental and physical health

“We need a complete rethink of how we approach health policy, starting from the equal right to health and the right of people and communities to take part in framing the solutions and deciding priorities.

“The Oireachtas Committee on the long term future of the health services is an opportunity to get this right. We cannot afford to leave the voice of the poor and marginalised out of this conversation.

“These six principles are the starting point for this discussion.”

Six principles for an inclusive, equal and effective health policy

1. The State takes responsibility for delivering the right to a high level of health and wellbeing for all. All social, economic and environmental policies will promote this right by identifying and addressing the social determinants of health across all Government Departments and policy through undertaking health and health equity assessments.
2. Adequate resources are available to develop a universal, publically funded healthcare system, free at the point of access.
3. A fully functioning primary and community healthcare service is a core part of the health system and the first point of contact for most people.
4. Everyone has equal access to high quality healthcare. This should be regardless of socio-economic status, gender, civil or family status, sexual orientation, religion, age, disability, race or membership of the Traveller community. There should be a requirement to pay particular attention to groups or sections of society where health and wellbeing is below that of the rest of the population.
5. Everyone is able to participate in the design, implementation and evaluation of all health policies and programmes and be empowered to claim and enforce their right to health and wellbeing. Members of groups experiencing the highest levels of health inequalities and their organisations will need particular supports to achieve this.
6. The State defines its responsibilities in relation to the health of people beyond its borders, including through:
 - pooling and allocating resources to health;
 - ensuring adequate investment in research and development; and
 - not harming the health of people in other countries (for example, as a result of pollution and climate change).

Full document attached below

Community Platform

The Community Platform is a network of 28 national networks and organisations in the community and voluntary sector working to address poverty, social exclusion and inequality.

- Age Action Ireland
- All Together in Dignity (ATD) Ireland
- Community Action Network
- Community Work Ireland
- Cairde
- Debt and Development Coalition
- European Anti-Poverty Network (EAPN) Ireland
- Focus Ireland
- Gay & Lesbian Equality Network
- Immigrant Council of Ireland
- Irish National Organisation of the Unemployed
- Irish Penal Reform Trust
- Irish Refugee Council
- Irish Rural Link
- Irish Traveller Movement
- Migrant Rights Centre Ireland
- National Adult Literacy Agency
- Safe Ireland
- National Traveller Women's Forum
- National Women's Council of Ireland
- Pavee Point
- Rape Crisis Network Ireland
- Sign Language Interpreting Service
- Simon Communities of Ireland
- Threshold
- Voluntary Drug Treatment Network
- Vincentian Partnership for Justice
- Women's Aid



COMMUNITY
PLATFORM

Community Platform

Six principles for an inclusive health policy

December 2016

The Community Platform members represent a wide range of groups and communities, many who experience poorer levels of health and lower levels of wellbeing than the general population.

The Community Platform believes that health policy must address the causes and costs of poor health for those experiencing poverty, social exclusion and inequality and ensure equality of access to all forms of health care.

We support the Government's commitment to reduce health inequalities outlined in **Healthy Ireland**:

'Health and wellbeing are not evenly distributed across Irish society. This goal requires not only interventions to target particular health risks, but also a broad focus on addressing the wider social determinants of health-the circumstances in which people are born, grow, live, work and age-to create economic, social, cultural and physical environments that foster healthy living.' (p.7)

The Platform's members agree that the following six principles are essential to ensuring better health for all and more inclusive health services.

Health as a human right

The Irish Government has signed a number of important international commitments to upholding the right to health, but these are not reflected in current social and health policies.

The United Nations Universal Declaration of Human Rights adopted in 1948 says that *"Everyone has the right to a standard of living adequate for the health and wellbeing of himself (and herself implied) and of his family."* **The International Covenant on Economic, Social and Cultural Rights** further states that everyone has the right to *'the enjoyment of the highest attainable standard of physical and mental health.'* All states are obliged to take steps to realise the right to health and cannot use straitened economic circumstances as an excuse not to do so. All states are expected to implement this right, taking account of the availability of resources and their stage of development.

Ireland has also signed up to the **European Social Charter** which says that members must take appropriate measures to:

1. remove as far as possible the causes of ill-health
2. provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health
3. prevent as far as possible epidemic, endemic and other diseases.

The **Charter of Fundamental Rights in the European Union Treaties** says:

"Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws"

and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.”

Delivering the right to health

However the right to health is currently being denied to many people in Irish society.

- Travellers experience low life expectancy and high rates of mortality in Ireland. Life Expectancy at birth for male Travellers has remained at the 1987 level of 61.7 years, which is 15.1 years less than men in the general population, representing a widening of the gap by 5.2 years. Life expectancy for females is now 70.1 which are 11.5 years less than women in the general population (All Ireland Traveller Health Study, 2010).
- 40% of Irish people have limited health literacy (EU Health Literacy Survey 2012). This means that four out of ten Irish adults who use health services have difficulties understanding and acting on health information such as following instructions on medication labels and fully understanding consent issues.
- While the use of sign language interpreters is recommended in National HSE Guidelines, it is common for Deaf people to experience health services without interpreters. In the first half of 2016, Sign Language Interpreting Service received 201 'Access cases' where Deaf people reported significant barriers in accessing services. 2 out of 3 of these (64%) related to health contexts.

We need fundamental changes in policy to deliver the right to health for all and to end the scandal of inequalities in health and health care in our society. These include:

- **Replacing the current two-tier health system with a single-tier, equitable system free at the point of access**

There are different services and waiting times for people with private or public access. The fact that the 40% of the population with private health insurance can push past others in the queues is unacceptable. Examples include:

- public patients face a wait of up to 480 days for important tests to diagnose cancer;
- waiting times for MRI brain scans were estimated to be on average 20 times longer in the public system than the private; and
- the difference in average waiting times between public and private systems for abdominal and pelvic ultrasounds is 70 days.

The Medical Card scheme is unfit for purpose and leaves many vulnerable patients without adequate care and support. The current system is meant to avoid 'undue hardship' but does not operate in the best interests of wellbeing and equity. People who have medical cards have to pay prescription charges of €2.50 per item up to a maximum of €25 per month (€20 from March 2017).

- **Prioritisation of Community & Primary Health Care** should be reflected by restructuring the budget allocation, from a bias towards secondary care to at least 35% of the non-capital healthcare budget to community care. This is the most efficient and effective way to move towards preventing illness. It is also more accessible and results in more equal outcomes for all members of society.
- **Identifying and investing in removing the causes of poor health and health inequalities.** This would include incorporating the right to health in housing, welfare,

education and related policies. This would result in better health outcomes and save future resources to address the consequences further down the line in the health system.

- **Avoiding the privatisation of healthcare.** There needs to be a focus on investing in the public health system that provides essential healthcare to all and avoiding privatising healthcare.
- **Designing a public policy for preventative health.** The benefits in using a social model include healthier lifestyle choices and attitudes. We must ensure correct interventions are made at the right time, in the most culturally appropriate ways to communities. In order to achieve this, communities themselves must be involved in the design, planning and delivery of services. This is also central in ensuring accountability. Health literacy should be taken into account as policies and interventions are designed and implemented.
- **Community Participation in Health** should be a core principle of all health services. Mechanisms to engage with stakeholders need to be identified and a strategic framework for the inclusion of a community development approach to health, which can be applied to all current strategies and services e.g. Primary Care Services.

Six principles for an inclusive, equal and effective health policy

1. The State takes responsibility for delivering the right to a high level of health and wellbeing for all. All social, economic and environmental policies will promote this right by identifying and addressing the social determinants of health across all Government Departments and policy through undertaking health and health equity assessments.
2. Adequate resources are available to develop a universal, publically funded healthcare system, free at the point of access.
3. A fully functioning primary and community healthcare service is a core part of the health system and the first point of contact for most people.
4. Everyone has equal access to high quality healthcare. This should be regardless of socio-economic status, gender, civil or family status, sexual orientation, religion, age, disability, race or membership of the Traveller community. There should be a requirement to pay particular attention to groups or sections of society where health and wellbeing is below that of the rest of the population.
5. Everyone is able to participate in the design, implementation and evaluation of all health policies and programmes and be empowered to claim and enforce their right to health and wellbeing. Members of groups experiencing the highest levels of health inequalities and their organisations will need particular supports to achieve this.
6. The State defines its responsibilities in relation to the health of people beyond its borders, including through:
 - pooling and allocating resources to health;
 - ensuring adequate investment in research and development; and
 - not harming the health of people in other countries (for example, as a result of pollution and climate change).