Procedure file

Basic information

INI - Own-initiative procedure	2010/2089(INI)	Procedure completed
Reducing health inequalities in the EU		

Subject
4 Economic, social and territorial cohesion
4.10.05 Social inclusion, poverty, minimum income
4.10.10 Social protection, social security
4.15.15 Health and safety at work, occupational medicine
4.20 Public health
4.20.01 Medicine, diseases
4.20.05 Health legislation and policy
4.20.06 Health services, medical institutions
4.60.04 Consumer health

Key players

European Parliament	Committee responsible	Rapporteur	Appointed
	ENVI Environment, Public Health and Food Safety		02/06/2010
		S&D ESTRELA Edite	
		Shadow rapporteur	
		PPE JUVIN Philippe	
	Committee for opinion	Rapporteur for opinion	Appointed
	EMPL Employment and Social Affairs	The committee decided not to give an opinion.	
	ITRE Industry, Research and Energy	The committee decided not to give an opinion.	
	IMCO Internal Market and Consumer Protection		02/06/2010
		ECR MCCLARKIN Emma	
	AGRI Agriculture and Rural Development	The committee decided not to give an opinion.	
	LIBE Civil Liberties, Justice and Home Affairs	The committee decided not to give an opinion.	
	FEMM Women's Rights and Gender Equality		24/06/2010
		S&D GUILLAUME Sylvie	
European Commission	Commission DG	Commissioner	
	Health and Food Safety	DALLI John	

Key events

20/10/2009	Non-legislative basic document published	COM(2009)0567	Summary
17/06/2010	Committee referral announced in Parliament		
25/01/2011	Vote in committee		Summary
08/02/2011	Committee report tabled for plenary	A7-0032/2011	
07/03/2011	Debate in Parliament		

08/03/2011	Results of vote in Parliament		
08/03/2011	Decision by Parliament	T7-0081/2011	Summary
08/03/2011	End of procedure in Parliament		

Technical information

Procedure reference	2010/2089(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 54
Other legal basis	Rules of Procedure EP 159
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/7/02651

Documentation gateway

Non-legislative basic document		COM(2009)0567	20/10/2009	EC	Summary
Committee draft report		PE452.571	09/11/2010	EP	
Committee opinion	FEMM	PE448.914	02/12/2010	EP	
Amendments tabled in committee		PE454.502	14/12/2010	EP	
Amendments tabled in committee		PE454.655	10/01/2011	EP	
Committee opinion	IMCO	PE452.575	11/01/2011	EP	
Amendments tabled in committee		PE456.839	19/01/2011	EP	
Committee report tabled for plenary, single reading		A7-0032/2011	08/02/2011	EP	
Text adopted by Parliament, single reading		T7-0081/2011	08/03/2011	EP	Summary
Commission response to text adopted in plenary		SP(2011)5426	12/09/2011	EC	

Reducing health inequalities in the EU

PURPOSE: to propose the outline of a strategy to reduce health inequalities in the EU.

BACKGROUND: concerns over the extent and the consequences of health inequalities have been expressed by the EU institutions and many stakeholders, and there are indications that the gaps may be growing. Between EU Member States there is a 5-fold difference in deaths of babies under one year of age, a 14 year gap in life expectancy at birth for men and an 8 year gap for women. Throughout the EU a social gradient in health status exists where people with lower education, a lower occupational class or lower income tend to die at a younger age and to have a higher prevalence of most types of health problems. Differences in life expectancy at birth between lowest and highest socioeconomic groups reach 10 years for men and 6 years for women.

As health inequalities are not simply a matter of chance but are strongly influenced by the actions of individuals, governments, stakeholders, and communities, they are not inevitable. Action to reduce health inequalities means tackling those factors which impact unequally on the health of the population in a way which is avoidable and can be dealt with through public policy.

Concerns over the extent and the consequences of health inequalities ? both between and within Member States - have been expressed by the EU institutions and many stakeholders, including through the consultation on this Communication. The European Council of June 2008 underlined the importance of closing the gap in health and in life expectancy between and within Member States. In 2007 the EU Health Strategyset out the Commission's intention to carry out further work to reduce inequities in health. This was reiterated in the 2008 Commission Communication on a Renewed Social Agendawhich restated the fundamental social objectives of Europe through equal opportunities, access and solidarity and announced a Commission Communication on health inequalities.

While the principal responsibility for health policy rests with Member States, the European Commission can contribute by ensuring that

relevant EU policies and actions take into account the objective of addressing the factors which create or contribute to health inequalities across the EU population.

CONTENT: experience to date suggests a number of important challenges which must be addressed to strengthen existing action to reduce health inequalities:

An equitable distribution of health as part of overall social and economic development: the Communication stresses that it is important to create a pattern of overall economic and social development which leads to greater economic growth, as well as greater solidarity, cohesion and health. The EU structural funds have a vital role to play in this regard. . The healthy life years indicator is the current measure to monitor progress on the Lisbon agenda in relation to the health dimension. Consideration could be given to whether a sound monitoring of health inequalities indicators would be a useful tool to monitor its social dimension.

Improving the data and knowledge base and mechanisms for measuring, monitoring evaluation and reporting: more detailed information is required on the effect of various health determinants and knowledge on the effectiveness of policies to tackle inequalities also needs improving.

EU level Actions:

- support the further development and collection of data and health inequalities indicators by age, sex, socio-economic status and geographic dimension;
- develop health inequality audit approaches through the Health Programme in joint action with Member States willing to participate;
- orient EU research towards closing knowledge gaps on health inequalities ? including activities under the themes of Health and Socio-economic Sciences and Humanities of the 7th EU Framework Programme for Research;
- emphasise research and dissemination of good practices relevant to addressing health inequalities by EU Agencies, including: the European Foundation for the Improvement of Living and Working Conditions, the European Centre for Disease Prevention and Control and the European Agency for Health and Safety at Work.

Building commitment across society: the paper stresses the role of governments, regional authorities, the health sector, local governments, workplaces, and other stakeholders, who all have a vital contribution to make.

EU level Actions:

- develop ways to engage relevant stakeholders at European level to promote the uptake and dissemination of good practice;
- include health inequalities as one of the priority areas within the ongoing cooperation arrangements on health between the European regions and the Commission;
- develop actions and tools on professional training to address health inequalities using the health programme, ESF and other mechanisms;
- stimulate reflection on target development in the Social Protection Committee through discussion papers.

Meeting the needs of vulnerable groups: particular attention needs to be given to the needs of people in poverty, disadvantaged migrant and ethnic minority groups, people with disabilities, elderly people or children living in poverty.

EU level Actions:

- launch initiatives in collaboration with Member States to raise awareness and promote actions to improve access and appropriateness of health services, health promotion and preventive care for migrants and ethnic minorities and other vulnerable groups, through the identification and exchange of good practice supported by the health and other programmes;
- ensure that the reduction of health inequalities is fully addressed in future initiatives on healthy ageing;
- a Report on the use of Community instruments and policies for Roma inclusion including a section on health inequalities will be prepared for the 2010 Roma summit;
- examine how the Fundamental Rights Agency could, within the limits of its mandate, collect information on the extent to which vulnerable groups may suffer from health inequalities in the EU, particularly in terms of access to adequate health care, social and housing assistance;
- carry out activities on health inequalities as part of the European Year for Combating Poverty and Social Exclusion 2010.

Developing the contribution of EU policies: there is further scope for improving the contribution of EU policies.

EU level Actions:

- provide further support to existing mechanisms for policy coordination and exchange of good practice on health inequalities between Member States such as the EU expert group on Social Determinants of Health and Health Inequalities, linking both to the Social Protection Committee and the Council Working Party on Public Health and the Social Protection Committee;
- review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities;
- encourage Member States to further use the existing options under the CAP rural development policy and market policy (school milk, food for most deprived persons, school fruit scheme) to support vulnerable groups and rural areas with high needs;
- hold policy dialogues with Member States and stakeholders on equity and other key fundamental values in health, as set out in the EU Health Strategy;
- provide funding under PROGRESS including for peer reviews and a call for proposals in 2010 to assist Member States in developing relevant strategies;
- run a forum on health and restructuring to examine appropriate measures to reduce health inequalities;
- Commission initiative on the EU role in global health.

Next steps: a first progress report on the situation will be produced in 2012.

Reducing health inequalities in the EU

The Committee on the Environment, Public Health and Food Safety adopted the own-initiative report drafted by Edite ESTRELA (S&D, PT) on reducing health inequalities in the EU.

Firstly, Members recall the difference in life expectancy at birth between the lowest and highest socioeconomic groups is 10 years for men and six years for women. Health inequalities are not only the result of a host of economic, environmental and lifestyle-related factors, but also of problems relating to access to healthcare. They have significant economic implications for the EU and for Member States. Losses linked to health inequalities have been estimated to cost around 1.4% of GDP.

Welcoming the Commission?s Communication entitled ?Solidarity in health: reducing health inequalities in the EU?, Members recall that the key suggestions are as follows:

1. making a more equitable distribution of health part of our overall goals for social and economic development;
2. improving the data and knowledge bases (including measuring, monitoring, evaluation, and reporting);
3. building commitment across society for reducing health inequalities;
4. meeting the needs of vulnerable groups; and
5. developing the contribution of EU policies to the reduction of health inequalities.

In agreement with the suggestions, Members also focus on the following issues

Tackling health inequalities ? an EU priority: Members calls on the Council to promote efforts to tackle health inequalities as a policy priority in all Member States, taking into account the social determinants of health and lifestyle-related risk factors, such as alcohol, tobacco and nutrition, by means of actions in policy areas such as consumer policy, employment, housing, social policy, the environment, agriculture and food, education, living and working conditions and research, in keeping with the ?health in all policies? principle.

Members underline that health inequalities in the Union will not be overcome without a common and overall strategy for the European health workforce, including coordinated policies for resource management, education and training, minimum quality and safety standards, and registration of professionals. Member States are encourage to invest in social, educational, environmental and health infrastructure,while coordinating measures concerning the qualification, training and mobility of health professionals. The committee calls on the Member States to support a ?local care approach? and to provide integrated healthcare, accessible at local or regional level, enabling patients to be better supported in their own local and social environment.

Improving universal access to healthcare for: Members point to the need to maintain and improve universal access to healthcare systems and to affordable healthcare, particularly for the most vulnerable. Member States are called upon to ensure that the most vulnerable groups, including undocumented migrants, are entitled to and are provided with equitable access to healthcare. In addition, the report calls on the EU and the Member States rapidly to find ways of combating ethnic discrimination, particularly in certain Member States where Council Directive 2000/43/EC has not been implemented and where women from ethnic minorities have little or no social protection or access to healthcare. The Council and the Member States are called upon to evaluate and implement new measures to improve the effectiveness of their health expenditure, in particular by investing in preventive healthcareand to restructure healthcare systems in order to provide equitable access to high-quality healthcare (in particular basic medical care) without discrimination throughout the EU. The use of existing European funds should be studied for this purpose.

Members call on the Commission and the Member States to ensure that equitable access to healthcare and treatment options for older patients are included in their health policies and programmes. The introduction of telemedicine technologies, which can significantly reduce geographical disparities in access to certain types of healthcare, with particular reference to specialist care, in particular in border regions should be promoted. Member States are invited to solve problems of inequality in access to healthcare that affect people?s everyday lives, for example in the areas of dentistry and ophthalmology.

As regards the issue of access to medicines, Members recall the urgent need to facilitate access to medicines for the treatment of mental health disorders such as Alzheimer's disease which are not reimbursed in some Member States. Member States should also adapt their health systems to the needs of the most disadvantaged groups by developing pricing structures and wage systems for health professionals that guarantee access to healthcare for all patients. The Commission is urged to promote best practices on pricing and reimbursement of medicines, including workable models for pharmaceutical price differentiation so as to optimise affordability and reduce inequalities in access to medicines.

Improving access to reproductive health care for women: along with the issue of equal access to care, Members calls on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies and programmes. They consider that the EU and the Member States should guarantee women easy access to methods of contraception and the right to safe abortion. They urge the EU and the Member States to focus on women?s human rights, in particular by preventing, banning and prosecuting those guilty of the forced sterilisation of women and female genital mutilation. Necessary measures should be taken, in relation to access to assisted reproductive technologies (ART), to eliminate discrimination against women on the grounds of marital status, age, sexual orientation or ethnic or cultural origins. All pregnant women and children, irrespective of their status, should be entitled to social protection.

Enhancing prevention measures: Members point to the importance of improving access to disease prevention, health promotion and primary and specialised healthcare services, and reducing the inequalities between different social and age groups, and emphasise that these objectives could be achieved by optimising public spending on preventive and curative healthcare and targeted programmes for vulnerable groups. A series of preventive measures should therefore be taken at Member State level to reduce health risks.

Amongst these measures, Members propose the following:

- prevention against obesity, smoking, etc;
- sharing experience in health education, promotion of a healthy lifestyle, early diagnosis in the areas of alcohol, food and drugs;
- promotion of physical activity, healthy eating especially in disadvantaged areas.

In this context, Member States are called upon to reassess their policies in areas that have significant impact on inequalities in health such as tobacco, alcohol, food, medicine and public health and the provision of health care.

Tackling socio-economic inequalities: Members call on the Commission to press ahead with their efforts to tackle socio-economic inequalities, which would ultimately make it possible to reduce some of the inequalities relating to healthcare. Furthermore, on the basis of the universal values of human dignity, freedom, equality and solidarity, they call on the Commission and Member States to focus on the needs of vulnerable

groups, including disadvantaged migrant groups and people belonging to ethnic minorities, children and adolescents, people with disabilities, etc. The report stresses that health inequalities are rooted in social inequalities in terms of living conditions and models of social behaviour linked to gender, race, educational standards, employment and the unequal distribution not only of income but also of medical assistance, sickness prevention and health promotion services.

Members emphasises that the economic and financial crisis and the austerity measures taken by Member States, in particular on the supply side, may lead to a reduction in the level of funding for public health and health promotion, disease prevention and long-term care services as a result of budget cuts and lower tax revenues, while the demand for health and long-term care services may increase as a result of a combination of factors that contribute to the deterioration of the health status of the general population. The report stresses that health inequalities in the EU represent a substantial burden to Member States and their healthcare systems and that the effective functioning of the internal market and strong and, if possible, coordinated public policies on prevention can contribute to improvements in this field.

Gender mainstreaming in health policies: Members call on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies, programmes and research, from the development and design stage through to impact assessment. Male violence against women should be recognised as a public health issue, whatever form it takes.

Promoting health research: the report calls on the Member States to encourage and support medical and pharmaceutical research into illnesses that primarily affect women, with reference to all phases of their lives and not only their reproductive years. Members argue that open, competitive and properly functioning markets can stimulate innovation, investment and research in the healthcare sector, and recognises that this must be accompanied by strong financial support for public research in order to further develop sustainable and effective healthcare models and to promote the development of new technologies and their applications in this field. (e.g. telemedicine), and by a common health technology assessment methodology, all of which should benefit every individual, including those from lower socioeconomic backgrounds, whilst taking into account the ageing of the population.

Follow-up of the implementation of policies: lastly, Members ask the Commission to consider drafting a proposal for a Council recommendation, or any other appropriate Community initiative, aimed at encouraging and supporting the development by Member States of integrated national or regional strategies to reduce health inequalities. The Commission and the Member States are asked to develop a common set of indicators to monitor health inequalities (by age, sex, socio-economic status, etc).

Reducing health inequalities in the EU

The European Parliament adopted by 379 votes to 228, with 49 abstentions, a resolution on reducing health inequalities in the EU.

Welcoming the Commission?s Communication entitled ?Solidarity in health: reducing health inequalities in the EU?, Parliament recalls that the key suggestions are as follows:

1. making a more equitable distribution of health part of our overall goals for social and economic development;
2. improving the data and knowledge bases (including measuring, monitoring, evaluation, and reporting);
3. building commitment across society for reducing health inequalities;
4. meeting the needs of vulnerable groups; and
5. developing the contribution of EU policies to the reduction of health inequalities.

It recalls the difference in life expectancy at birth between the lowest and highest socioeconomic groups is 10 years for men and six years for women. Health inequalities are not only the result of a host of economic, environmental and lifestyle-related factors, but also of problems relating to access to healthcare. They have significant economic implications for the EU and for Member States. Losses linked to health inequalities have been estimated to cost around 1.4% of GDP.

In agreement with the suggestions, Parliament also focuses on the following issues:

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Improving universal access to healthcare for: Parliament points to the need to maintain and improve universal access to healthcare systems and to affordable healthcare, particularly for the most vulnerable. Member States are called upon to ensure that the most vulnerable groups, including undocumented migrants, are entitled to and are provided with equitable access to healthcare. In addition, the resolution calls on the EU and the Member States rapidly to find ways of combating ethnic discrimination, particularly in certain Member States where Council Directive 2000/43/EC has not been implemented and where women from ethnic minorities have little or no social protection or access to healthcare. The Council and the Member States are called upon to evaluate and implement new measures to improve the effectiveness of their health expenditure, in particular by investing in preventive healthcareand to restructure healthcare systems in order to provide equitable access to high-quality healthcare (in particular basic medical care) without discrimination throughout the EU. The use of existing European funds should be studied for this purpose.

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Improving access to reproductive health care for women: along with the issue of equal access to care, Members call on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies and programmes. They consider that the EU and the Member States should guarantee women easy access to methods of contraception and the right to safe abortion. They urge the EU and the Member States to focus on women?s human rights, in particular by preventing, banning and prosecuting those guilty of the forced sterilisation of women and female genital mutilation. Necessary measures should be taken, in relation to access to assisted reproductive technologies (ART), to eliminate discrimination against women on the grounds of marital status, age, sexual orientation or ethnic or cultural origins. All pregnant women and children, irrespective of their status, should be entitled to social protection.

Enhancing prevention measures: Parliament points to the importance of improving access to disease prevention, health promotion and primary and specialised healthcare services, and reducing the inequalities between different social and age groups, and emphasise that these objectives could be achieved by optimising public spending on preventive and curative healthcare and targeted programmes for vulnerable groups. A series of preventive measures should therefore be taken at Member State level to reduce health risks.

Amongst these measures, Parliament proposes the following:

- prevention against obesity, smoking, etc;
- sharing experience in health education, promotion of a healthy lifestyle, early diagnosis in the areas of alcohol, food and drugs;
- promotion of physical activity, healthy eating especially in disadvantaged areas.

In this context, Member States are called upon to reassess their policies in areas that have significant impact on inequalities in health such as tobacco, alcohol, food, medicine and public health and the provision of health care.

Tackling socio-economic inequalities: Members call on the Commission to press ahead with their efforts to tackle socio-economic inequalities, which would ultimately make it possible to reduce some of the inequalities relating to healthcare. Furthermore, on the basis of the universal values of human dignity, freedom, equality and solidarity, they call on the Commission and Member States to focus on the needs of vulnerable groups, including disadvantaged migrant groups and people belonging to ethnic minorities, children and adolescents, people with disabilities, etc. The resolution stresses that health inequalities are rooted in social inequalities in terms of living conditions and models of social behaviour linked to gender, race, educational standards, employment and the unequal distribution not only of income but also of medical assistance, sickness prevention and health promotion services.

Members emphasise that the economic and financial crisis and the austerity measures taken by Member States, in particular on the supply side, may lead to a reduction in the level of funding for public health and health promotion, disease prevention and long-term care services as a result of budget cuts and lower tax revenues, while the demand for health and long-term care services may increase as a result of a combination of factors that contribute to the deterioration of the health status of the general population. The resolution stresses that health inequalities in the EU represent a substantial burden to Member States and their healthcare systems and that the effective functioning of the internal market and strong and, if possible, coordinated public policies on prevention can contribute to improvements in this field. Parliament urges the Member States to stop the current cuts in public spending on health services which play a pivotal role in providing a high level of health protection for women and men.

Gender mainstreaming in health policies: Parliament calls on the EU and the Member States to include the health status of women and the question of ageing (older women) as factors in gender mainstreaming and to use gender budgeting in their health policies, programmes and research, from the development and design stage through to impact assessment. It suggests that the EU and the Member States introduce coherent policies and supportive measures aimed at women who do not work or who hold jobs in sectors where they are not covered by personal health insurance and seek ways of providing such women with insurance. Male violence against women should be recognised as a public health issue, whatever form it takes.

Promoting health research: the resolution calls on the Member States to encourage and support medical and pharmaceutical research into illnesses that primarily affect women, with reference to all phases of their lives and not only their reproductive years. Parliament argues that open, competitive and properly functioning markets can stimulate innovation, investment and research in the healthcare sector, and recognises that this must be accompanied by strong financial support for public research in order to further develop sustainable and effective healthcare models and to promote the development of new technologies and their applications in this field. (e.g. telemedicine), and by a common health technology assessment methodology, all of which should benefit every individual, including those from lower socioeconomic backgrounds, whilst taking into account the ageing of the population.

Follow-up of the implementation of policies: lastly, Parliament asks the Commission to consider drafting a proposal for a Council recommendation, or any other appropriate Community initiative, aimed at encouraging and supporting the development by Member States of integrated national or regional strategies to reduce health inequalities. The Commission and the Member States are asked to develop a common set of indicators to monitor health inequalities (by age, sex, socio-economic status, etc).