

# Reducing health inequalities in the EU

2010/2089(INI) - 20/10/2009 - Non-legislative basic document

**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 Strategy](#) set out the Commission's intention to carry out further work to reduce inequalities in health. This was reiterated in the 2008 Commission Communication on a [Renewed Social Agenda](#) which 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.