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Commissioner Borg delivers speech on bridging health inequalities'



Tonio Borg, European Commissioner for Health, addresses the 5th Annual Conference of the European Public Health Alliance (EPHA)

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EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA): 5TH ANNUAL CONFERENCE

OPENING SESSION: A GAME OF TWO HALVES BRINGING EUROPE TOGETHER

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SPEECH

Madame President,

Distinguished guests,

I am very pleased to be here today to share with you some thoughts on bringing Europe together by bridging health inequalities.

First, let me thank the European Public Health Alliance for inviting me to its 5th annual conference.

I believe here in this room we share a common goal: a Europe where everyone can benefit from quality health services and thus maximise their health potential — regardless of where they come from, their circumstances, diseases, gender, race, beliefs, sexual orientation, or any other characteristic.

On my appointment to the Commission, nearly 2 years ago, I have committed myself to fighting health inequalities; and to combating discrimination and stigma in health in all their forms. And so I have.

When we look at developments over the years, there are some modest encouraging signs.

Health has – in headline terms – improved markedly across EU Member States over the past decade.

However, this broad improvement has not been enjoyed in a uniform manner across all countries and regions; or by all sectors of society.

The gap in life expectancy and infant mortality among Member States has narrowed over the past years.

However, as our 2013 EU report on health inequalities shows, the health gap between rich and poor or between certain social groups – has not.

In fact, in some cases the health gap has actually widened.

There remains an unacceptable difference of more than 8 years in life expectancy across the European Union.

When we look at the number of years lived in good health, there is an even more startling difference of 19 years between the lowest and highest values recorded across the EU.

In other words, how long you live and how healthily you live very much depends on your nationality and country of residence.

And differences in health among socio-economic groups, based on education, income or ethnicity, exist within Member States right across the EU, including in those countries in which overall levels of health are relatively high.

This is why the European Commission is keen to channel its different policies and financial tools towards helping Member States to reduce health inequalities.

Since 2009, when the Commission put forward its Communication on "Solidarity in Health", we have endeavoured to mainstream health inequalities concerns into a wide range of policies, including employment and social policy, research and regional policy.

In this context, the Commission has been funding a wide range of projects under its health and research programmes, and supporting reforms within the context of its Europe 2020 strategy and the European Semester.

Let me mention in particular the recently finalised Joint Action with the Member States on health inequalities.

With this joint action, I believe we have helped the Member States to improve policy-making and implementation by tackling health inequalities across all social determinants of health.

A good example of how other EU policies contribute to bridging health inequalities is the EU Framework for National Roma Integration Strategies up to 2020, under which improving the health of the Roma is a key priority.

The Commission reviews the implementation of these strategies every year to keep the momentum on integration measures. The Commission is today publishing a further report on the health of Roma populations.

One of the key financial tools we have put at the disposal of the Member States, to help them bridge health inequalities, are the European Structural and Investment Funds.

Reducing health inequalities is an important priority of these Funds from 2014 to 2020.

In my meetings with Health Ministers, and in the Commission's paper on investing in health of last year, I have encouraged Member States to seize the opportunity to further use these funds to reduce health inequalities between regions and socio-economic groups.

Let me use today's conference to further encourage Member States and regions to use the funds to promote enhanced access to healthcare; to reduce inequalities in citizens' health status; and to support a transition from hospital-based care towards more community-based care.

Some Member States such as Hungary and Latvia, have already extensively used the Structural Funds from 2007 to 2013 to help remedy regional inequalities in access to healthcare.

Let me turn now to the future, the years to come.

Bridging health inequalities is one of the overriding objectives of the new Health Programme (for 2014-2020).

The programme aims – I quote - "to complement, support and add value to the policies of the Member States to improve the health of Union citizens and reduce health inequalities".

The Commission intends to launch, towards the end of this year, two pilot projects on reducing health inequalities.

These will help Member States build expertise and evaluate actions on health inequalities, and develop evidence-based strategies to address the needs of vulnerable groups.

Ladies and Gentlemen,

I fully recognise and appreciate the efforts of many governments committed to bridging health inequalities.

However, the case for further action is clear.

Europe needs more innovative approaches involving nongovernmental and patient organisations, the private sector, local governments and communities, to successfully address all the root causes of inequalities.

Europe needs multi-lateral strategies based on a combination of individual, structural or societal-based approaches.

Such approaches would need to target, for example, inequalities as regards tobacco use, harmful alcohol consumption and poor nutrition, as well as broader socio-economic determinants such as income, education, living standards or working conditions.

We also need co-operation between government departments as well as stakeholders at all levels; and a strong focus on evidence-based interventions to reduce health inequalities, which could be adopted by local authorities – major players in the health sector.

But perhaps most of all we need commitment, courage and determination to pursue our goal of Health for all.

I hope today's event will contribute to building bridges across Europe to reduce health inequalities at local, national and European level.

Thank you for your attention. I wish you all a successful, enjoyable and – above all – productive conference.

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