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Introduction

- Health inequalities (HI) occur in MS across EU
- Lower life expectancy & health status (eg CVD and cancer) among poorer, less educated & lower professional status
- Causes of health gap within MS include social & economic factors, such as poverty, education & social welfare, as well as lifestyle determinants (eg smoking, diet, alcohol)
- Strategies needed to address both
Summit

- Presidency Summit ‘Tackling Health Inequalities: Governing for Health’
- 570 decision-makers from 36 countries – MSs plus EC, WHO, OECD
- Focus on social & economic determinants of health
- Focus on policy & practice; research; information; international, national, regional & local action; consumer engagement; tobacco, nutrition & alcohol
- Summit Proposals for Action
Two new expert reports

- Reports commissioned to inform strategy development

  - *Health Inequalities: Europe in Profile* (Prof J. Mackenbach)
    
    Prevalence, patterns & trends of HI within MS

  - *Health Inequalities: A Challenge for Europe* (Prof K. Judge)
    
    Policies & practice within MS to address HI
Health inequalities strategies – policy & practice

- MS vary significantly in actions to reduce HI
- Need to collect and share evidence of effective strategies, policies & actions
- MS should develop cross-government policies in systematic & sustainable manner
- Commission role in supporting MS and facilitating exchange on effective policy and practice
Many networks & projects exist between EU cities & regions eg. WHO Healthy Cities, WHO Regions for Health, Megapoles

Regions & cities should collaborate to reduce HI:

- to develop ‘network of networks’ to consolidate existing good practice
- to develop comparable health information
- to develop capacity

Could use Structural Funds, Public Health & Research programmes
Patterns & trends – improving information

- Good quality information will assist MS in
  - identifying HI
  - developing & implementing policies
  - monitoring progress

- Information on HI & determinants variable in availability & quality - need to improve collection & analysis

- Should be integral part of EU health information & knowledge system

- EC should produce 5-yearly report on HI trends
Health inequalities research

Research evidence should underpin HI strategies

Need for investment on research on HI:
• effective action & impact of interventions on HI
• impact of macro social & economic policies on HI

Need to share & disseminate research outcomes on effective action

Opportunities with 7th Research Framework programme & Public Health programme
Illicit trade in tobacco

- Smoking leading cause of HI

Illicit trade

- makes cheap tobacco available to young people & people on low incomes, and undermines tobacco control programmes

- a serious problem for EU and globally

WHO Framework Convention on Tobacco Control should be ratified by all MS

Illicit trade protocol should be a priority at 1st Conference of the Parties (Feb 2006)
Poor nutrition in childhood important cause of HI, and rising childhood obesity levels across EU

Concern about food advertising to children - effect on eg. food preferences & purchasing behavior. Advertised foods differ strongly from recommended diets

Need for tighter controls at EU level on advertising & promotion of less healthy foods (high in fat, sugar, salt)

May need monitoring by independent body

Positive developments – new Commission Green Paper & EU Platform for Action
Young people & alcohol: Marketing & promotion

- Alcohol important cause of HI
- Increased trends of consumption by young people, binge drinking & associated harms. This is due:
  - increased spending power by young people
  - influences of ‘youth culture’ & alcohol marketing
- Need for EU action to minimise impact, with effective balance of regulation & industry self-regulation. Eg. *TV without Frontiers*
- May need monitoring by independent body
- Forthcoming EU Communication on alcohol
Engaging consumers

MS need to ensure socially excluded citizens & groups fully participate in HI strategies, through consumer involvement & information

Could be achieved by:

• supporting behaviour change using social marketing approaches
• citizen engagement in making personal decisions about health & health care, incl. self-care
• programmes to improve health literacy among disadvantaged groups across Europe
Non-government organisations and public health associations

- NGOs and PHAs have important & leadership role in tackling HI through practice, advocacy & awareness campaigns
- Need to strengthen networks, adequately resource & develop links between NGOs & government at all levels
Mental health

- Mental health inequalities seminar -
- Common issues identified:
  - mental health of migrant populations
    • develop evidence base for remedial action
    • strengthen cooperation between MS to address
- Implement European Ministerial declaration on mental health (Helsinki, 2005)
- Green Paper opportunity
European cooperation & role of international agencies

- Need for cooperation between European Commission, WHO & OECD – and support for MSs
- Expert Working Group on Social Determinants of Health Inequalities
- WHO Commission on Social Determinants of Health
- Need shared membership of key international groups on HI & social determinants
UK EU Presidency
Health Inequalities
High Level Committee on Health
15th-16th December, London