

UK EU Presidency Health Inequalities

High Level Committee on Health
15th-16th December



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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



Regions and cities

- ✈ 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)



Food promotion & marketing to children

- ✈ 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



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