



EUROPEAN COMMISSION
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL
Public Health and Risk Assessment Directorate
Health strategy unit

HIGH LEVEL COMMITTEE ON HEALTH



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Action: To provide a basis for discussion at the parallel session on Social Determinants and Health Inequalities in Cardiff.	



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HIGH LEVEL COMMITTEE ON HEALTH
PARALLEL SESSION ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES
15 DECEMBER 2005 14.45-17.30

1. Introduction

The aim of this session is to identify and shape further collaborative work between Member States and the Commission on Social Determinants and Health Inequalities.

In October 2005 the UK Presidency Summit 'Tackling Health Inequalities: Governing for Health' provided an up to date assessment of the extent of socio-economic health inequalities in Member States and the range of actions which are being taken to combat them. All European countries are faced with substantial inequalities in health within their populations where people with a lower level of education or a lower level of income die younger and have a higher prevalence of most health problems. In many places the situation is getting worse. These inequalities result in a huge loss in human and economic potential and are incompatible with the goals of social cohesion and solidarity.

There is the potential for increased efficiency in policy making in Member States through information sharing and collaboration. There are a number of clear pointers about what actions contribute to successful policies to reduce health inequalities but there is still a huge amount which is not known. It can take a long time for the effect of policies to become apparent due to the fact that social conditions can have health effects many years later. Furthermore the huge number of factors which can potentially influence the health of citizens means that evaluations are difficult, time consuming and costly. In this situation information sharing and collaboration are particularly important in order to learn about what works and avoid duplication.

The EU has an important role to play, though principal responsibility remains with Member States. The EU can bring people together to exchange information and good practice, it can support and encourage multi-sectoral action for health and it can exercise its powers in key policy areas to help bring about a fairer distribution of health amongst European citizens. Areas for collaboration between Member States and between Member States and the Commission include the following:

- EU Public Health Policy and Action
- The Public Health Programme
- Other EU policy areas including social inclusion, research, cohesion, agriculture and rural development

- The newly established Expert Working Group and Social Determinants of Health Inequalities

Questions: What were the most important conclusions and policy implications from the UK Presidency Summit on Health Inequalities? What are the needs of Member States in the further development of their action on health inequalities which could be supported or provided through collaboration with other countries and at the EU level?

2. EU Public Health Policy and Action

Almost all areas of public health policy and action can play a role in tackling socio-economic determinants of health inequalities. Examples include Health Information and Monitoring, Accidents, Alcohol, Diet and Nutrition, Mental Health, Physical Activity, Tobacco, Diabetes, Cancer, Cardiovascular Diseases and Health Services.

In 2006 the Commission intends to publish a strategy on reducing harm from Alcohol, a mental health strategy and a strategy on diet, nutrition and physical activity. Mechanisms have been established in each of these policy areas to work with stakeholders and with Member States. Furthermore all new EU policies undergo an extensive consultation process as part of their development before being subject to the rigours of the EU's formal decision making apparatus.

3. Public Health Programme

Reducing Health Inequalities was a priority of the health promotion programme (1996-2002) and is an overall aim of the current Community Public Health Programme 2003-2008. Key objectives are the development of:

- strategies on social and economic health determinants, in order to identify and combat inequalities in health
- a sustainable health monitoring system paying special attention to inequalities in health.

In the last 9 years the community has financially supported some 15 projects on health inequalities with a total amount of over EUR 5 million. Two these projects, EUROTHINE, and Closing the Gap, provided much of the material for the Summit on Health Inequalities. Health Inequalities will also be an important part of the new Health and Consumer Protection Programme 2007-2013.

EUROTHINE – is led by Erasmus University. The main objectives are:

1. To develop health inequalities indicators, and to provide bench-marking data on inequalities in health and health determinants
2. To assess evidence on the effectiveness of policies and interventions to tackle the determinants of health inequalities, and to make recommendations on strategies for reducing health inequalities in participating countries
3. To disseminate the results, and to develop a proposal for a permanent European clearing house on tackling health inequalities.

Closing the Gap: is led by EuroHealthNet, the European Network of National Health Promotion Agencies. The objectives are:

General : To develop a clear and coherent definition of reducing health inequalities, through dialogue at EU, national and local level.

EU policy level : To identify policy processes initiated by the European Institutions and related agencies, that can have an impact on the reduction of health inequalities and to integrate or strengthen the health aspects of these policy developments.

National policy level : To identify clusters of EU Member states, EEA and accession countries that are at a similar stage of tackling health inequalities and to develop Strategies for Action targeted at these different clusters of countries

Local level : To bring together best practices on local policy measures and interventions that are effective and transferable to other European countries, through a European Directory of best practices to reduce health inequalities.

Infrastructure : To establish and maintain a consortium of 24 national public health and health promotion agencies working on the reduction of health inequalities in Europe and to enhance joint working with the European Institutions in this field.

Question: How can we improve the links between projects on health inequalities and national administrations? In what areas would further projects be useful ?

4. Other EU Policy Areas.

Regional Policy plays a major role in tackling health inequalities by helping to narrow the gap in wealth between economically deprived regions and the rest of the EU. Tackling health inequalities through support for community wide health promotion initiatives is included within the guidance for the use of the structural funds from 2007.

Agriculture and Rural Development. A bigger emphasis on rural development within the Common Agricultural Policy will help to narrow the health gap between rural and urban areas particularly in new Member States.

Social Policy, Employment and Equal Opportunities. EU legislation on discrimination and on the rights, health and safety of workers is an essential underpinning of the protection of the health of Europeans. Work on social inclusion as part of the Open Method of Coordination includes a specific element relating to health and access to health services.

Research. A significant body of research on health inequalities has been funded by the EU framework programmes. Further funding opportunities will also be available as part of the 7th Framework Programme which is currently being finalised.

Questions

What else could be done to strengthen the health inequalities dimension of future EU public health policies and action ?

5. Expert Working Group

The Commission has established an Expert Working Group on Social Determinants and Health Inequalities to assist Member States to exchange information and good practice and to provide an input into the public health programme and Commission policy proposals. The establishment of the Expert Group followed discussion of the UK Presidency theme on health

inequalities at the High Level Committee in April 2005. An invitation was sent to members of the High Level Committee in July 2005 requesting nominations to the Group and a first informal meeting took place during the Summit on Health Inequalities of those nominees who were attending the Summit. Appendix 1 gives the draft mandate for the group.

Possible outputs from the group could include collection and analysis of national policies; evaluation and health inequalities impact assessment of policies; recommendations on good practice; input into the development of indicators for assessing health inequalities; integration into thematic strategies – such as on tobacco, physical environment, mental health or workplace – or population groups – children and young people, ethnic groups, socially excluded groups etc.

Question: What parts of the mandate of the Expert Working Group would the High Level Committee particularly like to emphasis/develop? What deliverables and reports should the Expert Group provide to the High Level Committee? What time and resources would Member States be able to commit to ensure the success of the work ?