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EU action to reduce health inequalities.

Introduction

Inequalities in health have been an important part of the work of the European Union (EU) since 1992 when specific competencies for public health were included in the Maastricht treaty. This has been taken forward in 3 main ways:

1. Through the EU Public Health Programme
2. By facilitating exchange of information and best practice between Member States and other organisations
3. Development of key EU policy areas which can contribute to reducing health inequalities.

Public Health Programme

The EU Public Health Programme provides financial support to projects which contribute to programme objectives. Within the first stage of the Public Health Programme, reducing health inequalities was part of the health promotion programme which ran from 1996 until 2002. Today it is an overall aim of the current Public Health Programme 2003 to 2008 (1).

Key objectives are:

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

In the last 10 years there have been some 15 projects on health inequalities with a total amount of EU support of over EUR 5 million. Outputs from these projects include:

- a detailed overview of the health inequalities situation in Europe and the situation of disadvantaged groups (2)
- an overview of actions on reducing inequalities in health (3)
- a network of agencies in Member States developing strategies to tackle health inequalities.(4)
- support to the 2005 UK Presidency Summit on Health Inequalities and background papers which are expected to be published in spring 2006.

Facilitating Exchange of Information and Best Practice by Member States and other organisations.

The EU supported the European Conference on Health Determinants as part of the Portuguese presidency in 2000. A review of the role of health promotion in tackling health inequalities was reported to the Health Council under the Belgian presidency in 2001 (5). In

2003 the Commission published the 'The Health Status of the European Union: Narrowing the Gap' (6).

The Commission has developed a variety of formal and informal mechanisms for dialogue with Member States and other stake holders which have considered and exchanged information on social determinants of health and health inequalities as part of their work.. These include the EU Health Forum with representatives of key non governmental organizations; the High Level Committee on Health and the High Level Group on Health and Health Services both of which consist of senior officials from ministries responsible for health in all Member States.

In 2004 Commissioner Byrne addressed health inequalities as part of his reflection process on the future health strategy of the EU - a consultation which attracted a record level of high quality responses. Many of these responses welcomed the renewed emphasis given to this topic, which have been taken into account in the proposals for the Health and Consumer Protection Programme 2007-2013 (6).

Health Inequalities were one of the key themes of the UK Presidency of the EU, from July to December 2005. The Presidency Summit: 'Tackling Health Inequalities: Governing for Health' produced several proposals for action (7), which were included in a briefing to the Health Council in December 2005(8). Recently the Commission established an Expert Working Group on Social Determinants and Health Inequalities, to facilitate communication and sharing of best practice on this area.

Developments of Key EU Policy Areas

Specific public health policy areas: An inequalities dimension is an important part of EU actions in areas such as alcohol, drugs, mental health, sexual health, and tobacco. This includes for example advocacy for total bans on smoking in the workplace, which will contribute to narrowing gaps in mortality between low status and high status jobs.

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 main funding vehicle for regional policy – the EU structural funds, from 2007.

Agriculture and Rural Development. Poorer health in rural areas is a feature in many EU Member States. The increasing emphasis on rural development within the Common Agricultural Policy should help to narrow the health gap between rural and urban areas.

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. The programme on social inclusion as part of the Open Method of Coordination includes a specific element relating to health and access to health services.

Environment Policy There is a strong association between poor environment and social disadvantage. EU policy to create higher environmental standards through measures such as the setting of limit values for key air pollutants and the licensing and control of polluters are likely to contribute to a reduction in health inequalities by leading to bigger improvements in environmental quality in areas with poorer health.

Research. A significant body of research on health inequalities has been funded by the EU framework programmes. This includes work in the ECUITY project and other projects. Further funding opportunities will also be available as part of the 7th Framework Programme.

Next Steps

The UK Presidency priority on health inequalities has given an important impetus to the further development of EU wide action in this area. The EU is already making a significant contribution to reducing health inequalities through its equal rights legislation, environment policy, regional policy, social policy and specific public health activities. Further work will concentrate on supporting Member States actions – through the Public Health Programme (10) and through mechanisms to facilitate the exchange of good practice. The EU will also continue to develop its capacity to assess key policies for their health impact, including impact on health inequalities, and this additional transparency could help to foster arguments for modifications of both existing and new policies. An important part of future EU policy in this area is the link between action on health inequalities and overall economic development. Additional work is foreseen to assist understanding of the costs and benefits of action on social determinants and health inequalities.

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