EUROPEAN PARTNERS FOR EQUITY IN HEALTH

Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe A European project from 2004 to 2007

Final Report (1/06/2004-31/05/2007)

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NIPH, National Institute of Public Health, DK

NICE, National Centre for Clinical Excellence, ENG/ UK

NIHD, National Institute for Health Development, EE

STAKES, National Research and Development Centre for Welfare and Health, FIN

INPES, Institut National de Prévention et d'Education de Santé, F

BZgA, Bundeszentrale für gesundheitliche Aufklärung, D

ISPM, Institute of Social and Preventive Medicine, EL

National Institute for Health Development, HU

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0 Introduction and objectives

Reducing health inequalities ranks highly on the health policy agendas of European countries. Numerous scientific studies show that low socio-economic status is associated with poor health over the life course: In socially disadvantaged population groups, there is a higher risk of mortality, disease and accidents in childhood, early detection and vaccination are carried out less often. In adolescence, health-related behaviour like cigarette smoking, diet or physical activity is more adverse. In adult age, the risk of chronic diseases like cardiovascular disease and depressive disorders is two- to three times higher as compared to persons with a higher socio-economic status. The risk of premature mortality is significantly elevated.

Reducing these inequalities in health achievements is one of the main challenges within the public health sector in Europe. But it is yet unclear what is known and being done in European partner countries; how do policy processes impact the health gap and how do effective interventions have to be shaped? The aim of 'Closing the Gap' was hence to develop a European knowledge base and infrastructure in order to implement and strengthen strategies and actions to reduce health inequalities.

A set of recommendations were made in the VIG/ENHPA study, funded by the previous EC Health Promotion Programme, which formed the basis for this project. The aim was to make the recommendations operational at three levels (EU, national and local level), and to adapt them to the needs of countries taking part in this initiative. This project referred to action 2.1.3. of the Commission's work programme.

This final report presents the activities and outputs of the three project years of 'Closing the Gap', i.e. the period from 1 June 2004 to 31 May 2007. The enumeration of chapters refers to the number of work packages (1 to 5) mentioned below. The report compares the aims, methods and outputs quoted in the project proposal with what has been achieved.

[Quote from the proposal:]

"Aims – What are the objectives against which project's success or failure can be assessed?

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

(2) **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.

(3) **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.

(4) **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.

(5) **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.

Methods – How will the objective(s) be achieved?

(1) **General:** Mapping and clarifying what is meant by 'reducing health inequalities' by literature research and through dialogue at EU, national and local level.

(2) **EU policy level:** A SWOT analysis (assessment of the strengths, weaknesses, opportunities and threats) of EU policy processes. Identification and implementation of the most feasible and worthwhile opportunities to integrate or strengthen the public health perspective of these policy processes.

(3) **National policy level:** Making an assessment per country by national project partners,on the basis of which the country will be clustered. Clustering of countries and developing targeted Strategies for Action (including dissemination) to reduce socio-economic health inequalities

(4) **Local level:** Definition of inclusion and exclusion criteria for the inventory of good practices. Collection of good practices i.e. by organising workshops for practitioners. Development of a European Directory for good practices. Integration of the Directory into the EU Public Health Portal, if so desired by the EC. Promotion and implementation of the Directory at the EU, national and local level.

(5) **Infrastructure:** Establishment, support and facilitation of a Consortium of 24 national agencies working on the reduction of health inequalities in Europe, i.e. coordination, regular communication and organisation of four business meetings and four advisory board meetings.

Deliverable(s) – What are the expected outputs of the project and how will they be disseminated?

(1) **General:** A clear and coherent definition of reducing health inequalities.

(2) **EU policy level:** A report on 'Strategy for Action at EU level' which highlights in the positive and negative impacts that EU policies and programmes can have on the reduction of the health inequalities at the national level.

(3) **National policy level:** A Report on 'National Strategies for Action' (per cluster of countries (four clusters, four reports) that are in similar stages of addressing health inequalities

(4) **Local level:** An on-line European Directory of best practices to reduce health inequalities.

(5) **Infrastructure:** A European Consortium of national public health and health promotion agencies that are active in the field of tackling health inequalities.

An Advisory Board, consisting of four external scientific experts, which advises the work of the Consortium. “

The coordination centre in Brussels (EuroHealthNet) supports the Consortium by organising four Business meetings, facilitating communication and dissemination of project results via www.eurohealthnet.eu.

The following sections illustrate activities of the three project years with reference to the working packages 1 to 5 mentioned above. In some of them, a slight modification in aims, methods and deliverables set out in the proposal became necessary. Were this is the case, it is marked and explained in the respective report section.

In addition to the following chapters, supplementary documents such as minutes, instruments, reports etc. have been included in the annex following this report. **The annex also includes the financial report.**

1 General

The aim of this module was to develop a common understanding of the concept of 'health inequalities' and how to reduce them, which served as a theoretical framework for and underpinned the work at the EU, national or local level.

In order to reach this aim, a literature research was carried out in the first project year. The basic literature on health inequalities is sufficient; the one on *tackling/reducing* health inequalities, however, is sparse. This underlined the need to start a dialogue between health policy experts, scientists, and representatives from the field of public health and health promotion, the latter having a more practical approach to the topic.

This dialogue was launched at the occasion of the first business meeting from 27 to 28 October 2004 in Cologne. Prof. Hilary Graham, a leading expert in the field of health inequalities and member of the advisory board, gave an inaugural lecture on the understanding of 'health inequalities', how different meanings can lead to different health goals and outcomes in practice (health promotion of the socially disadvantaged vs. closing the health gap vs. flatten the health gradient). The contribution of Prof. Graham provided an excellent foundation for a larger discussion between national partners which, in turn, led to additional valuable contributions that were included in the position paper. This position paper was then reviewed by the scientific advisory board.

From the results of this first project year, a paper had emerged that provides definitions, dimensions and determinants of health inequalities and their reduction which are relevant for public health and health promotion. This paper was introduced to and discussed with national partners on the occasion of the second Business Meeting in June 2005. The resulting position paper, a copy of which is enclosed in annex 1, is now available at the Health Inequalities Portal.

The knowledge represented in the paper, discussions during the course of the EU project and the comparison of national and local practices have been the basis for joint recommendation which all project partners launched at the final conference in the third project year (May 2007; see annex 1). It becomes obvious that there is no single solution to reduce health inequalities, but there are some success factors. The paper includes:

Recommendations for action at the European level:

1. Make a strategic commitment to act to reduce health inequalities and include health equity dimensions in all relevant policies, particularly in adoption of the anticipated EU health Strategy where action for equity will be important to achieve objectives in core policies, mainstreaming across all policy areas, and global approaches.
2. Ensure that measures and legislation deriving from the EC are sensitive towards health equity and that they contribute to rather than undermine efforts to reduce health inequalities, for example in operation of investment strategies within cohesion policies, and the operation of the common agricultural policies. This should include extension of health inequality impact assessments.
3. Adopt measures to support gathering and use of accessible and com-parable data on the impact of health inequalities, trends and patterns of relevant indicators, and incorporation into policy processes across sectors.

4. Stimulate use of programmes to build capacity for measures in member states to better understand and improve health equity, in public, private and non governmental sectors, across relevant policy areas, and to exchange and evaluate good practices at all levels by a wide range of stakeholders.
5. Consider how health equity can be incorporated into the policy priori- ties of the EU, notably but not exclusively the Lisbon agenda and sustainable development strategy.

Recommendations for action at the national and regional level:

1. Improve national health information systems in order to make the problem of health inequalities more visible. Use clear and comprehensible language to raise awareness and understanding, generate interest and convince all relevant stakeholders about the need to address health inequalities.
2. Incorporate a health inequality focus in public health strategies, so that health improvement strategies are sensitive to the needs, characteristics and unequal circumstances faced by different socio-economic groups.
3. Establish inter-sectoral structures (committees, advisory boards, councils) to discuss health equity, formulate comprehensive multi sectoral strategies and monitor its cross-sectoral implementation. Mobilise a critical mass of intermediaries at the local level in order to bring about change.
4. Define joint health equity targets covering the gradient and other policy sectors, ideally backed by specific strategies, financial resources and performance management or monitoring systems.
5. Apply health impact assessments; ensure a health equity focus and a real readiness and possibility to change policy according to the out- comes of health impact assessments.
6. Ensure sustained investments in the development of the organisational and professional capacity to address health inequalities.
7. Encourage regional and municipal governments to prioritise a reduction in health inequalities in their local public health plans and develop the capacity of local level authorities to take up this responsibility and pro-vide resources and knowledge support, link initiatives and maximise efficiency.
8. Initiate actions that involve a mix of up- and downstream measures; universal population approaches as well as additional targeted actions to disadvantaged groups ideally linked to social inclusion and anti- poverty strategies. Plan for sustainable actions.
9. Ensure that health inequality policies and programmes are evaluated using equity sensitive indicators, and incorporating qualitative methodologies analysing the processes and mechanisms to explain why certain measures were effective or not effective. Additional efforts should be undertaken in order to ensure mutual exchange among researchers, professionals and policy makers to learn from (un)successful initiatives and by taking up the lessons learned.
10. Make use of initiatives taking place at the level of the European Union (EU) such as the European Commission’s Open Method of Coordination (OMC) in the area of Social Protection, steer EU Structural Funds to reduce health inequalities, make available comparable data on socio-economic variables and health, participate in EU expert groups, platforms and networks or make use of action programmes, such as in the health, research and social policy fields.

2 EU policy level

The aim of EU Policy level work was to identify policy processes initiated by the European Institutions and related agencies, which can have an impact on the reduction of health inequalities and to integrate or strengthen the health aspects of these policy developments.

There are a wide range of EC policy processes that could have an impact on health inequalities. Work in the first year of the project therefore involved an inventory of different possible policy processes and programmes and a SWOT analysis (assessment of the strengths, weaknesses, opportunities and threats) to identify the most feasible and worthwhile opportunities to integrate or strengthen the public health perspective within these policy areas.

An overview of the initial results of this analysis was presented during the first Business Meeting in Cologne (annex 5.2). The presentation provided an overview of values and objectives outlined in the EU Treaties that relate to tackling health inequalities, as well as a summary of a number of current policy processes that could affect health inequalities.

Three Key Areas

Following this exercise, three key areas of EU policy making were identified for a more in-depth analysis, namely regional policy, agricultural policy, and key aspects of economic and social policy (certain internal market regulations and OMC processes in the area of social protection).

The EU Policy section of the Portal was designed, incorporating a general introduction and sections for the three main areas outlined above, as well as one for 'other policy areas'.

Examples of how EU-level initiatives can affect health inequalities

A document on 'EU Policy and Health Inequalities' (annex 2) summarising the information included in the Portal was produced and disseminated during the second Business Meeting in June 2005 that provided more examples of how the EU-level initiatives can affect health inequalities in its Member States. This information was also presented to project partners.

During the second year of the project, it was established that information regarding EU policy should be conveyed as clearly and concretely as possible by providing specific examples of EU driven initiatives and their impact on health equity in EU member States.

Project Partner Contributions

A questionnaire 'Guide to gathering examples' (annex 2) was sent to all project partners in Autumn 2005 asking them to, on the basis of the information conveyed, provide additional examples of how EU policies have a positive or negative impact on health inequalities in their countries. There were submissions from Germany, Estonia, Latvia, Wales and Sweden, concerning the Structural Funds, tobacco policy, alcohol policy, workplace health. Other project partners, however, indicated that they found this a difficult task to do, since they had difficulty identifying good national sources of information. It is for example quite difficult for those who are not directly involved or familiar with Structural Fund programming to identify whether any of this

money is being spent on initiatives that could improve the health of vulnerable groups.

Further Outcomes

Following the third Business Meeting in March 2006, the EU Policy Section of the Health Inequalities Portal was elaborated, and the information and selected examples from the draft document included.

During autumn 2006, EuroHealthNet coordinated the development of a Newsletter: 'Tackling Health Inequalities in the EU: The Contribution of Various EU Level Actors (annex 5.6). Different networks and organisations working at the EU level in fields of e.g poverty, environmental health, pharmaceuticals and agricultural policy were asked to submit articles discussing, in their own words, how they are contributing to a reduction of health inequalities. The Health and Environment Alliance (HEAL) for example stressed that environmental degradation often has its most devastating effects on the poorest and the most vulnerable, who are often least well informed and least able to fight back, and points to the WHO European Health and Environment Committee and the Children's Health and Environmental Action Plan for Europe (CEHAPE) as initiatives to address this. The Pharmaceutical Group of the European Union highlighted that Community Pharmacists play a central role in ensuring equality of access and active health promotion, and points to the danger of further introducing the free market system in this area, since this could undermine equal geographical distribution and therefore easy access for all to pharmacies.

A presentation on 'Action at the EU level to Tackle Health Inequalities' was developed and incorporated into the presentations held at many National Seminars (in many cases in adapted form). (annex 2)

In late Spring 2007, a working document entitled "Closing the Gap: the EU Role for Health Equity" incorporating the information collected over the course of the project on the possible effects of EU policies on EU Member States was drawn up (annex 2). This working document will be published on the EU Policy Section of the Health Inequalities Portal.

One of the main purposes of EuroHealthNet's presence in Brussels is to influence EC policy making processes to ensure that they take into account health equity issues. EuroHealthNet, in this respect, incorporated and advanced learning from the project in its policy related activities. During the course of the project, EuroHealthNet e.g. responded to numerous EC Consultations and took part in EC related Platforms and events. When appropriate, they highlighted the EC and Member States' stated commitments to the values of social justice, social cohesion and equity, drew attention to the health-equity aspects and implications of proposed activities and measures, and applied relevant "Closing the Gap" outcomes. In e.g., the Consultation regarding Community action on health services, EuroHealthNet called on the EC to ensure not only equity of action but also equity of outcomes. EuroHealthNet also played an active role ECs Mental Health Platform and the Nutrition, Obesity and Diet Platform, and chaired a session at the EU Health Policy Forum at which the new EC Public Health Strategy was discussed. A number of the responses to these Consultations and reports on these activities are available on the EuroHealthNet website (www.eurohealthnet.eu).

EuroHealthNet is also an active participant of the EC High Level Group on Health Inequalities and Social Determinants, where they presented on the 'Closing the Gap' project and its outcomes..

Learning from Closing the Gap was, in addition, reported to senior decision makers and strategists at the European Commission at a meeting in Brussels on 18 April 2007. The event, part of a series of four meetings considering future scenarios for health in Europe, took place in the DG SANCO headquarters and was chaired by Director General Robert Madelin. Informal presentations about health equity were made by Clive Needle of EuroHealthNet, Johann Mackenbach on behalf of EuroThine, and Nicola Bedlington of the European Patients Forum, who then responded to questions. Various scenarios impacting on population health equity were subsequently tested in working groups of officials guided by the experts. The discussions and conclusions will feed into planning for the EU health strategy and internal EC policy preparations.

3 National policy level

The objective of this part of the project was to conduct a mapping exercise of national/regional policies designed and implemented in effort to eliminate health inequalities in the participating countries.

Year One: Assessing the Situation

In order to establish what each country participating in this project is doing to tackle health inequalities, a tool called the Situation Analysis was established. The tool takes the form of a questionnaire that has sections exploring in depth policies, actors, research base and awareness raising efforts in the field of health inequalities.

During the first year of the project, the Situation Analysis questionnaire was developed and completed by project partners. This process began with a literature review on health inequalities policy in European countries, which served as the basis for the questionnaire. A first draft questionnaire was developed by the project management team and discussed with all project partners during the First Business Meeting in Cologne.

Based on the feedback received from project partners a new questionnaire was prepared and discussed with the Scientific Advisory Committee. Having integrated the Advisory's Committee's comments, the final draft was again sent to project partners for comment. It was also piloted in Germany, Poland and Sweden to ensure that the questions were feasible.

The final version of the Situation Analysis is available in annex 3. This was sent to project partners in April 2005. Project partners had ten weeks to complete these.

Project partners gathered information necessary to fill in the questionnaire. Most established focus groups (as suggested by the project management team) consisting of knowledgeable stakeholders (e.g. civil servants, researches, representatives of the public health NGO and health promotion/public health practitioners) to collectively provide responses to the questionnaires in discussion-like forums. Project partners were also encouraged to liaise with researchers from the EUROTHINE project to fill in the questionnaires. The focus groups were in many instances the first national networks established to discuss the topic of health inequalities in their country.

A decision was also made, during the first year of the project, to slightly modify the 'national policy' module of the project. The initial objective, as set out in the project proposal, was to cluster countries on the basis of where there are with respect to taking action on health inequalities. During the first Business Meeting in Cologne however project partners expressed their wish to exchange and form clusters on a different basis, since doing so on the basis of 'progress' or 'experience' could be regarded as stigmatizing.

Year Two: Discussing and developing key Actions

During the second year of the project, 21 Project Partners, as well as Lithuania (observer) submitted their Situation Analysis.

The answers to the questionnaires served as the basis to develop comparable entries on national policies for the Health Inequalities Portal. These can be viewed on-line at www.health-inequalities.org in the National Level Policies section. As an example, the country profile of Germany is enclosed in annex 3 .

The questionnaires that were submitted were analysed, and an article published in Eurohealth magazine with the preliminary overview of the national policies to tackle health inequalities (annex 5.6)

The data collected through the questionnaires was then used to provide the basis of a report commissioned by the UK Presidency of the European Union. The report was further edited and reprinted in February 2006 (the hard copy of the report is attached to this Activity Report in annex 5.6). The Report was disseminated amongst Project Partners as well as to the key EuroHealthNet contacts at the European level.

The Situation Analysis questionnaire also included a section in which project partners were asked to identify those key areas that they regard as important to reducing inequalities, and in which they saw themselves as either a 'leader' or a 'learner'. During the second business meeting in Prague (June 2005) the following areas were chosen for in-depth follow-up:

Theme 1: Evidence and Evaluation of interventions to tackle Health Inequalities
Theme 2: Awareness raising for tackling of health inequalities
Theme 3: Working across policy sectors and HIA
Theme 4: Support for Regions in delivering on reduction of health inequalities

These themes were the basis of workshops conducted in the Business Meeting 3 in Brussels in March 2006. In the run up to this meeting the Project Partners exchanged expertise on the good practice in each of the fields. This sub-group working on Theme 4 met in Budapest (October 2005) to prepare their workshop. During Business Meeting 3, Project partners presented examples from their countries of origin on the assigned themes. Please see minutes of this meeting for further details (Annex 5.2).

Year 3: Strategic Initiatives, National Seminars and the Final Event

It was decided during Business Meeting 3 to replace the term 'National Action Plan' with 'Strategic Initiative', since many project partners felt that the former term was too ambitious, in that many National Health Promotion Institutes are not in a position to broadly affect national policy. The term 'Strategic Initiative' was therefore more flexible, and could be applied at the Institute level for those partners whose influence was more limited.

Following Business Meeting 3, the rapporteurs from each of the workshops brought together the information presented, and project partners were asked to build on this. This led to the development of a 'Tool Kit', providing definitions, some key information and further links that countries could use to develop their Strategic Initiatives (annex 3). The Tool Kit was sent to project partners in September 2006.

In the final last year of the project, project partners used the information in the definition paper, their Situation Analysis, and the Tool Kit to draw up their Strategic Initiatives outlining concrete, feasible actions that can be taken to reduce health inequalities in their countries.

During the 4th and final Business Meeting that took place in Berlin on November 29-30, project partners were asked to introduce and to discuss the draft versions of their Strategic Initiatives in the context of workshops. They also presented their plans for their National Seminars, which would focus on the issue of health inequalities in their countries and introduce and serve as a forum to discuss at national level what

actions need to be taken. Project partners also engaged in an initial brainstorm on 'key lessons learned' (See minutes of Business Meeting 4 in Annex 5.2 for further details.).

Most countries held National Seminars during the 'Week of Equity in Health' which took place from 12 to 16 of February 2007, although some Seminars also took place at an earlier or later date if this was more appropriate for their schedules. The project management team provided project partners with a variety of information that they could use to plan their Seminars.

Project partners were encouraged to invite a speaker from the 'Closing the Gap' partnership or from the Management Team to stimulate and exchange of experience.

The following indicates which Seminars took place when. Where available, copies of the programmes are attached in annex 3.

Country	*Date of Seminar*
Czech Republic	14 February 2007
Denmark	August 2007
England	28 February 2007
Estonia	13 February 2007
Finland	1 February 2007
France	14 February 2007
Germany	13 February 2007
Greece	15 February 2007
Republic of Ireland and Northern Ireland	14 February 2007
Italy	2 April 2007
Latvia	2 March 2007
Norway	8 March 2007
The Netherlands	14 February 2007
Poland	13 February 2007
Scotland	15 February 2007
Slovakia	22 February 2007
Sweden	22 February 2007
Wales	27 February 2007

Project partners were encouraged to write short reports about their National Seminars. Many of these, as well as some key presentations and pictures can be found in the 'Events' section of the Portal (see also annex 3), while the Strategic Initiatives are available in many of the 'National Policy' sections.

Information from the Strategic Initiatives and the National Seminars Reports were also used to draw up the Final Publication '***Taking Action on Health Equity'***, which provides an overview of they key actions that participating countries and institutes are planning to take to reduce health inequalities in their countries, and includes the project's key conclusions and final recommendations. (annex 5.6).

4 Local level

This module aimed to collect exemplary and concrete interventions (good practice) to tackle health inequalities that are carried out on a local level. These interventions, which reflect effective solutions, are available and searchable in an online European directory.

Public health professionals face the challenge of developing methods and instruments, which display and improve the quality of (different phases of) interventions to improve the health of disadvantaged persons or groups. One way to do this is through the 'good practice'- approach, a comparatively simple and low threshold method to identify, promote and improve the quality of interventions. This approach offers a pragmatic solution to complex health problems. By making the existing good examples visible and traceable, other projects have the opportunity to reproduce the successful solutions in their own context.

Selection criteria

During the first project year, a list of selection criteria was developed by the management team. Since tackling health inequalities is an inter-sectoral issue that goes beyond the field of health promotion it was agreed not to be too restrictive in terms of in- and exclusion criteria. The following selection criteria were identified:

Content

The intervention

- ❒ MUST set the reduction of health inequalities as its clear aim;
- ❒ SHOULD target mainly persons or groups in a social relative disadvantage (as e.g. measured by education, occupational status or income, neighbourhood or ethnicity etc.);
- ❒ has been initiated directly by public health or health promotion field OR is a result of intersectoral collaboration with other fields.

Effectiveness

- ❒ The intervention has the intended or expected effect.
  That does NOT mean that it has to be evaluated! In order to determine the effectiveness of the intervention, ask the project leader to rate in how far the intervention's aims have been achieved.

Documentation

- ❒ The intervention MUST be documented (design, aims and working methods) and this document should be accessible for interested parties.

Timing

- ❒ Preferably the intervention SHOULD be ongoing.

In detail, these criteria can be taken from the Support Manual Good Practice in annex 4. The second business meeting in June 2005 provided an excellent opportunity to introduce selection and quality elements for good practice (see below).

Quality elements

In the months preceding the first Business Meeting, international literature as well as ongoing programmes were investigated to determine 'what evidences quality in measures of health promotion and prevention for socially disadvantaged'.

From the review process, a list of quality elements was developed and discussed with national partners. At the second Business Meeting, national partners were asked to agree on a common definition on the list of quality elements. The resulting list of quality elements includes:

- ❒ Needs assessment
- ❒ Low barrier method
- ❒ Participation & commitment of target group
- ❒ Empowerment of target group
- ❒ Setting approach
- ❒ Collaborative capacity building/partnership
- ❒ Snowballing/multiplier/intermediaries concept
- ❒ Quality management
- ❒ Evaluation
- ❒ Proportionality
- ❒ Sustainability

Definitions of these concepts are available in the Support Manual Good Practice (see annex 4).

In the process of data assessment, partners were requested to establish which of these elements were fulfilled especially well by the intervention. Partners were asked to choose three of them and to describe why the intervention was particularly strong in these areas. This rationale was incorporated in the on-line good practice description.

Collection of good practices

Measurement

A questionnaire was developed in order to obtain the necessary information related to the good practices. Tackling health inequalities is an inter-sectoral endeavour which extends beyond the field of health promotion. In developing the questionnaire, we widened our focus to go beyond addressing health behaviour, and also included other health determinants such as social community networks and living and working conditions. The advise of the Sub Directory Group Meeting, in which 8 national partners participated was very helpful. The nature and content of thee questionnaire was amongst the main issues discussed during the first meeting in 3 to 4 March 2005

The first part of the draft questionnaire included questions regarding background, target group, aims, activities, results etc. In the second part of the questionnaire, there was a qualitative assessment on the fulfilment of the quality elements to show ‘what works well’.

At the second Business Meeting in June 2005 there was a round table discussion on the applicability and plausibility of the questionnaire. The feedback reflected that there were no major problems. Comments made by the project partners were incorporated in the questionnaire during summer 2005. The final version, a copy of which is enclosed in the annex 4, was distributed in September 2005, so that project partners could begin the process of collecting good practices.

Data collection

The focus of year 2 has been the identification of suitable projects. It was agreed that each participating country collect 5 good practices, leading to a total of 100 projects in the database. It was agreed that project partners would have until the third Business Meeting in March 2006 to collect the good practices.

In order to secure a standardized collection process, a ‘Support Manual Good Practice’ was developed including contact and selection procedures, time frame, guidelines for the quantitative and qualitative assessment through the questionnaire and a term glossary (see annex 4).

Once a suitable project was chosen, national partners could insert all relevant information of the good practice online via a protected area of the Health Inequalities Portal. This secured fast processing and avoided mistakes which might otherwise occur when transcribing the data from the paper questionnaires to the database. Partners were equipped with log in codes and technical support. Therefore, a technical manual 'Instructions for Partners' was developed to provide information on navigation, data entry, the preview function, inclusion of pictures etc. (see annex 4).

The collection process was finalized in year 3. Many of the project partners mentioned found it challenging to identify appropriate projects. 93 projects were entered by May 2007. This is almost the number of projects which has been envisaged (N=100). All good practices submitted underwent a quality check procedure to ensure that the directory is of the best quality possible.

Quality check

A first check was carried out in terms of completeness, formal correctness and plausibility. A second check was carried out in terms of content. Of special interest were aspects such as: is there sufficient context information; do the results mentioned fit with aims indicated; is there a proper reference to health inequalities; does the good practice section show the specific profile and quality of the intervention etc? This procedure was undertaken by the Management Team.

In order to secure partners' ownership over the good practices, they were asked to make the suggested changes to their entries. A project was considered 'quality checked and ready for launch' when the amendments were made at least in part. A scheme of the quality check procedure is available in annex 4.

Outcomes

Given the fact that the good practice collection is not a representative sample, we cannot draw conclusions for the European study population. We nevertheless thought that it would be interesting to analyse the nature of the good practices collected, and to identify some trends.

For instance are the social determinants of health as they have been formulated by Dahlgreen and Whitehead are covered more often than one would have thought. Behavioural life style interventions clearly dominated, with projects targeting mental health, nutrition, physical activity, substance abuse etc. But there are a substantial amount of projects that refer to other, more meso- and macro-social determinants of health: social and community networks and living and working conditions, among those education, health care services, unemployment, housing, etc.

Another trend can be seen; as indicated earlier, each project had to choose three quality elements that the intervention fulfils especially well. Intersectoral partnership, participation of the target group and its empowerment are those criteria which are applied most often throughout the projects. It can be concluded that the principles which have been articulated in the Ottawa Charter for Health Promotion such as advocate, enable and mediate are actually realized.

But more importantly, the good practice directory is a collection of practical examples to tackle health inequalities from all over Europe. These practical examples were illustrated in a range of conferences, some of which are listed in section 5.6.

Development of a Health Inequalities Portal

It must be stressed that the resulting directory is an output that goes far beyond the one initially proposed. Not only good practices, but all other data which have been collected in 'Closing the Gap' are available in an Online Directory which is referred to as the Health Inequalities Portal. The Portal has been on line since August 2005 and can be accessed at www.health-inequalities.eu.

The Portal contains, among other things, the following elements:

- Homepage with welcome text which has been translated in all participating languages
- Introduction to the project which has been translated in all participating languages including a project leaflet for download
- Background information on / links to national partners, i.e. 21 health promotion and public health agencies
- Results of EU analysis (cf. chapter 2)
- Results of situation analysis (cf. chapter 3)
- Results of good practices (cf. chapter 4)
- Important links and publications
- Safe area (Partner pages) for the good practice submission with instruments and other files

The screenshots in annex 4 give an impression of the Health Inequalities Portal.

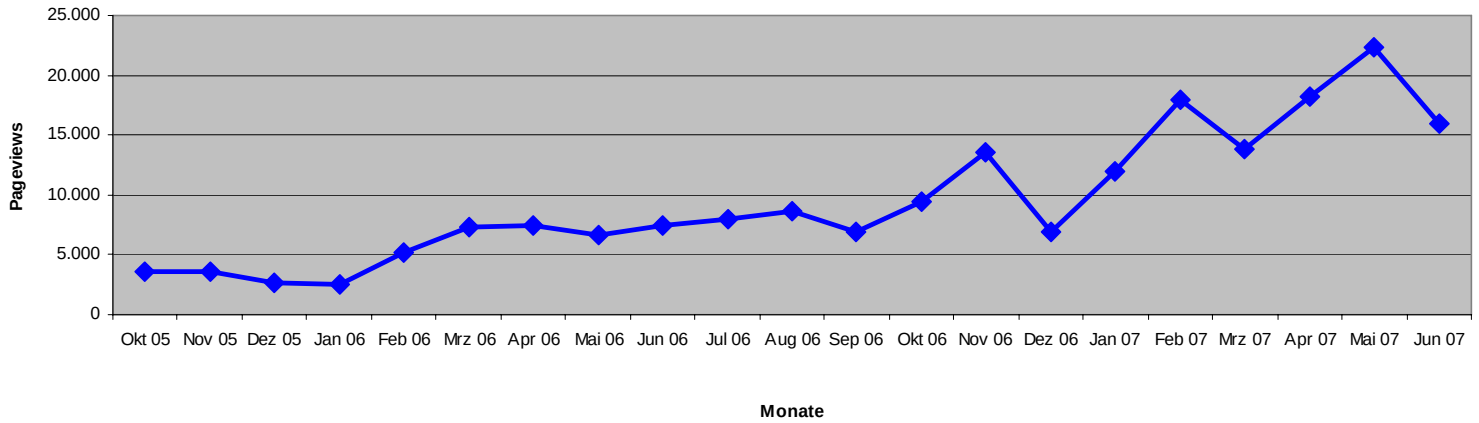
With regard to the good practice module, the database can be searched in three different ways:

- Full Text Search
  Good Practice Interventions by searching for keywords
- Search for interventions by country
  All Good Practice Interventions in one country
- Detailed Search
  Good Practice Interventions by starting a combined search for target groups, age groups, fields of intervention/ determinants of health, settings and Good Practice-Criteria

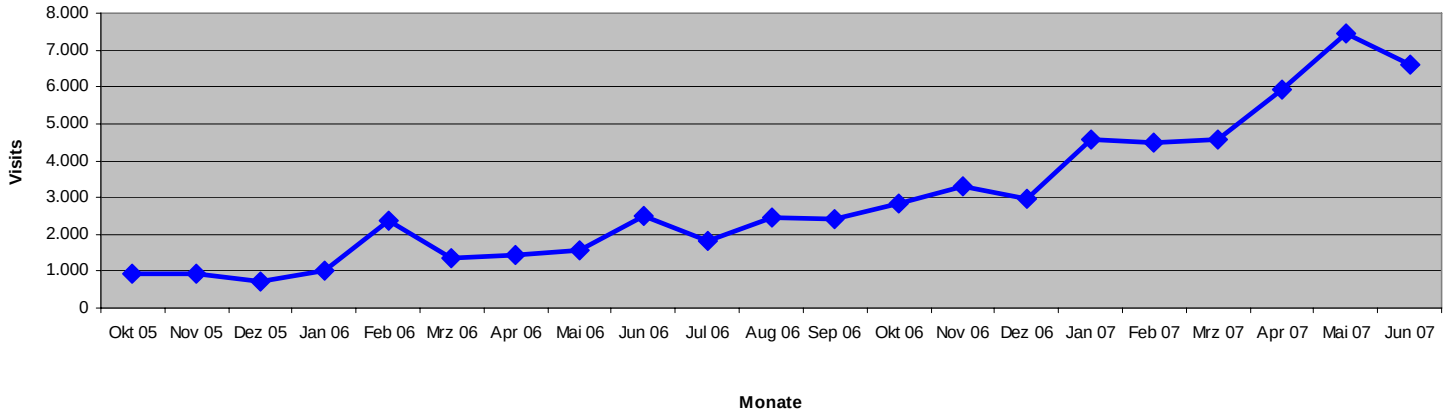
In addition, it is now possible to get specific information on each participating country and their health-inequality related activities that was extracted from the National Situation Analysis, such as key policy documents, key actors, key policy tools, other publications, national database of good practice (cf. chapter 3).

Overall, an appealing and well structured internet platform has been established. The Health Inequalities Portal as an EU internet homepage serves to give EU member states an overview of actual structures and processes currently in place in the EU to tackle health inequalities. From the below figure it can be seen that visits have constantly risen and that in May some 7.500 persons visited the Health Inequalities Portal with more than 22.000 page views that month (see below figure). Finally, a regular email alert has been established which informs a defined number of users on new Portal developments.

Pageview-Verlauf "Closing the GAP"



Visit-Verlauf "Closing the GAP"



5 Infrastructure

This module has aimed to develop a European public health and health promotion network active in the field of tackling health inequalities.

Of the initial 24 national public health and health promotion agencies that expressed their intention to participate in 'Closing the Gap', three have opted for an observer status, namely Austria, Switzerland and Belgium. Of these, countries, Belgium has been the most active, and participated in Business Meeting 3. EuroHealthNet also presented at and took part in a series of meetings organised by the King Baudouin Foundation, to assist them with their plans to raise awareness form and to put together and develop an Action Plan to tackle Health Inequalities in the country. They are eager to draw on the outcomes of this project. In addition, Lithuania took part in the second year of the project, but could not continue their involvement due to internal restructuring.

In conclusion, the European partners for Equity in Health include 21 national public health and health promotion agencies mentioned throughout this report.

5.1 Management Meetings

Monitoring the progress of the project is an important part of the evaluation framework, which is based on the principles of action research. Process data was collected by the coordinating team and evaluated through four annual management evaluation meetings with BZgA and EuroHealthNet staff. ? *(Simone: Not sure I understand. Does this refer to Federico's work?)*

In the three year course of the project, 12 meetings have been held by the management team comprised of EuroHealthNet and BZgA staff. These meetings provided an opportunity for internal discussion and agreement of structures and processes and for the preparation of the Business, Subgroup and Advisory Group Meetings mentioned below.

Dates and full minutes can be taken from the Health Inequalities Project Calendar in annex 5.1.

5.2 Business Meetings

Four Business Meetings were held during the course of the project.

The first out of four Business Meetings of the European partners for Equity in Health was held from 27 to 28 October 2004 in Cologne. The aim was to introduce the project and its aims to national partners, to explain tasks, to get to know each other and to have a first discussion on the terminology and concept of health inequalities. Prof. Hilary Graham as a member of the project's advisory board gave a very stimulating lecture on tackling health inequalities, that helped to provide theoretical underpinnings

The second out of four Business Meetings of the European partners for Equity in Health took place from 20 to 21 June 2005 in Prague. The main aims were to take forward work on the National Situation Analysis and to introduce the process of local good practices. Professor Ken Judge, an invited speaker, presented on the EUROTHINE project, which is also being financed by the EC and co-ordinated by Professor Mackenbach from the University of Rotterdam.

The Third Business Meeting took place on 29 to 30 March 2006 in Brussels. The meeting marked the approximate half-way point of the three-year project period, and also represented the shift from gathering information on tackling health inequalities in the participating countries, to developing and implementing 'Strategies for Action' to stimulate advancement. The main aim of the meeting was therefore to exchange in working groups on selected strategies with regard to evidence and evaluation; awareness raising; working across policy sectors and HIA; support for Regions. Based on this, a tool kit was developed (cf. chapter 3).

The Fourth Business Meeting took place on 29 to 31 November 2007 in Berlin. Half a year before the end of the EU project, this meeting served to exchange on national strategic initiatives to tackle health inequaliaites. Therefore, all project partners gave short presentations in sub groups. Importantly, the preparation of the national seminars which were to be held by all project partners in February 2007 was discussed as well as the closing conference in May 2007. To prepare the recommendations, partners were already asked on their key lessons learned from the EU project. The last business meeting was enriched by two external speakers: Sebastian Taylor represented the WHO Commission on Social Determinants, Jenny Kehler presented on cost effectiveness of health inequality strategies. It was a valuable occasion that the annual German congress on poverty and health (Armut und Gesundheit) started the next day. With the support of our colleagues from the Netherlands, Norway and Sweden an international session was carried out named 'Tackling Health Inequalities - what can we learn from our European neighbours: national programmes and good practices' on 1 Dezember 2006 in Berlin which received much interest.

Full minutes of all business meetings are available in annex 5.2.

5.3 Subgroup 'Directory' Meetings

In order to support the development of both the collection process of good practices and the construction of the Health Inequalities Portal, a Subgroup Directory was established. Eight national partners participated in the two meetings of this subgroup held from 3 to 4 March 2005 an on 11 July 2006.

Minutes are available in annex 5.3.

Overall, this was a constructive and very fruitful exchange which brought up many new ideas for improvement of the portal and its modules, instruments, procedures etc.

5.4 Advisory Group meetings

The project's first Advisory Group Meeting was held on 1 February 2005 in Brussels. Margarete Whitehead as a member of the advisory board and Chris Brown, WHO Europe, participated, among others. These experts provided helpful comments on the definition paper, on the questionnaire assessing the national situation and on the inclusion criteria for the collection of good practices.

The project's second Advisory Group Meeting took place from 23 to 24 November 2005 in Cologne. The discussions involved: feedback with respect to the project progress; views on how to advance national policy and action to tackle health inequalities; views on the proposed procedure to develop Strategies for Action at National and European level; comments on the suggested procedure to evaluate the Closing the Gap Project (presented at the meeting).

The programme and full minutes of this meeting are available in the annex 5.4.

5.5 Conferences and other external events

Office staff took part in and organised a variety of external events (documentation in chronological order in annex 5.5).

When	*Who*	*What*
15 September 2004	Costongs, Weyers	Meeting with sister EU Project EUROTHINE (project holder Prof. Mackenbach) in Rotterdam
23 to 24 September 2004	Jurczak Needle	HDA Conference from in London
8 to 9 April 2005	Jurczak	1st EUROTHINE Project Meeting from in Rotterdam
10 June 2005	Costongs, Stegeman, Reemann, Lehmann	Workshop 'Show me how you do it - cross-European exchange of good practice addressing health determinants' at the 6th Annual IUHPE Conference in Stockholm. Presentation of Closing the Gap
26 February 2007	Needle	WHO Conference on Diet and Nutrition
12 October 2005	Stegeman	'Right to Health – are some more equal than others' at a 'Right to Health' workshop at a Social Platform Conference on Fundamental Rights
9 to 10 November 2005	Stegeman Needle	Workshop on 'Overcoming disadvantage: tackling health inequalities and social exclusion amongst young people' in the context of the 'Future European' Conference organized by the European Public Health Alliance
18 to 19 November 2005	Weyers	Workshop on 'Good Practice – an instrument for quality development' at the 11th German congress on Poverty and Health (Armut und Gesundheit), Berlin
17 to 18 October 2005	Needle, Weyers	Workshop 'What are member states doing to tackle health inequalities' at the London Health Inequalities Summit. The project was prominently displayed in a DG SANCO stand. The display panels contained main information on the project activities and outputs and gave credit to the project partners. One of the two main reports commissioned by the United Kingdom EU Council Presidency was 'Health Inequalities: a Challenge for Europe', was to a large extent based on information from the National Strategies collected and assessed in the context of this project (cf. chapter 3). The report was presented by Professor Ken Judge.
December 2005	Costongs	EU High Level Committee on Health
March 2006	Costongs	EU Expert Group on Health Inequalities
September 2006	Stegeman	Rapporteur for the Workshop on Health Inequalities as a Multisectoral Challenge at the EC Finnish Presidency Conference on Health in All Policy Areas, Kuopio
October 2006	Stegeman	Workshop on Health Inequalities and Social Exclusion at the Urban Health Conference Amsterdam
16 October 2006	Reemann	Scientific Advisory Committee of the BZgA
18 to 21 October 2006	Costongs, Weyers	In the frame of the seventh IUHPE European Conference on Health Promotion and Health Education

		on 'Globalization and Equity: Consequences for Health Promotion Policies and Practices' with plenary lecture and workshop where international expertise on good practice in tackling health inequalities was exchanged, Budapest
1 December 2006	Fosse, Moberg, Stegeman, ten Dam, Weyers	International Session on , Tackling Health Inequalities – what can we learn from our European neighbours; national programmes and good practices' at the 12th German congress on poverty and health (Armut und Gesundheit), Berlin
January 2007	Stegeman	Presentation outlining the key actions being taken in countries participating in 'Closing the Gap' at the Baudouin Foundation which has been coordinating a process to get health inequalities onto the Belgian political agenda that involves identifying priorities for action
2 March 2007	Weyers	Presentation on Health Inequalities at the Latvian National Seminar in Riga.
8 May 2007		Closing Conference in Brussels (see below *)

*) The Closing Conference ***'Action on Health Equity'*** was included in the German Council Presidency Programme (first half of 2007) and took place at the Representation of the Free State of Bavaria to the EU. Some 130 participants (policy makers from the health and other policy sectors, representatives from various European organisations and networks, as well as EU and government officials) took part. Key speakers included Professor Goran Dahlgren, and Frank Niggemeier on behalf of the German EU Presidency, Michael Huebel from DG SANCO, and Dr Elisabeth Pott, Director of the BZgA. Information and presentations are available in the events section of the portal at www.health-inequalities.eu.

5.6 Public Relations

Several other activities have also served to make the Closing the Gap project known to a wider audience. They are listed in chronological order and partly attached in the annex 5.6.

- 'Closing the Gap' is mentioned on the management teams' institute websites at www.bzga.de and www.eurohealthnet.org which link to the Health Inequalities Portal www.health-inequalities.org. All project partners have also been asked to provide information, and to link to the Portal.

- The BZgA as contract holder has launched a series of press releases in Germany on the occasion of various project events.

- Interim project outcomes and the Portal link have been sent to, and appear on the EuroActive Portal at www.euractive.org.

- A joint announcement with the complementary EU funded project EUROTHINE (Prof. Mackenbach, Rotterdam) was developed. This scientific letter appeared in English, French and German.
  Weyers S, Kunst A (2006). Tackling Health Inequalities - two European Programmes will identify effective strategies from 2004 to 2007. *Sozial- und Präventimedizin* 51, 1–2.

- One of the two main reports commissioned by the EU United Kingdom Council presidency was to a large extent based on information on national strategies collected through the project.
  Judge K, Platt S, Costongs C, Jurczak K (2005). *Health Inequalities: A Challenge for Europe.* London: Department of Health.

- In addition to the national level portraits of the individual countries in the Health Inequalities Portal, an overview analysis was conducted and its initial results published in EuroHealth magazine.
  Jurczak K, Costongs C, Reemann H (2005). National policies to tackle health inequalities in Europe. *EuroHealth*, 11, 2, 24-26.

- The English promotional project leaflet was updated and expanded. Project partners could, if they desired, translate the leaflet into their own national languages. This was done by Germany, for instance.

- Riedel R, Weyers S (2006). Closing the Gap wächst – Europäisches Internet Portal zur Verminderung gesundheitlicher Ungleichheiten erweitert. Infodienst für Gesundheitsförderung 3, 9.

- Taking Action on Health Equity. This publication contains summaries of what each of the 21 ´Closing the Gap´ partners are doing to address health inequalities in their countries, as well as the conclusions and recommendations of this 3-year initiative.
  Costongs S, Stegeman I, Bensaude S, Weyers S (2007). *Taking Action on Health Equity*. Brussels: EuroHealthNet.

- Different networks and organisations working at the EU level in fields of e.g poverty, environmental health, pharmaceuticals and agricultural policy discuss, in their own words, how they are contributing to a reduction of health inequalities. *Tackling Health Inequalities in the EU: The Contributions of Various EU-level Actors*. Brussels: EuroHealthNet.

- A sub group analysis has been carried out to demonstrate good practices in health promotion of socially disadvantaged children.
  Richter A (2007). *Beispiele Guter Praxis in Europa. Qualitative Analyse der zielgruppenspezifischen Modelle für die Altersgruppe Kinder und Jugendliche aus "Closing the Gap*". Köln: BZgA.

- Lehmann F, Weyers S (2007). Programme und Projekte zum Abbau sozial bedingter Ungleichheit von Gesundheitschancen in Deutschland und Europa. *Prävention und Gesundheitsförderung* 2, 98-104.

- Weyers S, Lehmann F, Meyer-Nürnberger M, Reemann H, Altgeld T, Hommes M, Luig-Arlt H, Mielck A (2007). Strategien zur Verminderung gesundheitlicher Ungleichheiten in Deutschland. *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz* 50, 484-491.

- Weyers S (2007). Closing the Gap: Strategies for Action to Tackle Health Inequalities. Impulse 55, 16

- Several project partners published on the EU Project Closing the Gap. These documents are enclosed at the end of annex 5.6.

In summary, the resources developed by the EU co-funded ‘Closing the Gap’ project provided EU member states, researchers, practitioners and other interested persons with the possibility to learn more about and to participate in the process of tackling health inequalities.

6 Evaluation

The assessment of the Project “Closing the Gap” had both summative and formative goals. On the one hand, it aimed at monitoring certain aspects of the project in order to identify potential problems that could eventually be corrected in further steps. On the other hand, it intended to analyze to which extent outputs and outcomes stated in the proposal were achieved.

Research strategies and questions

Besides evaluating some general aspects of the project, the assessment basically follows the structure of the Project. In other words, it analyses the implementation of each of the Work Packages.

Given the characteristics of the project, the assessment gives more emphasis to the analysis of the Work Packages 3 (National Policy Level) and 4 (Good Practices Directory).

The general research questions that have guided the evaluation are as follows:

- To what extent have the proposed outputs and outcomes been achieved and to what extent do they differ from those stated in the project proposal?
- What strategies, methods and tools were developed in order to achieve those outputs and outcomes and how useful were they?
- How did Project Partners assess strategies, methods and tools developed throughout the Project?
- How did participants in the project and potential users of its results value the outputs and outcomes achieved?

Besides these general questions, other specific ones guided the assessment of each of the Work Packages.

Methods and techniques

The Project was externally assessed at three different times during its implementation: 1) January - April 2006; 2) December 2006 - March 2007; 3) May - July 2007. In each step, different techniques were used to gather and analyze information.

Besides the analysis of administrative records (like minutes, reports, etc), papers, publications and online data, the evaluation relied on the information and opinions provided by members of the Project Team (both EuroHealthNet and BZgA), Project Partners and potential users of the Portal. In addition, the external evaluator attended two of the Business meetings, two of the Management meetings and the final conference held in Brussels.

Members of the Project team were interviewed in several occasions, basically at the beginning as well as at the end of each evaluative step. Project Partners were interviewed twice by phone, for the first and the third assessments. They were also asked to fill in a written questionnaire, provided by the external evaluator for the second assessment. In turn, potential users of the Portal were selected by each

Project Partner and were asked to fill in a questionnaire that focused on the information and usability of the Portal.

An additional questionnaire was developed to evaluate the Final Conference. Participants were asked to fill it in.

Outputs and results

As a result of the evaluative activities, four pieces of work were submitted:

- 2 Intermediate reports containing the analysis of the first two assessment steps
- 1 report containing the figures of the evaluation of the Final Conference
- 1 Final report

The evaluation states that, all in all, the Project Closing the Gap has been successfully implemented. Comparing the final results with the original proposal, it is easy to see that stated outputs and outcomes were globally achieved as expected, in spite of some variations, minor adjustments and some particular failures.

Beyond the outputs mentioned throughout the present final report, the evaluation showed that the project has achieved other results that are also remarkable. First, the advocacy and communicational strategies seem to have been successful. The results of the project were presented in several events and many political actors are aware of the activities and goals of the Project. Besides, thousands of persons have directly or indirectly participated in the activities organized by the Project in 21 EU countries. Second, besides the formal results, many Partners have recognized that they have learned a lot by working together with colleagues from other countries and learning from their experiences. Also, some of them have said that their own position and the position of the Health Inequality issues have been reinforced in their countries, given their participation in this and other projects alike. Third, the institutions and the persons that participated in the technical and administrative coordination of the Project seem to have done a good job. Despite few critics, most Partners were satisfied or very satisfied with the way in which the project was managed. Even if –as mentioned along the report– some adjustment should be done to the tools used and strategies followed for developing the Project, those tools and strategies proved to be accurate and well developed.

Nonetheless, even if the overall assessment of the Project is very positive, some critical aspects must be pointed out. They included the following:

First, even if –from an overall perspective– the Project has successfully achieved the expected results, these were not always reached to the same extent by all Partners. Even if problems related to different commitments and achievements of Partners might be due to the different institutional capacities and situations of each of them, one critical issue of this Project is that Partners' commitment basically relies on their interest and goodwill to participate. One aspect that was mentioned many times as one of the critical aspects of the project is the "language problem", i.e. most content of the Portal is in English and must be translated for some end users. Probably the most important critical issue of the Project is related to the sustainability of the results. The Project has achieved some results that will get easily outdated if Project Team and Partners do not keep working on it, both updating the information already existent as well as incorporating new information that reflects the dynamic state of

the art in tackling health inequalities. Luckily, this problem will for the most part be solved in the frame of the new EU Project ‘Determine’ (cf. chapter 6).

7 Conclusion and next steps

Having arrived at the end of this three year initiative, it can be concluded that it has progressed well, and that the established objectives have been achieved.

National project partners participated actively during the meetings mentioned in chapter 5 and have, in large part, contributed to the project in a timely fashion. The management teams of the Federal Centre for Health Education (BZgA) in Cologne and of EuroHealthNet in Brussels established and maintained effective working structures and processes. As a consequence, all deliverables mentioned in the proposal (cf. chapter 0) have been produced:

(1) Based on literature research and interdisciplinary and EU wide dialogue, a definition of 'tackling health inequalities' has been developed and agreed by all national partners. This definition together with other project outcomes have served as basis for the project recommendations.
(2) Examples of how EU level policies and programmes can have a positive or negative effect on efforts to tackle health inequalities in EU Member States have been collected, and incorporated into the EU Policy section of the Health Inequalities Portal.

(3) The collection and analysis of the questionnaires examining the national policies implemented with a view of tackling health inequalities proved to be a unique source of data on that subject at a European scale. As a result, national portraits have been created and are now available on the inequalities portal. An overview report has been produced that summarises the trends in policy making in Europe Where possible, the new learning generated in the course of the project have been integrated into the work programmes of the participating institutes or taken to the regional/national level in the form of Strategies for Action.

(4) The collection of good practices has lead to 93 entries in the data base which have undergone an extensive quality check and have been available and searchable since summer 2006. Vivid projects from all partner countries serve as example for transfer and adaptation or new development of measures. The on-line European Directory of good practices has been extended to the Health Inequalities Portal which not only allows the search for good practices but for all data which were collected in the five modules mentioned. The Health Inequalities Portal is available at www.health-inequalities.eu. Regular e-newsbriefs were developed to inform project partners about Portal updates.

(5) A Consortium of 21 national agencies working on the reduction of health inequalities in Europe has been established. It is now called European Partners for Equity in Health. The Consortium has collaborated on the occasion of management-, business- and subgroup meetings. The advisory board consisting of four leading experts in the field has provided fruitful support. Several marketing activities took place to disseminate the EU project, e.g. by press work, brochures, and conference attendance.

Outlook

With the closure of the EU Project ‚Closing the Gap' an overview on EU policies, national strategies and good practice projects has been completed. To reach this aim, 21 national organisations for health promotion have worked together in a very constructive and reliable way. This is important since these national bodies have an important role: the mediate between European and local level by collecting

international and European information on health inequalities and making it available for regional and local level, they monitor EU and national level policies that are relevant for health inequalities, and they have an advocacy role to keep health inequalities on the agenda and to build partnerships with other relevant organisations. We would like to use this opportunity to thank our project partners for good collaboration.

In a top-down-approach, collaboration and events of Closing the Gap, above all the national seminars in spring 2007, have enormously helped to push the issue of health inequalities in partner countries. In a bottom-up-approach, Closing the Gap has helped to systematize many of the smaller and larger activities that are carried out in different European countries and to collect important expertise which has been gained from them

One of the strengths of this project was close liaison with other relevant structures such as the EUROTHINE project, the organizers of the United Kingdom's EU summit on health inequalities, the WHO Commission on Social Determinants of Health, the WHO European Office for Investment for Health and Development etc. These contacts indicate that there is a high need for exchange and discussion with regard to tackling health inequalities. It is important to combine respective resources on different levels and look for synergies. This also serves to avoid an overlap of work.

It remains to thank the European Commission for having given the financial support which was and will be the foundation for the exchange of the European partners for Equity in Health.

Luckily, we been given the opportunity to continue and expand on the Parthership's work in the frame of the DETERMINE project to be carried out from 2007 to 2010 under the leadership of the National Institute of Public Health in the Czech Republic and EuroHealthNet. DETERMINE's overall objective is to apply the EU and its Member State's shared policy competences to act on the socio-economic determinants, and to make concrete, sustainable progress towards policy developments that positively influence social and economic determinants of health. It is, in other words, to ensure greater awareness of the responsibility that all policy sectors, beyond the health sector, have with respect to maintaining and improving the health of EU citizens and to tackling health inequalities, and to gather the evidence of the benefits of greater collective investment in health. This will be done by bringing together a high level, multi-stakeholder Consortium comprised of governments, health bodies, organisations and institutions from 26 countries, to work as an active EU level platform mechanism that will apply evidence based approaches across policy sectors in the EU and its member states.

In this project, the BZgA's role was to disseminate the Parthership's work to a wide and varied audience. The primary source of dissemination will be the Health-Inequalities Portal www.health-inequalities.eu that was developed as part of 'Closing the Gap: Strategies for Action to Tackle Health Inequalities in Europe'.