

Consultation Paper

EU action to reduce health inequalities. Input requested.

This request for input to the development of a Commission Communication aiming to support the reduction of health inequalities in the EU is being sent to key stakeholders involved in European work with the European Commission in the areas of social policy and employment policy. A list of questions is given at the end of the paper.

Responses should be sent to:

SANCO-C4-HEALTH-INEQUALITIES@ec.europa.eu

By 1 April 2009

Consultation Paper

EU action to reduce health inequalities.

The size and scale of the differences in health of people living in different parts of the EU and between socially advantaged and disadvantaged EU citizens represents a challenge to the EU's commitment to solidarity and equality of opportunity. In this context, the European Commission has announced a communication on reducing health inequalities in the EU in its work programme for 2009 as an initiative on "Solidarity in Health".

This comes as there is increasing political will to act at European level to help bridge these differences. In June 2008 the European Council underlined the importance of closing the gap in health and in life expectancy between and within Member States and called for further work in the area. In July 2008 the Commission Communication on a Renewed Social Agenda restated the fundamental social objectives of Europe to achieving harmonious, cohesive and inclusive societies and announced a Commission Communication on health inequalities for 2009. The Commission White Paper "Together for Health, a strategic approach for the EU 2008-2013" of October 2007 stressed the need to reduce inequities in health between and within Member States and announced policy action proposals aimed at reducing health inequities. The European Parliament, the Council and the Committee of the Regions, in their opinions and conclusions on the Strategy, have all emphasised the need to address inequalities.

On the international arena, the WHO Commission on Social Determinants of Health published in August 2008 demonstrated that inequalities in health outcomes are fundamentally related to overall social and living conditions. Tackling them requires a coordinated response across relevant policy areas.

As highlighted in the 2008 Joint Report on Social Inclusion and Social Protection¹ and the 2008 report² "Monitoring progress towards the objectives of the European Strategy for Social Protection and Social Inclusion" and others³, substantial differences in overall life expectancy at birth and in the years lived in good health (Healthy Life Years) can be observed across the EU Member States. People in many new Member States live shorter lives than their Western counterparts. For example, for women, the life expectancy gap between EU countries is 8 years. For men it is 14 years. Moreover, the gap in Healthy life years is even greater - for women it is as high as 18 years. The rates of incidence and mortality of diseases also vary widely across the EU. For example, ischaemic heart diseases kill over 10 times more women in Lithuania than in France and there are 25 times more cases of tuberculosis in Romania than in Cyprus.

Large differences in health status also exist within EU Member States where there is a clear social gradient in health status.⁴ People with a lower level of education, a lower occupational class or a lower level of income tend to die at a younger age and to have a higher prevalence of most types of health problems. For example, socio-economic inequalities in healthy life years can amount to more than 10 years for men and almost 5 years for women. Similar gaps exist in health between some ethnic and migrant groups and the general population. While overall levels

¹ See http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/joint_report_en.pdf

² See http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/omc_monitoring_en.pdf

³ See for example http://ec.europa.eu/employment_social/spsi/reports_and_papers_en.htm for the annual reports of the European Observatory on Social Situation and Demography

⁴ See for example http://ec.europa.eu/health/ph_determinants/socio_economics/socio_economics_en.htm for various relevant links and publications.

of health have improved over the last 20 years the gap between the most advantaged and most disadvantaged has increased in many countries. Gender can also determine differences in health status, health risks and access to health services. Women live on average 6 years longer than men, but most of these additional years are lived with activity limitation due to bad health.

Whereas Member States have the principal role in this matter, many of them struggle to find the means to tackle these issues and may not always have in place the necessary investments to meet people's needs. The EU can add value by providing a picture of the dimensions and implications of health inequalities across the EU and by ensuring that Community policies in areas such as public health, employment, social policy and regional policy provide a positive health benefit targeted at the geographic areas and social groups that need it the most.

Further action by the EU could contribute to the following areas:

- Raise awareness about the extent and consequences of health inequalities and to promote the tackling of health inequalities as a policy priority both at Community level and in all Member States.
- Improve the mechanisms to monitor inequalities in health across the EU (between and within Member States) by improving data collection via more systematic and comparable information that complements existing data on health inequalities and via regular monitoring and analysis.
- Support Member States' actions to tackle health inequalities notably by highlighting possible ways to prevent and address health inequalities, by encouraging greater policy coordination and best-practice exchange and through financial support via the Structural Funds and other EU funding instruments.
- Mobilise all relevant EU policies to contribute to reducing inequalities in health by bringing together under a coherent framework the work of different Commission services, in line with the 2008 Renewed Social Agenda and the 2007 Health Strategy.

QUESTIONS FOR CONSULTATION

The following are provided as a guide to the kind of questions on which the Commission would like to receive contributions . Responses are invited on these questions and on any another other issue that consultees regards as relevant.

On general data:

What do you think will be the trends regarding health inequalities ? – are they increasing or decreasing for example – please supply evidence if possible.

- between Member States (e.g. major differences in terms of health outcomes)
- between socio-economic groups

What kind of indicators do you think would be necessary to better monitor the extent of Health Inequalities in the EU ?

If you think monitoring and reporting needs improvement in this area, what kind of monitoring tools should be used?

On scope of level of EU action/subsidiarity:

Do you think action at EU level could make a difference in addressing health inequalities? Why?

How should relevant stakeholders be supported and engaged at EU level in tackling health inequalities?

Should there be a common commitment at EU level to reduce health inequalities for example by committing to common milestones and reduction targets? If yes, what do you think these milestones or targets should be (what variables? what extent?)?

What would be the right tools to ensure that common goals are achieved on national and EU level (reporting, benchmarking, OMC, etc)?

To what degree can health inequalities be addressed through health policy? How?

Which and to what extent should other policy areas, such as social policy, contribute to reducing health inequalities.

Possible Actions and impacts:

- Given the current economic situation can you think of any immediate action that EU or Member States could take to avoid an increase of health inequalities in the short term?
- Do you believe that investments through structural funds could help to reduce health inequalities. If so how and why ?
- Where do you think should future investments through structural funds be mainly spent to be effective for reducing health inequalities and what would be the expected impact of that spending?
- What in your opinion are other areas that EU and Member States should be encouraged to focus on to achieve a reduction of health inequalities ?
- To what extent would existing coordination and monitoring processes at EU level need to be improved to strengthen joint action on health inequalities.?
- What could be possible actions in other EU policy areas on health inequalities and what could be there impact?
- What shall be done by the EU in order to facilitate the exchange of experiences between Member States, regions and cities?

- How should EU policies be stream-lined in order to reach targeted beneficiaries in the best way? (Disadvantaged, women, migrants, children)
- To what extent do you think is the improvement of research capacities advantageous for fighting HI? Can you name any concrete examples?

Other points

Do you know of any examples of good practice in addressing health inequalities which would be helpful to share with the Commission or other stakeholders – if yes please supply details.

Please provide any other contributions which you wish to add.

Thank you for your help

Please send comments to SANCO-C4-HEALTH-INEQUALITIES@ec.europa.eu

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