

Tackling health inequalities

EU support to improve health across all sectors of society

Large disparities in health exist across Europe, between countries, between different parts of the same country and between social groups. By raising awareness of these health inequalities, supporting the development of policies to address them and sharing best practice, EU-funded projects are aiming to ensure that all members of society enjoy better health.

Variation in health

Life expectancy and many other measures of health vary widely both between and within countries.

Health inequalities generally reflect social inequalities, leading to a marked 'social gradient' in health and wellbeing. Moreover, certain communities — including ethnic minorities (especially Roma) and stigmatised groups, such as irregular migrants and sex workers — experience significant health inequalities.

Disparities in health reflect variations in the structures of societies in which people live and the conditions of their daily lives. They are generally mediated by factors such as alcohol and tobacco use and risk behaviours typically associated with low education, income and skills and adverse environments.

Health inequalities also have major economic consequences for countries, in terms of lost productivity and additional healthcare and welfare costs.





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9 000
 No. of infant lives saved annually if all countries achieved best EU infant mortality rate

Better health for all

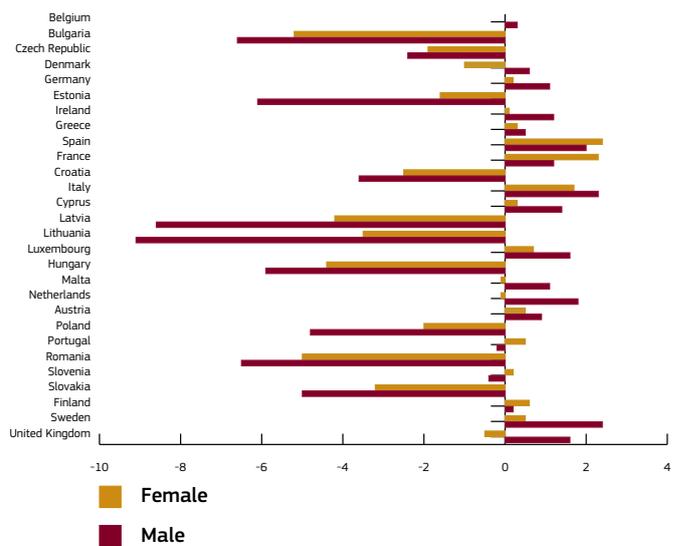
The EU's 2009 Communication 'Solidarity in Health: Reducing health inequalities in the EU' highlighted the largely social origins of health disparities and suggested ways to address them. It provided impetus to earlier efforts to address health inequalities, which were also recognised in the 2007 EU health strategy. Looking forward, the EU's goal of smart, sustainable and inclusive growth, set out in its Europe 2020 Strategy, will depend on better health for all members of society.

The EU's health programme is committed to tackling health inequalities. One of the three overarching aims of the 2008-2013 programme was to promote health and reduce health inequalities. The 2014-2020 programme identifies health inequalities as a key challenge facing the EU.

During the 2003-2013 period, 64 actions involving some 700 organisations received €42 million of support to address the priorities and challenges outlined in 'Solidarity in Health'. European collaborations have captured a wealth of data to guide policymaking, and have identified examples of effective good practices at all levels, particularly by engaging with other policy sectors — the 'health in all policies' approach. Actions have also aimed to build policymaking capacity and enhance links between policy sectors.

A further important focus has been the development and evaluation of interventions, and sharing of best practice, to promote better health, particularly among disadvantaged groups.

Life expectancy at birth, difference from the EU average (years), males/females.



Source: Eurostat, some data is provisional

Building capacity for action

Project name: Action-for-Health

Number of partners: 10 from 10 countries (BG, EE, ES, HR, HU, LT, NL, SI, SK, UK). **EC co-funding:** €588 863. **Duration:** 24 months.

By sharing experience and building on existing know-how, Action-for-Health has helped European regional stakeholders, especially in Eastern Europe, to increase their capacity to tackle health inequalities, particularly by accessing EU structural funds.

Needs assessments were carried out at a national level in seven countries. This identified barriers to health equity and highlighted best practices. By sharing a common methodology that respected local situations and resources, project partners were able to develop strategic and locally tailored health-promotion action plans to address health inequalities.

Action plans were developed for seven regions, while a publication on structural funds and a distance learning tool to support development and implementation of action plans will promote wider adoption of the approach.

Visit: www.action-for-health.eu/

Tackling social determinants

Project name: WHO European Review of Social Determinants and the Health Divide

Number of partners: Single beneficiary direct grant. **EC co-funding:** €400 000. **Duration:** 30 months.

The EU and the WHO Regional Office for Europe worked together to produce the WHO European Review of Social Determinants and the Health Divide and translate its findings into policy guidance for action on social determinants and health inequalities.

The project built policymaker capacity through a series of policy dialogues and by integrating guidance into existing WHO capacity-building activities and programmes.

The project generated online health inequalities atlases to assess trends and provide a core set of indicators for use by health policymakers/advisers. The project also developed six policy briefs, and guidance to policymakers on applying the 'health in all policies' approach.

Visit: www.euro.who.int/en/data-and-evidence/equity-in-health-project



Promoting 'health in all policies'

Project name: Equity Action

Number of partners: 24 from 16 countries (BE, CZ, DE, IE, EL, ES, FR, IT, LV, HU, NL, NO, PL, FI, SE, UK). **EC co-funding:** €1 699 999. **Duration:** 36 months.

Promoting 'health in all policies', Equity Action engaged with stakeholders across multiple policy areas to focus attention on health inequalities and cross-sectoral policies in order to address them at national, regional and local level.

It built on the evidence base covering the extent and implications of health inequalities highlighted in 'Solidarity in Health' and promoted use of tools such as 'health impact assess-

ments with an equity focus' and 'health equity audits', in order to integrate a health perspective into policy development and promote action across government on health inequalities.

It also developed a guidance tool for regions on the use of EU structural funds to reduce health inequalities, identified new evidence on the links between a range of policies and health inequalities, and assisted countries in considering the broad range of stakeholders needed to tackle socio-economic inequalities.

Visit: www.equityaction-project.eu



Eastern cross-border health cooperation

Project name: BORDERNETwork

Number of partners: 12 from 8 countries (BG, DE, EE, LV, AT, PL, RO, SK). **EC funding:** €1 243 475. **Duration:** 36 months.

BORDERNETwork was an interdisciplinary cross-border network project implementing 'highly active prevention' for HIV/AIDS and associated sexually transmitted infections in eight EU countries and four neighbouring states (Bosnia and Herzegovina, Moldova, Serbia and Ukraine). It aimed to improve the clinical management of HIV and viral hepatitis B and C co-infections.

A 'combination prevention' approach was adopted, integrating biomedical, behavioural and structural strategies. BORDERNETwork aimed to build bridges between professional and community groups working in prevention, diagnosis and treatment, with a particular focus on cross-border links.

The project targeted vulnerable populations, including people who inject drugs, mobile sex workers, migrants/ethnic minorities and young people.

Visit: www.bordnet.eu

Tackling hepatitis

Project name: EU-HEP-SCREEN

Number of partners: 11 from 6 countries (DE, ES, IT, HU, NL, UK). **EC funding:** €792 816. **Duration:** 36 months.

EU-HEP-SCREEN aims to improve the capacity of healthcare professionals to deliver effective hepatitis B and C screening programmes to migrant and ethnic minority groups. It is developing a toolkit for public health professionals and policymakers to support implementation of screening programmes in different settings, such as antenatal care, occupational health services, education facilities and primary health clinics.

Migrants from hepatitis B and C endemic areas are at particular risk of liver cancer and cirrhosis. Unfortunately, awareness among healthcare professionals and at-risk groups is low, restricting access to diagnostics and timely treatment.

By sharing European experience, EU-HEP-SCREEN is identifying best screening practice for target populations. Pilot studies in four countries will shape the screening toolkit for wider take up.

Visit: www.hepscreen.eu

Understanding Roma health

Project name: Roma Health Report

Number of partners: 3 from 3 countries (BE, BG, UK). **EC funding:** €99 500. **Duration:** 12 months.

A shortage of data on health status and use of health services has made it difficult to improve the health of Roma. The Roma Health Report addressed this gap, collating data from 31 countries — the EU-28 and EEA member states — with in-depth country reports for 11 EU countries with large Roma populations.

Roma populations in Europe generally suffer greater exposure to wider determinants of ill health (e.g. adverse socio-economic and environmental circumstances) and live less healthy lifestyles. They have poorer access to and lower uptake of primary care and preventive health services, and experience worse health outcomes and shorter life expectancy. Furthermore, in several areas, Roma health may be deteriorating further following the economic crisis.

Visit: ec.europa.eu/chafea/news/news341.html



Find out more

Directorate-General for Health and Consumers of the European Commission (DG SANCO)

ec.europa.eu/health/social_determinants/policy/index_en.htm

Action on health inequalities in the European Union

ec.europa.eu/chafea/documents/health/health-inequality-brochure_en.pdf

Consumers, Health and Food Executive Agency (Chafea)

ec.europa.eu/chafea/index.html

Database of actions co-funded under the EU health programmes

ec.europa.eu/chafea/projects/database.html



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