



EUROPEAN COMMISSION  
HEALTH AND CONSUMERS DIRECTORATE-GENERAL

Public Health  
Health determinants

## **Minutes Meeting of the Expert Group on Social Determinants and Health Inequalities October 2014**

### **Participants SANCO C4:**

**Chair:** Philippe Roux

Hana Horvacka, Agnes Molnar, Lorena Androutsou, Arila Pochet, Eleni Telemeni,  
Caroline Coner

**Presenters:** Chris Brookes, Tim Lobstein, David Murray, Michel Chauillac

**10 Member States:** Sweden, Denmark, France, Belgium, Estonia, Bulgaria, Ireland,  
Italy, Malta, Finland

+ Candidate Member State: Turkey

The meeting of the Expert Group took place on 22 October 2014 in the JMO building in Luxembourg with the participation of 10 Member States (MS). It was chaired by Philippe Roux - Head of Unit of Health determinants, DG SANCO<sup>1</sup>, Health and Consumers. The chair introduced the unit's tasks (policies on socioeconomic determinants – including health inequalities, nutrition, physical activity, alcohol and addictions, health and environment) and introduced Hana Horvacka as the new team leader. The chair also made reference to the reorganization of the new Commission, introduced new Commissioner for Health and Food Safety Mr. Vytenis Andriukaitis and a new acting Director General of DG SANCO Mr. Ladislav Miko. He also reflected on the recent conference on Health inequalities and vulnerability: Capacity Building & interventions among EU Member States', organized by DG SANCO and CHAFEA on 21-22 October in Rome to present the main achievements of the second EU Health Programme in the area of health equity.

The aim of the meeting was to discuss the mandate of the Expert Group and to reflect on the current actions of the Commission, including past achievements and future cooperation. It was highlighted that the participation of all the MS is crucial not only for tackling health inequalities across the EU, but also for contributing as a horizontal policy in other areas of action. The outcomes of the Equity Action (2011-2014) were presented outlining the best practices on tackling health inequalities in Member States. The meeting also had a special focus on the health equity angle in health determinants such as nutrition/physical activity and alcohol. The on-going and planned joint actions of the Member States in these two areas were presented.

### **Tour de table and Country reports**

**Sweden:** Sweden informed other Member States that national elections took place in September. From a public health perspective, focus will be placed on initiating a

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<sup>1</sup> Following the reorganisation of the Juncker's Commission, from 1 January 2015 DG SANCO will be renamed DG SANTE - Health and Food Safety.

commission in Health Inequalities and making Health Inequalities a major priority for the next period. Furthermore, in 2014 a new agency was established: the Public Health Agency of Sweden, through a merger of the Swedish National Institute of Public Health and the Swedish Institute for Communicable Disease Control. The agency will, in addition to the already existing monitoring system of communicable diseases and health determinants, extend the activities on non-communicable diseases to address Health Inequalities across a broad spectrum of health outcomes. Furthermore, a network on social sustainability and reducing Health Inequalities including all Swedish municipalities has been established. In the next meeting Sweden may present its activities in more details.

**Ireland:** Ireland informed MS about the severe impact of austerity measures, e.g. high youth unemployment. Health priorities will focus on tobacco and nutrition (including supporting the breastfeeding promotion initiatives). The ‘[Healthy Ireland](#)’ national framework was also described, which aims to improve the health and wellbeing of the people of Ireland. Its main focus is on prevention and keeping people healthier for longer, with a goal to reduce health inequalities.

**Malta:** Malta informed MS about a new report entitled “[Malta: Health System Review](#)”, published by the European Observatory on Health Systems and Policies. Malta informed MS of a gender policy initiative with a focus on health inequalities. It noted the problem of the ageing population, which therefore warrants the development of a health system performance assessment, in order to provide a solution acceptable at local level based on scientific evidence. Malta also highlighted that it promotes and facilitates breast feeding. Regarding nutrition, a new allowance was introduced for micronutrients at the population level. This allowance has been introduced for vulnerable groups of the population aligned with immunization and school attendance.

**Italy:** Italy informed MS that due to political instabilities in the last years, there is not yet a formally established strategy designed to tackle health inequalities. However the issue is recognized as a priority in the National prevention program 2014-2018 and the funding for the Regional Health Services of the last two years has bound 50 million euros per year finalized to projects on the health of socially vulnerable population groups. On 02/12/14 an Italian review on HI will be presented (Costa G et al (Ed), *Equità nella salute in Italia*. Milano, Franco Angeli Ed. 2014), supported by the Committee of regions. The English version of the outcomes will be disseminated. Moreover, a National Institute on Health Migration and Poverty (NIHMP) has been recently created and has been appointed the task of disseminating the Italian review to all the categories of stakeholders potentially interested, engaging them in communities of practice and providing them with adequate capacity building for tackling HI. The same NIHMP is also in charge of starting a new South European network in the field of HI (next meeting in Florence ,12 December 2014), whose aims and working plan will be reported soon.

**France:** France introduced a new inter-ministerial Committee for Health with the objective of promoting a pan governmental approach to health at the national and regional levels in order to improve population health and to reduce social and

territorial health inequalities. The Committee will be chaired by the Prime Minister. A Health Law is currently under preparation. It states in its 1<sup>st</sup> article that one of the aims of health policy is to reduce social and territorial health inequalities.

A hard copy of the [national plan on HI](#) linked to obesity was provided and it was agreed that an electronic version will be circulated to the MS.

**Estonia:** Ms Kristina Köhler has been nominated as a new member of the group. Estonia informed MS of the current policies on alcohol and the tobacco green book. A nutrition green book is under development and next year the consensus on appropriate policies should be agreed on. It was also mentioned that nutrition surveys had been conducted among children and grownups and EHIS has been conducted.

**Denmark:** Denmark informed MS that a health initiative had been launched, focusing on improvements of health systems to be more equitable. Special attention is given to patient involvement, prevention and early diagnosis. Denmark will also have focus on reducing the proportion of heavy-smokers, which will have a direct impact on the inequality in health. It noted the differences in mortality in relation to education groups, smoking, drinking and different life style behaviors. Furthermore, a collaboration of Norway, Iceland and Sweden on the implementation of programs to reduce HI will take place, with a report of the outcomes to be presented in the end. A conference will be held in 2015, with the support of the Nordic Council.

**Bulgaria:** Bulgaria informed MS of the implementation of policy documents aiming to improve the situation of Roma people, such as the National Strategy of the Republic of Bulgaria for Roma integration, the Health strategy for disadvantaged persons belonging to ethnic minorities, and their Action plans, as well as the actions with Health Roma mediators, whose number will reach 170 in 2015. A conference presenting the results of their actions took place. Participation in the EU co-funded project Action-For-Health, and in Joint Actions on alcohol related harm, on chronic diseases, on nutrition and physical activity was mentioned. Bulgaria appreciated SANCO's project on reducing health inequalities: preparation for action plans and structural funds. A new policy on Non-Communicable Diseases was also prepared and an action plan is available online.

**Belgium:** Belgium informed MS of the national health strategy on HI. The government declaration refers to health care for all and includes HI. Belgium is also preparing a national action plan for HI at this moment. This proposition of plan aims to increase awareness concerning the existing HI in Belgium through various actions such as training of health professionals, workshops with stakeholders of other sectors and with the chairmen of existing intersectorial working groups, and to make links between healthy data banks and other data banks, in order to also make the link between health and social determinants as well as to increase accessibility to health care.

**Turkey:** Turkey highlighted the focus it places on vulnerable and disadvantaged groups. MS were informed about a project on social inclusion for disabled individuals. Turkey referred to the current difficult situation with regards to migrants coming from war areas and efforts of Turkey to provide them with access to healthcare.

**UK Health Forum:** Chris Brooks shared with the Commission some recent UK developments: Local authority lead on health inequalities and majority recognise the Marmot principles from Fair Society: Healthy Lives

Reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Interesting recent documents:

[National Conversation on Health Inequalities](#) – run by Public Health England  
[Statutory duty on NHS England Secretary of State to reduce inequalities.](#)

It was highlighted the use of Social Value Act in Commissioning public sector services and also the use of ESF funding to promote voluntary and community sector work in order to promote social inclusion.

### **Presentations:**

**H. Horka** (presentation and reports available in the web) gave an update of recent Commission activities in the area of health equity, including work related to the National Roma Integration Strategies, migrants and other vulnerable groups. Reference was made to on-going projects, such as the training of health professionals and the [IOM Equi-health project](#). Presentation of studies: [Identifying best practice in actions on tobacco smoking to reduce health inequalities](#), the [Roma health report](#), literature review of evidence on the health effects of the economic crisis - to be published. Reference was made to the conference addressing fairness in health entitled "[Health in Europe - making it fairer](#)".

**C. Brookes** (presentation available on the web) summarized the outcomes of “Equity action “. The work on – Health Inequalities Audits, Health impact assessment has been presented. C. Brookes presented the policy document on [health inequalities audit tool](#) supporting cross government working initiatives. The project was evidence based with a high level of academic scientific experts – e.g. Sir Marmot, Professor Mackenbach teams.

**T. Lobstein** (presentation available on the web) presented the latest research on inequalities and evidence on obesity figures, as well as limitations. He highlighted the variation between countries and equity groups and the gradients in dietary patterns. He mentioned extensive research done in 2012-2013 in England confirming strong gradients in child overweight and obesity by family socio-economic status. The

concept of “universal proportionality” has been stressed, where the impact of policies is beneficial for all but with additional benefits to those at greatest risk.

**Chair:** The chair commented that there is a need to model the concept we apply to respond to the needs, especially regarding social gradients, in order to use the available data in the best efficient way. A close cooperation with the Joint Research Center (JRC), OECD and WHO Europe to explore the way to use the data would be beneficial. The involvement of the WHO is useful if concrete issues are to be discussed, having a clear role at the meetings.

**D. Murray** (presentation available on the web) presented the findings of the recently published [Roma Health report](#). The study focuses on 1) the health status of the Roma and on 2) the health data collection by Member States.

**Bulgaria** noted that the report refers to an epidemic of measles which took place in Bulgaria in 2010. Since then more preventive tools were applied including for example the wide use of the Roma health mediators to prevent similar problems in the future.

**A. Pochet** (presentation available on the web) presented the Joint Action on Reducing Alcohol Related Harm. The project started in January 2014 with the participation of most Member States.

**M. Chauliac** (presentation available on the web) presented the Joint Action on nutrition and physical activity: context, which included the presentation of WPs and inequalities in the quality of the food provided by the MS. He noted that WP6 focuses on kindergartens and schools, and WP7 focuses on providing a healthy diet to very young children and pregnant women.

**A. Molnar** presented the proposals of two pilot projects on health inequalities, funded by the European Parliament. The Commission intends to launch the projects towards the end of this year or beginning of 2015<sup>2</sup>. These will help Member States build expertise and evaluate actions on health inequalities, and develop evidence-based strategies to address the needs of vulnerable groups and general policies to reduce health inequalities.

### **Discussions on the mandate, working methods and future activities of the Expert Group**

**Chair:** The Chair opened the discussion for MS to provide their views for the future mandate of the Expert Group and its working methods linked to Commission’s policy development. He also introduced the possibility to launch another Joint Action on health inequalities starting in 2017 if there is an interest from MS. He also suggested that the group should be instrumental in the implementation of the two pilot projects which will be launched by the end of 2014/beginning 2015. The group could also

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<sup>2</sup> The planned pilot projects were introduced in general terms only to the Member States representatives.

agree on drafting a common scoping paper summarizing the situation on health equity in Member States suggesting further steps in this area.

**Sweden:** Sweden proposed to focus on health statistics, especially related to non-communicable diseases, and then to encourage closer cooperation with the work of the WHO (The ongoing “Baltic meetings” are an example of successful cooperation with the WHO).

**Belgium:** Belgium proposed an exchange and preparation of a more comprehensive strategy on actions, objectives and monitoring.

**Finland:** Finland values the current exchange of best practices in the meetings, and suggested to keep up the connection and reflection of action from the aspect of HI. A more active cooperation with WHO was mentioned.

**Malta:** Malta highlighted the importance of investing in health equity. Malta also supported the Swedish proposal on health statistics and especially on non-communicable diseases, with a wider involvement of the WHO. The economic case behind health problems and interventions should also be considered. It was also highlighted that the focus of our work should be on socioeconomic differences not so much on regional differences in health.

**Italy:** Italy proposed that the Commission circulates a questionnaire on the mandate of the group. There is also the possibility to create sub-European networks of countries which face common challenges.

**France:** France highlighted the need for a meeting with other DGs, led by SANCO, for further coordination on social inequalities in health.

### **Conclusions of the Chair**

- Health equality will stay at the core of the work carried out in DG Health and Food Safety.
- There is a need for updating the mandate and work plan for the Expert Group, including plans for a scoping paper. Member States were asked to provide their views.
- The chair acknowledged the request from the group to focus more on socioeconomic determinants of health and to involve other relevant sectors. Depending on the future meeting agendas the Commission will consider inviting representatives of other Commission services in order to make the link with other Commission policies (e.g. DG AGRI, DG HOME, DG MARKT, DG JUST). The Commission will also explore how to facilitate the contact with other expert groups in DG SANCO.
- The chair requested initial feedback from Member States (beginning of 2015) on the planning of the next Joint Action on health inequalities in 2017 and initial commitments on participation and proposals on key topics and on leadership. This feedback will be non-binding.
- The Chair encouraged Member States to make the best use of the Commission funding tools (Joint Actions, Pilot Projects, ESIF funds), in order to support actions to reduce health inequalities.
- MS representatives were encouraged to work closely with future contractors of the planned pilot projects. They will be informed when the call for tender is launched.

- Provisional date for the next meeting is **24 June 2015**. (An additional meeting could be considered with particular interest in the planning of the next Joint Action 2017).
- The Commission will send draft programmes for the next 3 Expert Group meetings for feedback of MS (beginning of 2015).
- The flash report, minutes of the meeting, presentations, and the agenda are published on the [website](#).