

Tackling health inequalities in the EU

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The European Commission has announced on the 20th October a series of actions to help Member States and other actors to tackle the existing health inequalities between and within countries in the EU. Despite increased prosperity and overall improvements in health in the EU, health differences between and within countries persist and in some cases are increasing. Difference in life expectancy at birth between Member States reach up to 8 years for women and 14 years for men. The reasons behind these differences are complex and involve a wide range of factors from income, education, living and working conditions, health behaviours to access to healthcare.

Health inequalities in the EU

Inequalities in health are found in all EU countries, and between them. Eurostat figures for 2007 show that the gap in life expectancy at birth between EU countries for women is around 8 years and over 14 years for men. Infant mortality ranges from around 3 per 1000 live births to more than 10 per 1000.

Huge differences in health also exist between social groups across the EU and within Member States. 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.

Many of these differences are due to avoidable factors such as negative impacts on health of social and economic conditions, quality of work, environment quality and quantity of social and health service provision, as well as health related behaviours such as smoking, drinking and diet.

A possible consequence of the current financial crisis is that this health gap will increase in the groups most hit by the recession such as the unemployed. The Commission initiative identifies action for improving knowledge on this issue, better monitoring and data collection, more assessment of how EU policies can tackle health inequalities and work with countries, regions and stakeholders.

Action on Health Inequalities

Closing health gaps means helping those regions and populations with less good health to make faster improvements in order catch up. This requires that more attention is given to the needs of less advantaged people - for example in the provision of health services, the design of health promotion and health protection activities, or improvements in living and working conditions.

The EU will support Member States and stakeholders to identify what works best and how to put this into practice. It will produce regular statistics and reporting on the size of inequalities in the EU and on successful strategies to reduce them. It will strengthen its procedures to evaluate the impact of its policies on health inequalities and help reduce them where possible. It will help countries to use EU funds to improve health of the worst off and narrow health gaps between regions – such as primary care facilities, water and sanitation and housing renewal. A first report on progress will be produced in 2012.

Background

Reducing inequalities in health is a key action in the Commission's health strategy, 'Together for health'. An EU expert group on social determinants and health inequalities, established in 2006 has been examining the issue and provided important input into the development of today's Solidarity in Health initiative. From February to April 2009, an open consultation on tackling inequalities in health was carried out. The results of the consultation are available here. The Community health programme also co-funds several projects in the field of reducing inequalities in health. Through the Open Method of Coordination on Social Protection and Social Inclusion EU Member States have committed themselves to reducing inequalities in access to health care and health outcome.