



European Public Health Alliance (EPHA)

Response to the Commission consultation: EU action to reduce health inequalities

Subject:	Consultation response: EU action to reduce health inequalities
Date:	3 Apr 2009

The European Public Health Alliance (EPHA) is the largest European Platform representing approximately 100 members working in the field of health. Our membership is unique in its diversity: the following statement is supported by representations from patient groups, healthcare professionals, public sector bodies, disease-specific organisations, treatment groups and others. Our membership includes representatives at international, European, national, regional and local level.

EPHA's mission is to protect and promote public health in Europe.

EPHA brings together organisations across the public health community, to share learning and information and to bring a public health perspective to European decision-making. We help build capacity in civil society participation across Europe in the health field, and work to empower the public health community in ensuring that the health of European citizens is protected and promoted by decision-makers. Our aim is to ensure health is at the heart of European policy and legislation.

Please see www.epha.org for more information.

EPHA welcomes the decision of the European Commission to focus on health inequalities. We would like to stress the importance of tackling this at Community level and the need to address the determinants of health inequalities that lie outside the scope of the health community.

This response does not intend to repeat the extended evidence available on the determinants and levels of inequalities within the European Union but is focussed on action in tackling these issues. Therefore this is written with the understanding that people experiencing poverty, exclusion and social inequality are the primary target of any intervention whether at Community level or below.

Disease and injury prevention, access to healthcare and promotion of well-being are crucial particularly as we are in the midst of a growing economic crisis. The crisis will be impacting on individuals' health in many ways, including their ability to pay for co-payments for health services on complementary medicine. In addition to this, it is of paramount importance that existing action on health determinants such as tobacco, alcohol and nutrition should not be undermined or reduced as these are key factors determining the differences in health behaviours and health outcomes between socio-economic groups and between Member States.

We would like to highlight that any action taken at Community, national or local level needs to reflect **two objectives** on health inequalities:



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- 1) Mitigating the health impact of poverty and exclusion on affected population groups
- 2) Addressing the poverty cycle to break generational health inequalities.

It is important to bear in mind that these are two different objectives and they need to be **tackled independently but in conjunction** with one another. Inequalities in health cannot be addressed through the first objective alone.

Secondly, it is important that **appropriate action is taken at appropriate level and sector of government**. Interventions to mitigate health inequalities are targeted at specific excluded groups, and these interventions are best driven and owned at a local level. Community-owned interventions are based on trust and tailored to the needs of the specific group. National and EU level action should support these interventions financially and through exchanging learning as well as tackling the broader determinants of health that are affected through national or EU policy.

Neither health professionals nor health policy-makers are able to tackle health inequalities without the support and cooperation of their colleagues in the fields of housing, town planning, education and others. The **role of the 'health advocate'** in building relationships with fellow civil servants or local authority colleagues should be recognised and supported and a greater awareness of public health and health inequalities should be fostered amongst the non-health policy and professional communities including teachers and other key workers.

EU development over the last decade has contributed to an increase in inequalities including health inequalities in line with growing relative poverty, whilst absolute poverty has remained unchanged. Unless the steer of European development is evaluated to ensure that no part of the European population is being left behind, we will continue to face growing inequalities and the social and economic consequences that this entails.

Although the budget of the European Union is only 1% of total EU GDP, and the health funds within this are a very small component of the total, in deprived areas public spending can constitute up to 50% of local GDP. Therefore it is very important that this spend does not exacerbate or create health inequalities, and the European Commission needs to ensure its 1% of GDP is spent responsibly and in line with positive health outcomes.

Secondly, the EU has an important role to play as market regulator. This refers not just to its function in protecting vulnerable consumers but also to its ability to influence the quality of products at the budget end of consumption. This would have the biggest impact on those living hand-to-mouth and within the lowest socio-economic groups.



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Although it is clear that some of the above is beyond the scope of DG Sanco, it should be reflected in a broader Commission strategy to tackle health inequalities in order to ensure the best use of community and public health resources during a time when budgets are limited and funding cuts imminent.

1. On general data:

1.1 What do you think will be the trends regarding health inequalities ? Are they increasing or decreasing, between Member States and/or socio-economic groups?

- Evidence from a number of sources which will not be listed here shows that inequalities in general, and health inequalities in particular, are growing despite a relative stability in poverty levels across Europe over recent years.
- With the downturn in the economy expected to impact on overall poverty levels, increasing unemployment and social exclusion, the gap between the top and bottom socio-economic groups is likely to widen significantly.
- Health inequalities between Member States (MS) are also likely to widen, particularly if some MS choose to cut investment in health infrastructure and health promotion as a means to reduce overall spending.

1.2 What kind of indicators do you think would be necessary to better monitor the extent of health inequalities in the EU?

- In the report, "*Closing the gap in a generation*¹", the conceptual framework (social determinants) provides a comprehensive list of indicators that the authors argue must be linked to concrete actions.
- Such indicators of poor health include the circumstances of daily life and structural drivers.
- An establishment of national health equity surveillance systems in Member States would allow the monitoring of these indicators and facilitate health impact assessments before policy is implemented.

1.3 What kind of monitoring tools should be used?

- The Open Method of Coordination could be a mechanism to allow for monitoring of health inequalities at national level.
- A Platform on Health Inequalities could be a mechanism to monitor developments and obtain commitments to tackle the determinants of health inequalities. It is

¹ Final Report of the Commission on Social Determinants of Health, World Health Organisation, 2008



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important that the Platform is constituted of actors influencing and impacting the determinants of health inequalities and is not limited to health actors alone.

- A High-Level Forum involving Member States, addressing inequalities is a monitoring tool to tackle this from a senior political level. In 2001 the EU established a Working Group on Health Inequalities to monitor socio-economic inequalities in health in the European Union and illustration. (http://ec.europa.eu/health/ph_projects/1998/monitoring/fp_monitoring_1998_frep_06_a_en.pdf) - work of this group this should reflect the current economic crisis.

2. **On scope of level of EU action/subsidiarity:**

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

- The primary determinants of health inequalities are our living and working conditions. These two are impacted significantly through EU policy - both negatively and positively - through regional policy, agricultural policy, employment policy, social policy and many others. Failing to take action to address health inequalities at EU could contribute to growing inequalities within the EU region.
- EU action will make a difference particularly if DG Sanco is able to act as a 'watch dog' for the policy emerging from other Commission DGs and the 'Health in all Policies' agenda is integrated into actions by all parts of the Commission.
- The Health Impact Assessment process should tackle policies from a health inequalities perspective but also offers a critical analysis on the impact of EU policies on health outcomes. For example on employment policy: are the jobs that EU funding is supporting and helping create available to those that at risk from exclusion or are they highly specialised and require specific skills and retraining?
- EU action is also necessary in providing the funding support and tools to allow stakeholders to exchange best practice in tackling the effects of inequalities in health. The Public Health Programme has been funding projects on health inequalities for a number of years, and therefore these should act as a basis for recommendation for action. One action could be to evaluate the work undertaken by these projects so far in order to ensure that EU funds are being allocated effectively and are genuinely bringing about change to reduce health inequalities.
- EU action allows a level of benchmarking amongst Member States to identify those who are tackling Health Inequalities effectively and those that are lagging behind.
- Action at EU level is important in helping to create a climate for change which views health inequalities as unacceptable by Member States.
- EU action should promote the message that health actors need to work with other policy actors in order to ensure effective change and to help these actors understand how their work impacts on health inequalities.



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

- The creation of a EU Platform to tackle health inequalities would be an appropriate mechanism to support and encourage relevant stakeholders to take at EU, national and regional/local levels. The inclusion of regional operators is particularly important to achieve wide, bottom-up coverage.
- Communities should be supported to help themselves through EU action: this should include ensuring that the funding available through structural funds or other EU streams is accessible for smaller organisations, easier to manage and requiring less co-financing. Facilitation of community-to-community networking can exchange innovative ideas on addressing inequalities and empowering excluded groups.

2.3 Common commitment at EU level to reduce health inequalities, by committing to milestones and reduction targets? If yes, what do you think these milestones or targets should be (variables, extent?)

- The framework proposed in the report '*Closing the gap in a generation*' should be used by the Commission.
- One important means through which political priority can be expressed is via target setting on health inequalities. For example, in the UK the target on infant mortality is "to reduce by at least 10 per cent the gap in mortality between manual groups and the population as a whole, by 2010." The life expectancy target is "starting with Health Authorities, by 2010 to reduce by at least 10% the gap between the quantile of areas with the lowest life expectancy at birth and the population as a whole." Where targets exist politicians can more readily be held accountable for the actions they are taking to address these inequalities.

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

- The OMC should continue to be used as a method of governance, with the aim of coordinating and improving policies across the Community. This should include a process of dialogue with social and health NGOs at all levels in order to ensure that the OMC process is not perceived as an over-bureaucratic and unaccountable reporting process.
- Member States should make a formal commitment supported by EU targets, indicators and objectives. These could be organised into thematic years.
- The EU should use all policy tools at its disposal such as recommendations, Green Papers, White Papers and strategies.
- A focus on socio-economic determinants of health should be strengthened in the Public Health Programme and added into other Community funding programmes.



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- Structural Funds should be linked to indicators on reducing inequalities and health inequalities specifically.

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

- Health policy can address health inequalities in mitigating the impact of these rather than addressing root causes or eliminating inequalities. This includes ensuring accessibility for all, affordability of treatments, health promotion interventions that specifically target excluded and vulnerable groups rather than the 'average' group.
- In addition to this the health sector is a major employer and provider of jobs. Therefore ensuring that these jobs are safe and local excluded groups are able to access these jobs as they become available will enable the health sector to tackle health inequalities. One of the root causes of inequalities is unemployment.
- Certain groups facing health inequalities do not feel confident in a medical setting. Increasing representation in the health professions of excluded and minority groups will increase use of health services, including promotion services, by groups less likely to do so. This applies particularly to the skilled workforce working in outreach settings such as school, community or occupational health nurses.
- Coherence in e-Health policies is crucial to ensure that these do not exclude those populations experiencing health inequalities.

2.6 Which and to what extent should other policy areas, such as social policy, contribute to reduce health inequalities?

- Social policy and all EU policies should have health inequalities as key indicators in their impact assessments and evaluations.
- As already mentioned above, EU overall growth and development objectives lie at the root of policies that contribute to an increase in health inequalities within Europe. Unless these policies, and underlying direction, are reviewed to ensure that they do not exclude vulnerable or at-risk populations any action by health policy-makers will result in minimal impact or change in outcomes.
- A coherent growth and development approach that ensures sustainability and overall reduction in inequalities is essential,.

3. Possible actions and impacts:

3.1 Given the current economic situation can you think of any immediate action that EU or MS could take to avoid an increase of HI in the short term?

- It is crucial that MS do not reduce funding to health services nor health promotion. These are short-term solutions and will damage the economic recovery prospects



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for Europe. Health spending should be seen as an 'insurance' policy for longer term investment and economic development.

- We need a healthy population in order to recover rapidly. Healthy Europeans create, find and keep jobs, and they are better able to cope with insecurity and stress.
- The EU could undertake a health and social audit of its actions and in particular the impact of the free market on health inequalities. This would enable the Commission to identify those policies that impact negatively on health inequalities originating at the European level.

3.1.1 Do you believe that investments through structural funds could help to reduce HI? If so how and why?

- Investments through structural funds could help reduce inequalities if done so in the correct manner. Funding could be redirected in order to assist communities affected by the current financial crisis through developing local industries and re-killing the workforce.
- Funds could be made available for local, small-scale interventions for particularly excluded groups owned and run by those communities.
- Structural funds should ensure that the creation of new jobs reflects the needs of the unemployed communities within an area and will not demand an influx of skilled workers to fill the new positions.
- Local authorities should have to demonstrate that each investment benefits the community, including the socially-excluded.
- EPHA strongly supports the submission by the North West of England health community to this consultation process with its list of concrete examples of areas for investment.

3.1.2 Where do you think should future investments through structural funds be mainly spent to be effective for reducing HI and what would be the expected impact of that spending?

- Structural funds should also be able to tackle the health needs of a population through addressing the specific needs of a local target group. This could take the form of encouraging fruit and vegetable cooperatives in excluded urban areas or supporting good public transport infrastructure to health centres in excluded rural areas.
- Structural funds should also be spent on ensuring that quality and safe housing is available for those experiencing health inequalities.
- Investing in education services is an effective measure to tackle inequalities and should be available under structural funds.

3.2 What in your opinion are other areas that EU and MS should be encouraged to focus on to achieve a reduction of HI?



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- The EU and MS should be encouraged to coordinate more on policies that create or exacerbate inequalities both within and between Member States. Policy coherence is crucial in tackling health inequalities, and a joined-up policy approach on sustainable and equitable growth is necessary to achieve this.

3.3 To what extent would existing coordination and monitoring processes at EU level need to be improved to strengthen joint action on HI?

- Due to the multiple interventions that are necessary from across government in order to tackle health inequalities effectively, the EU should support the development of a means to assess clusters of interventions or policy systems.
- The EU should support comparisons and analyses of successes and problems with the implementation and monitoring of health equity policies and should include all EU Member States.

3.4 What could be possible actions in other EU policies areas on HI and what could be their impact?

- As above.

3.5 What shall be done by the EU in order to facilitate the exchange of experiences between MS, regions and cities?

- Greater use of structural funds for sharing learning on tackling inequalities in general and health inequalities in particular.
- Development of a twinning process between areas from different MS with similar demographic challenges.

3.6. How should EU policies be stream-lined in order to reach the targeted beneficiaries in the best way (disadvantaged, women, migrants, children)

- As part of the impact assessment process, EU policies should be required to look at their potential impact on these groups and where there is a negative or no beneficial impact policies should be reviewed and amended to ensure a positive outcome.

3.7 To what extent do you think is the improvement of research capacities advantageous for fighting HI? Can you name any concrete examples?

- Research funding at European level is geared towards academic and public sector applicants. Health inequalities are by definition localised and specific to population groups. The groups are by definition under-represented in the academic sector and



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the public sector however are organised at local levels through NGOs and civil society platforms.

- Therefore an improvement in the funding procedures to allow for greater applications from civil society organisations (CSOs) and NGOs will assist in identifying and promoting effective methods of tackling interventions.