

BUILDING ON EQUITY ACTION

WHAT CAN HEALTH MINISTRIES DO NEXT TO REDUCE HEALTH INEQUALITIES?

- **Health Inequalities are a blight on Europe**

They are a brake on economic growth, and a drain on individuals, families and communities - denying them opportunities to achieve their true potential. They cost money to people, health services and governments, estimated at 1.3 trillion euros a year across the EU – around 10% of GDP

- **They are stubborn, persistent and difficult to change**

There is a social gradient in health across all EU Member States – the lower a person's social position, the worse his or her health is likely to be. The effects can be seen across social groups by age, gender and ethnicity – and across the generations. Health inequalities are shaped by economic and social conditions and cannot be tackled by health ministries alone

- **And a problem for all of Europe**

There is nearly a 12 year gap in life expectancy for men across the EU – from 79.8 years in Italy to 68.0 in Lithuania, and a nearly eight year gap for women – from 85.3 in France and Spain to 77.4 in Bulgaria. The gap in healthy life expectancy is even wider - large numbers of people of working age in Member States can expect to spend many years living with a limiting disability.¹

- **The message from EQUITY ACTION is that action can make a difference**

Improvements in the health of mothers and infants has contributed to a 12% fall in inequalities in infant mortality across EU regions between 2002-4 and 2007-9

Better education means better health, longer life expectancy and reducing the social gradient. Estonian men aged 25 with higher education have a life expectancy almost 18 years longer than for men who did not complete secondary education. In Hungary the difference was 13.3 years for the same groups

Several Member States have adopted action plans to challenge and reverse the health gap, highlighting the importance of income, employment and education as well as public health issues like smoking and obesity

- **Progress requires continuing collaboration across Europe**

EQUITY ACTION provides a framework for collaboration at all levels. We need to build on this framework, sharing learning, building capacity and expertise and continuing to work towards a health in all policies approach across government.

Where countries are doing very little, doing something would help to reduce health inequalities. Where some action is being taken, they should be doing more. And those countries identified as leaders could be doing better.

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LESSONS FROM EQUITY ACTION

EQUITY ACTION is a three year joint action programme between the European Commission, 15 Member States and Norway. Its purpose is to develop a practical approach to health inequalities across the EU taking account of wider social determinants of health.

The formal commitment of Member States to the joint action has been crucial in ensuring the effectiveness of the programme. Such endorsement has

- empowered and built confidence to tackle health inequalities
- encouraged adoption of clear aims and a focus on priorities
- placed an emphasis on achievement
- used evidence to inform discussion and shape action appropriate to the area, whether Member State, regional or local level
- encouraged Member States at national and regional level to consider how public funds (e.g. EU structural funds) could be spent to reduce health inequalities
- identified opportunities for harnessing EU initiatives to the cause
- sought alignment between policy, implementation and research to spot gaps in the evidence and promote action on the social determinants
- shared and analysed learning across boundaries

WHAT HEALTH MINISTRIES CAN DO NEXT TO REDUCE HEALTH INEQUALITIES

The EQUITY ACTION programme ends in February 2014 but reducing health inequalities in Member States and across the EU will require sustained, concerted action over many years.

Health Inequalities in the EU highlights the variable performance of Member States in their response to health inequalities. It shows that all Member States can learn from the work of EQUITY ACTION and make use of its work as they develop their health, social and economic policies.

Health ministries are well placed to act and build on EQUITY ACTION, given their skills, knowledge and capacity. This requires learning from the programme by, showing leadership, using the tools and knowledge to develop priorities, and working with other countries, ministries and sectors.

Adopt the lessons of EQUITY ACTION

Health ministries can commit senior staff to further work over the next three years to embed these lessons and support effective policymaking. Each Member State will have different perspectives and priorities and there are opportunities to develop a good balance between action on the social determinants of health, on behaviour change as well as health and social care interventions.

Assess impact, demonstrate value

Health ministries can develop a systematic approach to help assess the impact of action and show the gains that can be made. EQUITY ACTION helped show how to plan and use health inequalities policy audits across a range of sectors. Ministries can build on this experience by gathering key staff to share learning from across the EU and plan further work.

Clarify understanding, improve governance

Health ministries can consider what needs to be done to strengthen a health in all policies approach and to understand the roles and responsibilities of different agencies. EQUITY ACTION showed that this needs dialogue and discussion across Member States and the EU to develop effective governance systems. Establishing or strengthening the role of scrutiny committees, cross government working groups and target setting are possible approaches.

Engage with others, build support

Health ministries can continue the work of EQUITY ACTION and individual Member States by strengthening their engagement with stakeholder bodies. This can mobilise support for policies that will reduce health inequalities. A systematic approach is needed to develop a database and network of stakeholders across policy areas and sectors, including NGO and academic communities. This can fuel debate by producing light touch briefing papers, commentaries and webinars, and support more effective action from all partners.

Understand the evidence, learn from others

Health ministries can use and apply the available evidence of 'what works', including from EQUITY ACTION and the recent health inequalities reviews from the EC and WHO Europe. Knowledge plus confidence = credibility. One possible approach is to

establish a network of scientific leads on health inequalities to clarify the local data to help identify possible priorities, draw on the learning from across the EU, build links between research and policy, and expand our knowledge of 'what works'.

Seek out new funding opportunities

Health ministries can focus on actions most likely to address health inequalities in the short, medium and long-term, which will help identify possible funding sources, both within Member States and from across the EU. EQUITY ACTION developed helpful guidance for drawing on EU Structural and Investment funds for actions that will reduce health inequalities through social and economic policies.

WHAT ELSE MEMBER STATES CAN DO

Over the last two and a half years, EQUITY ACTION partners from 15 Member States and Norway have championed this agenda. They have positive action in Member States as diverse as Poland, Spain and Belgium. The Health Inequalities in the EU report shows there is still much to do, given the large differential between countries in their response to health inequalities.

Member States face many challenges alongside that of the economic crisis, including an ageing population, youth unemployment, increasing pressure on social protection, and reductions in the size and scope of government activity.

Working in partnership across government offers Member States a way of adapting to this changed policy environment and highlighting the economic and social policy benefits of reducing health inequalities. Health and other ministries can work to develop an approach that

- identifies policy areas where common gains can be made
- pools resources and capacity
- shares intelligence on evidence, policy and practice

EQUITY ACTION has also worked to strengthen regional and local work in Member States and taken forward action in what is often a difficult local context by

- carrying out health impact assessments in areas from sustainable development to taxation policy
- undertaking EU health equity audits of Commission policy on air quality, and obesity and nutrition
- sharing information on health in all policies in the EU
- developing strategies and tools, and country specific capability to draw down EC Structural and Investment funds, and by
- learning through doing' with participants undertaking and sharing learning with a range of partners on specific programmes of work, such as the stakeholder debates

EU POLICIES AND STRATEGIES THAT CAN HELP

Several EU and Europe-wide initiatives support this approach

- The EC 2020 strategy² provides a focus for continuing to address this work through its social cohesion ambitions to bring 20 million people out of poverty.
- The EC Social Investment Package, *Social Investment for Growth and Cohesion*³ recognises the role people's health plays in economic prosperity. The working document *Investing in Health*⁴ supports this package
- EU Cohesion Policy and Structural and Investment Funds have an enormous impact of the nature of development in many EU Member States and regions but their potential is under-exploited. EQUITY ACTION partners involved in the regional work-strand therefore explored how these funds can be applied to reduce health inequalities. The outcomes of this work have been brought together in a report on *Health Equity and Regional Development in the EU: Applying EU Structural Funds*. (link: http://fundsforhealth.eu/wp-content/uploads/2013/11/Final_EA_Regional_SF_Review_Report.pdf.)
- *Health 2020: the WHO European policy for health and well-being*⁵ aims to support action across government and society to: "significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality".link - <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>
- Health Inequalities in the EU from the Commission and WHO Europe's WHO Europe review of the social determinants of health and the health divide in the European Region are the key resources for the evidence about healthinequalities in Member States. http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf and http://www.euro.who.int/_data/assets/pdf_file/0006/215196/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-final-report-Eng.pdf

2 A strategy for smart, sustainable and inclusive growth European Commission 3.3.10

3 Towards social Investment for Growth and Cohesion Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and the Committee of the Regions 2013

4 Investing in Health, Commission Staff Working Document, 20.02.2013

5 <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>

CHECKLIST FOR ACTION

This checklist sets out potential areas of action arising from EQUITY ACTION for the attention of Member States, regions, the European Commission and the EU. Policymakers can be more effective by being proactive, alert to new developments and deploying the evidence about 'what works', and be more cost effective

for Member States

- Build capacity and further develop Member State guidelines to assess the impact on health inequalities of policies across all sectors
- Consider the wider use of health inequalities audit as part of integrated impact assessments within Member States
- Use health equity audits to match need and resources, recognising that reducing health inequalities requires action that is universal but with a scale and intensity proportionate to the level of disadvantage (the "proportionate universalism" of the Marmot reviews)
- Develop a health equity in all policies approach. Explore opportunities for further dialogue and discussion with Member States and across the EU
- Reduce the barriers and promote equal access to healthcare with a view to reducing health inequalities, such as entry points and referral outcomes

for regions

- Prioritise the actions most likely to address health inequalities in the short, medium and long-term and be funded through structural funds, by drawing on findings from the Marmot EU and WHO Europe reviews
- Create new – or join existing – cross-sectoral partnerships to gain access to these EU Investment and Structural Funds, as appropriate, using EQUITY ACTION guidance

for EC/EU

- Facilitate a network of scientific leads on health inequalities research to identify research gaps and assess 'what works' for sharing with policy makers across the EU
- Strengthen mechanisms of stakeholder engagement (e.g. through the EC expert group, and stakeholders at national and regional level) and facilitate EU-level stakeholder engagement on health inequalities
- Advocate health in all policies approaches with a health equity focus by promoting inter-sectoral mechanisms and working across EC directorates

for EC/EU and Member States

- Explore the potential to increase the equity focus of measures to reduce harm caused by tobacco, alcohol, nutrition and injuries within Member State policies, reflecting recent EC guidelines, as well as wider harms created by other risk factors such as working conditions
- Consider how to achieve a health inequalities focus in forthcoming EU Presidencies by working together, such as through reference to the social determinants of health

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