



## **EuroHealthNet contribution to EC Social Reality Stocktaking Consultation**

*February 2007*

EuroHealthNet is a non profit organisation that aims to contribute to a healthier Europe with greater equity in health between and within European countries.<sup>1</sup> Our focus is on improving health through an inter-sectoral approach, with a strong emphasis on prevention.

EuroHealthNet welcomes the initiative to undertake a Stocktaking exercise and commends the Communication and background paper, which provide a comprehensive analysis of social realities in Europe today. It raises many of the right questions regarding current societal trends and future well-being that are of direct relevance to EuroHealthNet's work.

### **4.1 Do you agree with the analysis? Do you have additional data that would support or contradict the analysis?**

The Social Realities document provides a good analysis of the trends in society today. We are particularly pleased that the paper pays attention to the issue of rising inequities, and that it makes the important associations between well-being, health status and levels of equity within a society, which are strongly interlinked.

What is missing from the analysis is a more detailed look at the issue of health equity in the EU. Recent figures have indicated that in all EU countries with available data, differences in health expectancy between higher and lower socio-economic groups typically amount to 10 years or more, counted from birth. Inequalities in healthy life years are even higher.<sup>2</sup>

It is not simply the absolute differences in life expectancy between the wealthiest and the poorest members of society that raise concern, but the fact that there is a systematic correlation between health status and social class has also been identified in all European countries with available data. This 'health gradient' indicates that health differences result from the circumstances in which people live, rather than from individual behaviour. Sir Michael Marmot, who has undertaken and stimulated further research in this area, believes that the health gradient is generated primarily by differences in perceived degree of control and participation in society.<sup>3</sup> This points to the close correlation between levels of social and economic equity, and health equity.

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<sup>1</sup> EuroHealthNet's membership is comprised of 33 publicly accountable national and regional public health and health promotion agencies in EU member states and in the European Economic Area.

<sup>2</sup> EUROTINE. 'Tackling Health Inequalities in Europe, An Integrated Approach'. 31 August, 2007. <http://survey.erasmusmc.nl/eurothine/>

<sup>3</sup> Marmot, M. *Status Syndrome*. Bloomsbury Publishing, London, 2004.

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. The existence of health inequalities and of the health gradient attest that even in the relatively wealthy countries of the EU, a large proportion of society does not enjoy this right. Studies by Professor Martin McKee and Professor Johan Mackenbach indicate that levels of health inequalities across different countries and regions in Europe differ widely, and that these differences stem primarily from policy choices. This indicates that health inequalities can be reduced, and that further action to secure everyone's right to health can and must be taken if the EU is serious about creating a society that provides opportunities, access and solidarity to all.

#### **4.2 What is really meant by well-being. In addition to material possessions, what really matters in making our lives happy and satisfied?**

Good health, defined by the WHO as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" lie at the core of the concept of well-being. Good health is an essential resource for everyday life, and for social and economic development.

Health status is closely related to many other factors associated with well-being. As the background paper points out, a less-than-optimal physical and mental health erodes quality of life and can set off a self-perpetuating cycle of ill health, lack of self-esteem, and the inability to maximize opportunities relating to education and work. Improving the physical and mental health of the poor, unemployed and elderly is fundamental to ensuring that they can enter and remain in employment, and to combating their isolation.

As the background paper also points out, the persistence of inequities and of associated health inequities not only erodes the quality of life of individuals experiencing worse levels of health, but also of society as a whole. Individual behavioural problems that in many cases stem from a relative sense of inequity and lead to health inequalities (relationship problems, crime, mental illness, alcoholism and obesity) also generate social instability.

##### *Main obstacles faced*

A big obstacle to opportunities, access and solidarity facing Europe is the strong focus on competition, growth and jobs, conceived of as the path to well being. While wealth creation is of course essential to the welfare of society, it should not be an end in itself. The emphasis should be on generating economic growth in such a way that sustains and enhances quality of life for all.

Policies should not focus mainly on 'industry and markets' but also on 'citizens and society'. The EU's overall policy orientation should be sustainable development and its primary role should be to regulate against market failure, in order to ensure that economic growth indeed benefits the greater good.

In focusing on 'growth and jobs', Europe is acting in the context of the competitive pressures of globalization, which as the background document indicates has led to both threats as well as opportunities. Amongst the threats of a globalizing world are high and in many cases increasing levels of inequity, and unsustainable production and consumption patterns. Appropriate responses to these threats can however turn them into opportunities to improve well-being in Europe. By encouraging investments

and policy developments that enhance and stimulate sustainable development, the EU can take a leadership role and serve as an example internationally on both social and environmental issues. While Europe may suffer some competitive losses in the short run, European and other societies throughout the world will benefit in the long run.

#### **4.3 What are the most important factors in maintaining or increasing one's opportunities in today's society?**

- *Greater collective responsibility through improved inter-sectoral collaboration:* Extending years of good health, reducing inequalities in health outcomes, and developing more equitable societies can only be achieved if society as a whole takes joint responsibility for ensuring equal opportunities, access and solidarity.

The conclusions of a Foresight study<sup>4</sup> that was undertaken in the UK on the issue of obesity reflect the need for greater levels of collaborative action to address today's social, health and environmental problems. Obesity is a growing health problem affecting all EU Member States, which cannot be solved by the health sector alone. The Foresight study notes that:

Although personal responsibility plays a crucial part in weight gain, human biology is being overwhelmed by the effects of today's 'obesogenic' environment, with its abundance of energy dense food, motorized transport and sedentary lifestyles'. As a result, the people of the UK are inexorably becoming heavier simply by living in the Britain of today. Some members of the population, including the most disadvantaged, are especially vulnerable to the conditions.

The study also deduces that policies aimed solely at individuals will be inadequate, and simply increasing the number or type of small scale interventions will not be sufficient to reverse the trend. Significant effective action to prevent obesity at a population level is required. This includes producing healthy foods and promoting healthy diets, redesigning the built environment to promote walking, and generating wider cultural changes to shift societal values around food and activity.

Obesity is one of a number of problems affecting today's society, which can only be addressed through a systemic approach based on improved inter-sectoral collaboration. Greater collective responsibility and action on the problems facing contemporary society can have many beneficial spin-off effects. The Foresight report notes that many of the measures that are necessary to prevent obesity would also tackle climate change and promote social inclusion, since they require the design of sustainable communities, increase cycling and aim to reduce traffic congestion. All of these measures require a broad set of integrated policies including both population and targeted measures and must necessarily include action not only by government, both central and local, but also action by industry, communities, families and society as a whole.

*Improving funding for health promotion and prevention, and access*

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<sup>4</sup> <http://www.foresight.gov.uk/Obesity/Obesity.html>

Another important means of extending years of good health and improving health equity is to invest more in the prevention of ill health (largely through inter-sectoral mechanisms mentioned above) and to develop more targeted health promotion policies and programmes. As the background document indicates, the costs of prevention much lower than addressing symptoms through health care. Total spending on healthcare in the EU now ranges from 5.0% of GDP in Latvia to 10.9% in Germany. On average only 3% of this spending, however, goes to health promotion or prevention activities.

At the same time, it has been estimated that 40% of reductions in cardiovascular disease resulted from improved medical treatment, while 60% of reductions were the result of reductions in risk factors.<sup>5</sup> If for example people across the EU started to consume the same amounts of fruit and vegetables as are eaten by the highest consuming countries such as Spain or Italy, i.e. 600 g per person per day, the risk of CHD would be reduced by up to 18% and stroke by 11%.<sup>6</sup>

Given the high returns on spending for health promotion and prevention, at a relatively very low cost, the EU should encourage Member States to become smarter about how they spend their health related budgets. Investing more in health promotion and prevention would lead to considerably lower health care costs and make health systems more sustainable, and accessible. In addition, the focus, when it comes to improving accessibility to health care services, should not merely be on issues like financial management or patient mobility. It should also be on the question of how services can be integrated more effectively into health improvement systems as part of an overall strategic 'health in all policies' process. Studies carried out in the UK and elsewhere suggest that a "full engagement" scenario, in which prevention is maximized, can generate economic, social and health benefits.

Unfortunately, the EU is not setting an example when it comes to prioritizing the health of its citizens. It is discouraging that the overall EU budget allocates less than an estimated 15 cents per annum per EU citizen on health. This has led to inadequate funding for citizen's organizations in this field, a lack of capacity at the Directorate of Health to address its major responsibilities both in the developing field of support for the regulation of health systems and in support for health in all policies in the EU. If the EU wants to live up to its commitment to improve social well being, it must start with greater investments in health.

The Nobel prize winning economist and social analyst Amartya Sen argues that the close link between health and economic and social development means that we can examine the health status of a population to tell us if a society is fostering the well-being of its Members. The real measure of whether the EU is achieving its commitments to opportunity, access and solidarity will therefore lie not so much in economic growth figures, but in statistics on population health, and their stratification.

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<sup>5</sup> <http://www.jr2.ox.ac.uk/bandolier/band125/b125-2.html>

<sup>6</sup> *Fruit and vegetable policy in the European Union: its effect on the burden of cardiovascular disease.* [http://www.ehnheart.org/files/ehnfina1\\_2-095505A.pdf](http://www.ehnheart.org/files/ehnfina1_2-095505A.pdf)