



## Addressing Health Inequalities 2014 and beyond

BUILDING COHESION AND STRENGTHENING HEALTH FOR GROWTH

23 January, Brussels



### **EMBARGO: 0001HRS CET Thursday 23 January 2014**

All media enquiries: Felicity Porritt, Communications Lead, EQUITY ACTION  
[felicity.porritt@gmail.com](mailto:felicity.porritt@gmail.com) UK: +44(0)7739419219 Brussels: +32(0)478542575

### **€1.3 TRILLION – THE AVOIDABLE COST OF HEALTH INEQUALITIES ACROSS THE EU (Larger than the entire GDP of Member States, bar Germany, UK, France & Italy)**

New updated figures released today (Thursday 23 January) show that the avoidable cost of health inequalities (1) to European Union Member States is up to €1.3 trillion every year (2) – larger than the entire GDP of the majority of EU countries, apart from Germany (€2.6 trillion), UK (€1.9 trillion), France (€2 trillion) and Italy (1.5 trillion) (see country table in Editor's Notes). The figures will be released at the EQUITY ACTION final conference in Brussels on 23 January, where Member States will be warned that ignoring the social, economic and health costs of health inequalities will risk economic recovery.

EQUITY ACTION is the result of a three-year EU funded partnership formed to advise Member States on practical solutions to reduce health inequalities across the region. High-level speakers at the conference include the European Health Commissioner, Tonio Borg, the Greek health minister Adonis Georgiadis (Greece currently holds the presidency of the EU), WHO Europe regional director, Zsuzsanna Jakab and global expert on health inequalities, Professor Sir Michael Marmot, Director of the UCL Institute of Health Equity.

Tonio Borg, EU Commissioner for Health, said "We know that differences in social and economic conditions are major drivers of inequalities in health. This is why achieving the goals of the Europe 2020 strategy – smart, sustainable and – very importantly – inclusive growth, are essential to reduce health inequalities. We continue our efforts to push forward the health angle within the European Semester,

and redouble our efforts to ensure that health is for everybody, everywhere in the EU.”

László Andor, EU Commissioner for Employment, Social Affairs and Inclusion, said: “The persistence of health inequalities is part of a wider pattern of social deprivation and poverty. Such health inequalities are a brake on economic recovery and a barrier to meeting the EU’s 2020 targets for inclusive growth and active inclusion. Member States need to take practical steps, such as those outlined in EQUITY ACTION’S manifesto, to reduce health inequalities and to promote inclusive economic growth across Europe. The EU’s structural and investment funds are available to support Member States’ actions to this end.”

Only the wealthiest enjoy better health, with the overwhelming majority of us increasingly and unnecessarily being disabled by ill health, or are dying prematurely as a result of avoidable health inequalities (3). The global expert on health inequalities, Professor Sir Michael Marmot, who led the group that prepared the evidence for the EU (4) said: “We know health inequalities are killing on a grand scale. While the impact of the economic recession is likely to have increased these risks, the start of the recovery is an opportunity to begin to reduce them. There is now overwhelming evidence that everyone in Europe should and could live in better health for longer, provided all government policies prioritise reducing health inequalities. Now we have EQUITY ACTION’S manifesto of what has to be done and we have the very much needed assistance from the European Union to Member States. No country has an excuse for inaction.”

The Conference will call on Member States to make the best use of the EU’s Investment and Structural Funds to support action to reduce health inequalities, including programmes that promote early year’s development, quality education and training and fair and safe employment.

Adonis Georgiadis, the Greek health minister (for the Greek Presidency of the EU), said “The economic crisis has taken a heavy toll on the health and wellbeing of citizens across the European Union, particularly in Greece. This is mainly reflected in

rising unemployment and the growth of poverty. Lack of work has prevented people – particularly young people – realising their potential and making a fuller contribution to society. Safeguarding social cohesion is a key priority of the Greek presidency and improving health and reducing health inequalities is part of that agenda, and an important factor of the Europe 2020 programme of ‘Inclusive Growth’.”

### **Editor’s Notes**

#### Eurostat: Member States annual GDP 2012

Country	GDP (€1,000 million)	Country	GDP (€1,000 million)
Germany	2,666	Ireland	164
France	2,032	Czech Republic	153
United Kingdom	1,933	Romania	132
Italy	1,567	Hungary	99
Spain	1,029	Slovakia	71
Netherlands	600	Croatia	44
Sweden	408	Luxembourg	43
Poland	381	Bulgaria	40
Belgium	376	Slovenia	35
Austria	307	Lithuania	33
Denmark	245	Latvia	22
Greece	194	Cyprus	18
Finland	193	Estonia	17
Portugal	165	Malta	7

Source: Eurostat 2012:

<http://epp.eurostat.ec.europa.eu/tgm/refreshTableAction.do?tab=table&plugin=1&pcode=tec00001&language=en>

Quotes from EQUITY ACTION country partners below

### References

- (1) The cost of health inequalities is the result of illness and disability through ill health impacting on productivity, lost taxes and higher welfare payments and additional healthcare costs. Evidence shows the most effective way to reduce health inequalities is by addressing the social circumstances in which people are born, grow, live work and age – the social determinants of health (*Fair Society, Healthy Lives*, 2010 – the strategic review of health inequalities in England) <http://www.instituteoftheequity.org/projects/fair-society-healthy-lives-the-marmot-review>.

Effective action requires government policies that promote: early years development, quality education and training, fair and safe work, quality housing, adequate social protection, social inclusion, equality at older age, cohesive communities and universal health care systems (Review of social determinants and the health divide in the European Union, WHO Europe, 2013)

[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](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 full economic valuation of the costs of health inequalities as measured against GDP was undertaken by Mackenbach and colleagues for the year 2004. He found for the EU-25 – prior to the admission of Bulgaria, Romania and Croatia – losses in labour productivity due to health inequalities to be of the order of 141 billion euros (1.4% GDP), and around 1 trillion euros in terms of losses due to the cost of lives lost prematurely, or 1.3 trillion euros, updated to 2012 (Eurostat data) taking into account of the changes in EU and Member State GDP. Mackenbach et al. (2007) *Economic implications of socio-economic inequalities in health in the European Union*, European Commission (Final Report) [http://ec.europa.eu/health/ph\\_determinants/socio\\_economic/documents/socio\\_economic\\_inequalities\\_en.pdf](http://ec.europa.eu/health/ph_determinants/socio_economic/documents/socio_economic_inequalities_en.pdf)
- (3) *Closing the Gap in a Generation*, WHO 2008 [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html), *Fair Society Healthy Lives*, Department of Health England, 2010 <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> ; *Review of Social Determinants and the Health Divide*, WHO 2013 <http://www.instituteofhealthequity.org/projects/who-european-review>
- (4) *Health Inequalities in the EU* <http://www.instituteofhealthequity.org/projects/eu-review>, commissioned by the EC and led by Professor Sir Michael Marmot and published in December 2013, provides evidence on the state of health inequalities across the EU. It assessed Member State responses to the challenge of health inequalities in three clusters (i) positive and active: Denmark, Finland, Ireland, Netherlands, Slovenia and UK (ii) variable: Belgium, Bulgaria, Croatia, Czech Republic, Estonia, France, Germany, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Spain, Sweden (iii) relatively underdeveloped, highlighting the opportunities for practical action: Austria, Cyprus, Greece, Hungary, Malta, Romania, Slovakia (page 119 of report). (NB this is a separate report to the WHO European region's review of social determinants and the health divide, published in October 2013) The European Commission Staff Working Document, *Report on the Inequalities in Health* (2013) reviews the size of, and trends in, health inequalities in the EU since 2000, and particularly since the publication of *Solidarity in Health* - the EC communication on Health Inequalities, published in 2009. It notes that the gaps between Member States are larger for the healthy life year's indicator than for life expectancy. In 2011, the healthy life expectancy gap was 19 years for males and 18.4 years for females between MS with the highest and lowest rates. For life expectancy, the gap was 13.4 years for males and 10.6 years for females. [http://ec.europa.eu/health/social\\_determinants/docs/report\\_healthinequalities\\_swd\\_2013\\_328\\_en.pdf](http://ec.europa.eu/health/social_determinants/docs/report_healthinequalities_swd_2013_328_en.pdf)

## **About EQUITY ACTION**

Outcomes from Equity Action - the EC joint action programme on health inequalities – are available on the programme website – [www.equityaction-project.eu](http://www.equityaction-project.eu). The website highlights activities along four themes: tools, regions (including the use of EU Structural and Investment Funds), knowledge and stakeholders

The three-year programme brings together the following countries: Belgium, Czech Republic, Finland, France, Germany, Greece, Hungary, Italy, Ireland, Latvia, Netherlands, Norway, Poland, Spain, Sweden, United Kingdom, plus Norway – in a €3.6 million programme funded jointly between the EC Framework Health Programme and the Member States.

EQUITY ACTION has worked to:

- Develop tools and mechanisms to inform policy development and assess the impact of action
- Provide guidance to national, regional and local government on how to make the best use of EU funds to support this work
- Promote knowledge by making the scientific evidence on health inequalities available and usable to policymakers
- Identify and engage key stakeholders in this work

EQUITY ACTION – examples of programmes across the EU

<b>Country</b>	<b>Action</b>
30 Regions*	Public sector collaboration with other sectors to ensure EU Investment and Structural Funds contribute to the reduction of health inequalities in the EU
Belgium	New national plan for sustainable development to 2050 includes action to reduce health inequalities
Wales	Strategic bid for 2014-2020 European Social Fund monies to tackle poverty through sustainable employment and promote social inclusion
Greece	Region of Kefalonia working with new partners to win Investment and Structural Fund support for a Child Prosperity Alliance to improve children's health, education and care
Poland	Identified mechanisms to ensure successful intersectoral cooperation on health inequalities – linked to new public health bill that is being developed by the Ministry of Health
Norway	National workshop discussed the impact of kindergarten on health inequalities of immigrant children and their families, with special attention to the project 'Free core-time in kindergartens' and established an informal network of partners
Hungary	Network of health visitors provide preventative and follow-up health care for families with children in Veszprém county, which initiated cooperation with the children's welfare services all over the country.
Spain	Develop a framework for cooperation to bring greater policy coherence for childhood and adolescent services
Germany	Jointly operated multi-professional 'National Centre on Early Prevention' to develop further the field of early childhood intervention and build up and extend support systems across Germany

\*Numerous regional partners, eg England and Scotland, actively engaged in raising awareness about Structural Funds amongst their public health authorities to influence the Structural Fund and Investment Programmes being developed in their countries and import opportunities to apply them to initiatives that directly or indirectly address health inequalities

EQUITY ACTION partner quotes (country specific press releases available):

**BELGIUM: M Christiaan Decoster, Director General, Department of Healthcare Federal Public Service Health, Food Chain Safety and Environment**

*“Participation in Equity Action helped us take forward action on Health Inequalities in Belgium. It has increased awareness, capacity building and stakeholders’ involvement of both the health and the non-health sectors on HIAP, HIA and HI.*

*We have organised in the framework of the JA a policy dialogue in two parts and have presented the results of this dialogue to the Ministerial Conference of Public Health. We have received political commitment to start establish a cross-governmental, cross-sectorial working group. The aim of the group is to develop a national action program on health inequalities before the end of 2014. We have been working in close partnership with the department of sustainable development.*

*Furthermore, the reduction of HI by 50% in 2050 is one of the targets of the long-term vision of sustainable development in Belgium and health will be including in the integrated impact assessment from January 2014.”*

<http://www.equityaction-project.eu/countries/belgium/>

**FINLAND: Taru Koivisto, Director, Ministry of Social Affairs and Health**

*“The Health Impact Assessment we conducted on trade and investment as part of Equity Action Work Package 4 (Tools) has helped support current practice.*

*As a result of the work of Equity Action Work Package 5 (Regions) we realise that the opportunities presented by EU Structural Funds are little known in the social welfare and health care sector in Finland. We will be seeking to raise awareness about Structural Funds among health authorities at a national, regional and local level as a potential co-funding mechanism that can be utilised in social and health policy especially with regard to reducing welfare and health inequalities.”*

<http://www.equityaction-project.eu/countries/finland/>

**GERMANY: Prof Dr Elisabeth Pott, Director, Federal Centre for Health Education**

*“Health inequalities are a major challenge for public health in the EU Member States. With our participation in the Equity Action, we at the Federal Centre for Health Education (BZgA) are pleased to be cooperating in the third largest EU-funded project on health inequalities. This co-operation at European level has provided valuable support to our national work to tackle health inequalities. We have led on work on ‘Stakeholders’ for the joint action (Work Package 7) and this has allowed us to link the national work of BZgA’s inter-sectoral Cooperation Network “Equity for Health” with the expertise from different EU Member States and to exchange good practice in intersectoral cooperation and stakeholder engagement.”*

<http://www.equityaction-project.eu/countries/germany/>

**HUNGARY: Dr. Zoltán Kovács, Minister of State for Social Inclusion, Ministry of Human Resources**

*“The first EU-wide stakeholder debate “Together for Health Equity from the Start” was held in Budapest in May 2012. It helped create shared thinking across Europe – including Hungary – about how to engage representatives of different sectors in tackling health inequalities. The stakeholder conference “On the edge of health – Health Equity among children” was organised in cooperation with the Office of the Minister of State for Social Inclusion in the Ministry of Human Resources in February 2013 in Budapest. This provided an overview and useful discussion about recent national and local initiatives promoting health equity from the start, with special attention to stakeholder engagement and intersectoral action.*

*As part of our engagement in Equity Action we carried out an equity focused Health Impact Assessment (efHIA) of the National Social Inclusion Strategy (NSIS) and its Action Plan with a particular focus on children living in poverty. This is a unique initiative in Hungary that should be more widespread at all levels of policy making. The efHIA included two stakeholder workshops to ensure*

stakeholder participation and involvement in the process.

We are looking forward to the Guide on Stakeholder Engagement that will be published soon by the project, it aims to help policymakers develop intersectoral cooperation for tackling health inequalities. Results of the project will inform the actions of the next coming action plan of the NSIS.”

<http://www.equityaction-project.eu/countries/hungary/>

**IRELAND:** Dr John Devlin - Deputy Chief Medical Officer, Department of Health

*“The “Equity Action” project supported a Health Impact Assessment (HIA) to be undertaken at a national policy level in Ireland, providing a robust evidence-based approach that informed a complex decision-making process. The Department of Health was particularly pleased to be able to take the lead and provide momentum to the HIA process in Ireland. We hope this paves the way for other HIAs from a health-related area and encourages other sectors to more systematically consider the health impacts of their policies.”*

<http://www.equityaction-project.eu/countries/ireland/>

**ITALY:** Dr Domenico Mantoan – Regional Health Secretary Veneto Region

*“Social inequalities account for a large portion of the differences in health among the population. For this reason, this is an area which provides ample opportunities to create coordinated actions for improving prevention activities and health promotion both with regard to primary healthcare as well as hospital services.*

*In particular, in my work, I have seen that monitoring health inequalities offers the possibility to make improvements to diagnostic and treatment pathways: Only where clinical pathways are well organized, is access to services and quality of services guaranteed to all citizens, including those from socially disadvantaged backgrounds. When I observe consolidated social stratification, I can conclude that in many cases, we are dealing with an inefficient, unsustainable and poorly organized system. The Equity Action project has provided a forum for stakeholders to engage in a more formal dialogue on these topics drawing also from the experience of partners from the other Member States.”*

<http://www.equityaction-project.eu/countries/italy/>

**LATVIA:** Santa Livina, Director, Public Health Department, Ministry of Health

*“The participation in Equity Action has highlighted the problem of health inequalities in Latvia. It has raised awareness on human rights, equity and inter-sectoral collaboration and helped us develop strong foundations for effective action. Taken together with pooling resources, know-how, and through the engagement of stakeholders with and beyond national government, these foundations will go a long way to helping us achieve our strategic public health goals.*

*Our topic for our Health Impact Assessment (HIA) case study (Alcohol pricing) which we delivered as part of WP4 was very timely. It helped us to raise again a discussion on the possible consequences of uncontrolled and excessive alcohol use, as well as highlighting opportunities to reduce alcohol consumption by raising prices. This case study was very useful for MoH in the process of elaborating respective proposals for taxation policy.”*

<http://www.equityaction-project.eu/countries/latvia/>

**NORWAY:** Ole Trygve Stigen, Director of Department of Social Determinants of Health, Norwegian Directorate of Health

*“We are responsible for implementing the national strategy to reduce social inequalities of health and we are currently focusing on further development in two areas; tools for health impact assessment and cross-sectoral work as important steps to implement health in all policies and the new Public Health Act. Our participation in Equity Action has brought us forward in developing these areas and putting these issues on the national public health agenda. The debates with other partners and stakeholders have given us useful knowledge and inspiration.”*

<http://www.equityaction-project.eu/countries/norway/>

**SPAIN:** Pilar Farjas Abadía – Deputy Minister for Health and Consumer Affairs, Ministry of Health, Social Services and Equality

*“Equity in health is a priority of the Spanish National Health System, since the implementation of the*

*General Health Act in 1986 and subsequently in 2003, the Act on the Cohesion and Quality of the National Health System which regulates the Quality Plan for the National Health System of Spain, where working towards equity is one of the six action areas. In 2011 the General Public Health Act deepened this development with the inclusion of equity and health in all policies. Great progress has been made since the implementation, more than 25 years ago, of legislation. I would like to highlight the recent development of a methodological guide to integrate equity in an effective way into the activities of the National Health System. The participation on the Equity Action has strengthened this strategic approach in all health processes carried out by the National Health System. The continuous improvement on equity and cohesion is central to our health system.”*  
<http://www.equityaction-project.eu/countries/spain/>

**SWEDEN: Anna Bessö, Director of Department of Monitoring and Evaluation,  
Swedish National Institute of Public Health**

*“In 2013 the Swedish public health policy, which was adopted by the Parliament 2003, celebrated its 10th anniversary. The public health policy with its overarching aim and 11 objective domains has facilitated systematic public health efforts in municipalities, county councils and regions. The Swedish National Institute of Public Health is happy to have had the opportunity of taking part in Work Package 4: ‘Tools’. The aim of our participation has been to increase knowledge about HIA as a tool and to improve the quality by supplementing HIA with cost analyses. Our hopes are that this work has contributed to a more comprehensive information base on public health actions for national decision-makers. Additionally, to raise awareness of Equity Action and its results the Swedish National Institute of Public Health is organising a ‘result meeting’ of the Swedish participation in Equity Action in Stockholm on December 6, 2013 in order to make most benefits of our participation in the project.”*

<http://www.equityaction-project.eu/countries/sweden/>

**UK: Jane Ellison MP – Public Health Minister**

*“Having led the way over the previous years, one of the challenges for the UK public health agenda remains to reduce health inequalities in order to continue improving health outcomes across the board. The Equity Action programme shows how this can be done by devising practical approaches to the issues inherent to health inequalities and by building on impetus across Europe. The programme places emphasis on tools, mechanisms and guidance to help make equity an integral part of our approach. Mainstreaming these tools and addressing the questions they raise will help shape action locally, regionally and nationally and ensure that it has the necessary impact. The opportunities to work together across national and professional boundaries that the programme created has made it easier to share learning and gather the knowledge and evidence that will help enhance our understanding of ‘what works’. With clear goals in mind and through working across the social determinants of health, it is possible to create a bridge between health, wellbeing and economic growth and to engage new partners in a dialogue about the damage caused by health inequalities. I hope that the lessons and the results from the partnerships generated by Equity Action will continue to inform our approach in England and the UK and across Europe.”*

<http://www.equityaction-project.eu/countries/united-kingdom-england/>