National policies to tackle health inequalities in Europe

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Box 1 Consortium of Partners for Equity in Health

Czech Republic	National Institute of Public Health (NIPH)
Denmark	National Institute of Public Health (NIPH)
England	National Institute of Health and Clinical Excellence (NICE)
Estonia	National Institute for Health Development (NIHD)
Finland	National Research and Development Centre for Welfare and Health (STAKES)
France	National Institute of Health Education and Disease Prevention (INPES)
Germany	Federal Centre for Health Education (BZgA)
Greece	Institute of Social and Preventive Medicine (ISPM)
Hungary	National Institute for Health Development (NIHD)
Republic of Ireland Northern Ireland	Institute of Public Health in Ireland (All-Ireland body)
Italy	Experimental Centre for Health Education (CSESI)
Latvia	Health Promotion State Agency
Norway	Research Centre for Health Promotion (HEMIL)
The Netherlands	Netherlands Institute for Health Promotion and Disease Prevention (NIGZ)
Poland	Polish Society of Health Education
Portugal	Ministry of Health
Scotland	NHS Health Scotland
Slovakia	Trnava University: Faculty of Healthcare and Social Work
Spain	Ministry of Health and Consumer Protection, Directorate of Public Health
Sweden	National Institute of Public Health (NIPH)
Wales	Wales Centre for Health
Switzerland	Fondation Charlotte Olivier *(observer)*

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Inequalities in health continue to provide a major challenge for policy makers in the European Union and as such they will be addressed as one of the priority themes during the UK Presidency of the Council of the European Union in the second half of 2005. Although the nature of health inequalities differ within each of the member states, each of them faces a 'health gap' between the lowest and the highest socio-economic groups. It is therefore timely and highly important that the 'Closing the Gap: Strategies to tackle health inequalities in Europe (2004–2007)' project facilitates and encourages the exchange of good practices between European partners on reducing health inequalities, both in terms of policy and practice.

'Closing the gap: strategies to tackle health inequalities'

This pan-European project is coordinated by the EuroHealthNet office in Brussels and by the Federal Centre of Health Education (BZgA) in Cologne. The project is co-funded by the European Commission (EC Grant Number 2003318). It brings together 22 national partners who have responsibility for public health and/or health promotion to act as a Consortium of Partners for Equity in Health (see Box 1).

This year the Consortium has undertaken a mapping exercise of health inequalities policies in each of the countries. To reach this objective, project partners filled in a comprehensive questionnaire ('Situation Analysis')[1] reviewing tools, policy papers, the evidence base and key actors involved in tackling health inequalities. The objective of this paper is to summarise the preliminary outcomes of this 'Situation Analysis' exercise in participating European countries.

Awareness raising

Completion of the questionnaire served a dual purpose. It was completed by a multi-disciplinary focus group comprising various stakeholders (civil servants from health and social fields, researchers, representatives of NGOs and practitioners) who through debate agreed on common responses to

"reference to health inequalities in legal texts is a rare phenomenon"

questions. Concurrently, the composition of the focus group allowed for a multi-disciplinary debate on health inequalities and offered different stakeholders an opportunity to hear one another's opinions. Indeed, in some countries this was the very first time that high-level representatives of interested parties sat down together in one place to discuss the issue of health inequalities. Such was the case in the Slovak Republic with the focus group consisting of the Secretary of State from the Ministry of Health, several public health practitioners, academics, director of the WHO Country Office and researchers from regional public health offices. Therefore, not only is the data obtained balanced and objective, but also the exercise has already served as an awareness-raising event that hopefully will bear fruit in future.

Policy response to health inequalities

The mapping exercise has shown that a variety of policy responses to the problem of health inequalities have been adopted in EU Member States. On the one hand, there are countries that already have a comprehensive policy on health inequalities (such as the United Kingdom, Sweden and Finland), where research on health inequalities goes as far back as the 1980s. On the other hand there are countries where even examining the issue of health inequalities is a recent phenomenon only now appearing on the political agenda. This is the case in most of the new Member States.

Turning health inequalities policy into reality to a large degree is dependent on the level of political commitment within each nation state. The spectrum of policy responses varies from non-identification of health inequalities as a key policy issue to comprehensive action.[2] However, even in the absence of national strategies or a commitment to combating health inequalities, action at the regional level is pursued.

All of the questionnaire's respondents pointed to the crucial role of the WHO's *Health for All* policy paper[3] as the major catalyst for the national health inequalities debate. Other crucial factors for Western European countries included: results of academic research, commitment of civil servants and evidence provided by the national committees, such as the independent inquiry into inequalities in health chaired by Sir Donald Acheson (1998) in the United Kingdom, or the Ginjaar (SEGV I, 1989) and Albeda, SEGV II (1995) Commissions in the Netherlands.

In addition, external motivation and strong involvement of international organisations were a decisive factor in the new Member States. In Estonia, the World Bank explicitly asked for health inequalities research to be undertaken as a prerequisite to the provision of loans, while in Latvia the issue of inequalities was a theme of the annual National Human Development Report published by the Latvian United Nations Development Programme Office.

Although the concept of equity for citizens has a long tradition in Europe and underpins many of the national constitutions, the explicit reference to health inequalities in legal texts is a far rarer phenomenon. The only existing legal documents explicitly referring to health inequalities are found in Norway, the Netherlands and England. In other participating countries health inequalities are mostly referred to within the context of general public health policy.

In many countries, where health inequalities are a relatively new concept, the focus of policies is rather on the 'health of the disadvantaged' being linked to the discourse of social exclusion. Documents such as National Action Plans (NAPs) to combat social exclusion illustrate well this example. The Hungarian NAP addresses health disparities, while the document from Slovakia focuses on the health of minorities, in particular the Roma. However, looking at the more comprehensive policies seen in Sweden or the Netherlands, the approach adopted focuses on the social gradient.[4] That is to say that these policies focus on the differences between each and every societal group rather than the difference in health outcomes between the least and best off.

Nature of health inequalities

Just as the policies vary, so to does the nature of health inequalities in each of the participating countries. In all cases the key line of inequalities is along socioeconomic dimensions, but the importance of health inequalities within cities as a particular problem can be seen in the Netherlands, Germany, England and the Czech Republic. Elsewhere health disparities between regions are a distinct problem for Italy, the Czech Republic, Slovakia and Poland. Inequality in service provision poses particular problems in Poland and the Czech Republic.

Throughout this article we have been using the concept of health inequalities. 'Health inequalities' is a generic term used to designate differences, variations, and disparities in the health achievements of individuals

and groups. However our understanding here is that the variations in health that occur systematically between individual members of social groups are inequitable or in other words unfair. It is therefore interesting to note that although the concepts of health inequality and health inequity are well established in the Anglophone academic discourse, translation of these terms to some other European languages can pose problems. There is no difference between concepts of equity and equality in Norwegian, Finish and Swedish. One could though perhaps argue that they are interchangeable as they are strongly embodied in the philosophical principles of the Swedish welfare state. On the other hand there is no clear translation for health inequalities into Estonian or Latvian where the problem is often referred to rather as social disadvantage or poor health. This suggests that 'health inequalities' is a rather academic concept, and not a part of common speech. There is thus a need for more awareness raising. This problem needs to be consistently articulated in order that measures to tackle the issue are enacted!

Finally, it could be said that a descriptive analysis of health inequalities has been conducted in all participating countries. All participants have information systems on mortality and morbidity in place and in the majority this data can be linked to different socio-economic variables. However, measures of inequality differ markedly between countries with several variables being used, such as occupation-based social class, income, education or deprivation levels, which may pose problems for cross-European comparative analysis. In addition, information on the design of systematic, inter-sectoral actions aimed at reducing health inequalities, or on integrated policies to address the wider determinants of health, is rare as is the availability of evaluated best practice. Essential policy exchange will therefore continue to take place over the course of the project, keeping in mind that the issue is complex and that no magic or short-term solution is possible.

Next steps and further information

This has been an initial overview of national policies to tackle health inequalities and further steps in the project are set out in Box 2. A more comprehensive report will be published at the end of 2005. It will aid project partners in the development of national strategies for action. In addition, project partners have identified the following key issues to be taken forward in the course of this project:

- Examination of the evidence base and evaluation of policies;
- Awareness raising;
- Working across policy sectors + implementation of health impact assessment;
- Support for regional policy development.

More detailed information on national level policies, as well as on examples of local good practice to tackle health inequalities, will be available on the Health Inequalities portal: www.health-inequalities.org. This is intended to be a comprehensive electronic information resource, and is one outcome of the 'Closing the Gap' project. The portal will be operational in the autumn of 2005.

"measures of inequality differ markedly between countries"

Box 2: Key steps in the project

Year 1: June 2004 – May 2005
Finalising the Consensus Paper on the definition of health inequalities
Setting up national focus groups and responding to the Situation Analysis Questionnaire
Setting up Health Inequalities Portal
Year 2: June 2005 – May 2006
Collection of good practice information to tackle health inequalities and feedback into electronic database
Presentation of case studies on how EU policies impact on health inequalities at the national level
Year 3: June 2006 – May 2007
Preparation of National Strategies for Action to Tackle Health Inequalities
Organisation of National Seminars on Action to Tackle Health Inequalities
Final Conference

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