

A stronger European Pillar of Social Rights for Health Equity and Wellbeing in Europe

Calling for a new action plan on the European Pillar of Social Rights

EuroHealthNet is a not-for-profit Partnership of over 80 public health and health promotion organisations, at national, regional and local levels. Our core mission is to reduce health inequalities by addressing socio-economic determinants, and our objectives are to advance health promotion, disease prevention, social equity, and wellbeing, from early years into older age.

The European Pillar of Social Rights (EPSR)¹, established 20 key principles aimed at fostering fair and well-functioning labour markets and social protection systems. A more social Europe paves the way for a healthier Europe. In 2021, the first EPSR Action Plan set the framework for translating the 20 principles into policy measures such as directives, guidelines and recommendations. The Action Plan also guided EU and national actions by establishing three clear targets for 2030:

- Reaching an employment rate of at least 78%.
- At least 60% adult participation in training every year.
- Reducing the number of people at risk of poverty or social exclusion by at least 15 million, including 5 million children.

If adequately implemented, the EPSR can reinforce and sustain the European social model, wellbeing and prosperity. To date, progress has been made on the employment targets, but more efforts are needed to lift people out of poverty and social exclusion.

The European Commission's plan to revise the Action Plan of the EPSR in 2025, with the view to

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improving its implementation and strengthening its actions, is a step in the right direction. We need a strong, healthy and social Europe as much as we need a competitive Europe. There are new risks and persistent challenges, such as an ageing society, climate change, the green and digital transitions, high costs of living, rising mental health issues, emerging health threats, and the negative socio-economic impact of an unpredictable and hostile geopolitical situation. These crises are deepening social inequalities, threatening the foundations of European progress and stability based on social cohesion, solidarity, and social market economy². Furthermore, these challenges are eroding the middle-class socio-economic security, lead to a decline in public confidence in the European integration process as a mechanism that will continue to deliver inclusive prosperity for all people.

Now is the time to address current policy gaps by strengthening measures that ensure access to affordable, preventive and curative healthcare, quality jobs, inclusive training and skills development, social inclusion, and

1 [The European Pillar of Social Rights \(EPSR\)](#)

2 Article 3 (3) TEU states The Union shall establish a "highly competitive social market economy, aiming at full employment and social progress".

poverty reduction, including in-work poverty. It is also crucial for the next Multiannual Financial Framework (2028-34) to increase the allocation of funding for the implementation of the EPSR, especially to address poverty, social exclusion and promote job quality.

1. Taking a ‘whole of government’ approach across all 20 principles: strengthening cross-sectoral cooperation and partnership work with sectors such as public health, food, education, climate, environment, and digital.

The successful implementation of the EPSR will only be achieved if a ‘whole of government’, cross-sectoral approach is further strengthened, with employment and social sectors reinforcing their cooperation with other sectors such as public health, food, education, climate, environment, digital, etc. Such cooperation is mutually reinforcing³ and generates strong synergies leading to improved progress in implementing the 20 principles of the EPSR⁴. EuroHealthNet has been supporting the implementation of the EPSR and the cross-sectoral cooperation by providing evidence and generating knowledge on the intersection and interplay between employment, social and health equity and sharing good practice examples from the local, regional and national level⁵. It is not possible to address the root causes of poor health without improving job quality, children’s wellbeing and education, eradicating social exclusion and addressing socio-economic inequalities.

3 See EuroHealthNet’s work on a Wellbeing Economy for healthier, sustainable and equitable societies: <https://eurohealthnet.eu/economy-of-wellbeing>

4 See social and health horizontal clause of Article 9 TFEU: “in defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health.”

5 See EuroHealthNet’s ‘European Pillar of Social Rights Flashcard Tool’, a guide for public health professionals and decision-makers: <https://epsr-flashcards.eurohealthnet.eu/>

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2. Prioritising the EPSR implementation in the European Semester process: stepping up social and health investments, improving Social Scoreboard indicators, and effectiveness of the Social Convergence Framework

The new EPSR Action Plan needs to enable Member States to mobilise resources and social spending for implementing the 20 principles. This can be done by further embedding the EPSR in the European Semester, stepping up investment in social and wellbeing objectives. Well-designed social and health investment measures targeted at developing inclusive labour market, social inclusion, skills and health promotion measures, have positive impact on individuals, societies and generate wider socio-economic returns.⁶

The **European Semester** must explicitly incentivise Member States’ social investment linked to EPSR. Making the EPSR a strong priority in the Semester will act as a safeguard for a healthy and social Europe and will prevent quick fix solutions from Member States for achieving fiscal stability through harmful cuts in public investment for cohesion, inclusion, social and health promotion.

6 For example, investing in public health is estimated to have a return of 14 Euros for every Euro invested see: Yakova, Mariana et al. “Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020” (2017)

Further improving **Social Scoreboard** indicators is also necessary to better monitor social risks. To adequately assess the situation of different social categories of people, including vulnerable ones, it is essential to include data disaggregated by gender, age and socio-economic status. Furthermore, to assess newly emerging social challenges, new indicators need to be included. These indicators are typically emerging from the wellbeing economy and beyond GDP debate and research⁷, and could, for example, cover health inequalities, loneliness, mental health, health literacy, health and wellbeing aspects in housing, climate change, and environmental pollution.⁸

The **Social Convergence Framework (SCF)** needs to be more effectively used in the Semester process to support the formulation of Country-Specific Recommendations for and drive policy actions in Member States. The Framework was added to the Semester in 2024 as a pilot project and is used to assess the upwards social convergence. It has the benefit of presenting a wide range of qualitative information and quantitative indicators, with some of them stratified by income level and age, providing a structured and deeper analysis of employment and social situations in Member States. It is positive that the SCF has now been included in the new economic governance.⁹

However, there are still some fundamental weaknesses to be addressed: there is no automatism between the findings of the Framework and the Country Specific Recommendations (CSR) to Member States, nor are there

mandatory requirements for Member States to set up policy actions to address the social risks identified.¹⁰

3. Supporting policies to promote good health as a powerful enabling factor

The new EPSR Action Plan needs to frame health, both physical and mental, as a key enabling factor.

EuroHealthNet's recent study indicates that in the last 10 years poor health and social inequalities in health have increased or stagnated in most European countries, meaning that many Europeans are unable to reach their full socioeconomic potential due to reasons that are avoidable.¹¹

Declining health is a crucial factor in hindering the achievement of EPSR targets. In 2024, over a third of Europeans (35.3%) reported having a chronic health problem, with unemployed people reporting nearly twice as much living with a chronic health condition than employed people.¹²

Clearly, poor health leads to higher rate of economic inactivity, labour market exclusion, involuntary early retirement, increased dependency on welfare benefits such as sickness and disability. And being economic inactive often worsens people's health creating a reinforcing vicious circle. Poor health reduces the chances of successfully completing education and training as well as for stable work income, further pushing people into poverty and social exclusion. Particularly concerning is the rising trend of people with disabilities experiencing considerable disadvantage in finding and maintaining employment.¹³

7 See JRC publication: ["The Wellbeing economy: Beyond GDP and beyond growth"](#)

8 See EuroHealthNet publication: ["A European Semester for the wellbeing of people and the planet"](#) (2024)

9 [The 2024 Regulation on economic governance](#) mentions the principle of Social Convergence Framework in the preamble as well as in Article 3(b): "The surveillance of the implementation by the Commission includes the progress in implementing the principles of the European Pillar of Social Rights and its headline targets, via the social scoreboard and a framework to identify risks to social convergence".

10 See [Social Convergence Framework: institutional implications for the European Semester](#) (2024)

11 EuroHealthNet-CHAIN report on "Social Inequalities in Health in the EU" (2025)

12 [Self-perceived health statistics, Eurostat](#) (2024)

13 See: [Social Scoreboard Disability Employment Gaps](#)

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4. Mainstreaming health equity and address health inequalities in EPSR

Health outcomes mirror socio-economic inequalities, with people living in poverty and social exclusion disproportionately experiencing poor health.¹⁵ Mainstreaming health equity in all EPSR principles and addressing health inequalities – the difference in people's health driven by social disadvantage- need to become clear priorities in the new Action Plan for the EPSR.

The strongest factor in explaining inequalities in health and mental health, is living in precarious economic and employment conditions.¹⁶ Reducing the vicious cycle between poor health, labour market exclusion and poverty, requires various policy intervention. Actions to improve job quality,

including supporting employees' job control,¹⁷ and create supportive and empowering labour market activation and skills development policies. It also needs actions to reduce precarious work contracts, in-work poverty, or inadequate safety net benefits, such as unemployment benefits and minimum income.

To this end, the new Action Plan should continue to support the implementation of the Council Recommendation on minimum income and the Directive on Minimum Wage¹⁸, as well as continue the work for a Directive on Psychosocial Risks at work.

5. Taking concrete actions to implement EPSR Principle 16 on access to healthcare, supporting the right to health for all

EPSR Principle 16 states that: "everyone has the right to timely access to affordable, preventive and curative health care of good quality". The new Action Plan needs to follow up on principle 16 with concrete policy actions and support health as a human right for all. To this end, the World Health Organization's (WHO) definition of health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" should be used under Principle 16.¹⁹

It is worrying that unmet healthcare needs for people aged 16 and above are rising in Europe: from 1.6% in 2017 to 2.5% of 2024, with people from low-income households most affected (6%).²⁰ Likewise, 6.3% of Europeans are reporting unmet medical needs for dental care, with the rate for people at risk of poverty being as high as 13.7%.²¹

14 European Commission, [Website on Public Health](#)

15 See WHO work on [social determinants of health](#) and [WHO world report on social determinants of health equity](#)

16 EuroHealthNet – CHAIN report on "Social Inequalities in Health" (2025)

17 There is a clear link between poor job control and stress at work – see EuroHealthNet – CHAIN report "Social Inequalities in Health" (2025)

18 Despite the legal challenge been brought to the ECJ, with judgement still pending, given the importance of fair wages, ensuring adequate minimum wages remains a valid policy for fighting in-work poverty.

19 [This WHO definition of health is enshrined in WHO 1948 Constitution](#)

20 [Unmet medical needs \(Eurostat 2025\)](#)

21 [Unmet needs for dental care \(Eurostat 2025\)](#)

Furthermore, there are clear indications that mental health has worsened across Europe, especially amongst women and young people, with lack of access to mental health services being reported as a challenge.²²

EuroHealthNet's recent study also confirms these trends in higher levels of unmet medical needs, primarily driven by long waiting times or no appointments available. This is coupled with a decrease in the use of general practitioners and a higher use of specialist care.²³

Actions under Principle 16 therefore also need to focus on improving equity in access to quality and affordable health services,²⁴ including mental health services, prevention programmes and health promotion measures across the life cycle and with a special focus on vulnerable people and local communities. Primary care and community-based service must be strengthened. It is equally important to better coordinate and integrate health care services with other crucial services such as social, care, employment, education, or housing, to break up silos, create synergies, and maximise positive impact on people and communities.

Ongoing health dossiers, such as the upcoming European Plan for Cardiovascular Health, need to be strongly framed under Principle 16 of the EPSR, and take a strong equity, gender and life cycle approach, addressing the root causes of cardiovascular diseases.²⁵ Existing health policy frameworks, such as Healthier Together,²⁶ Europe's Beating Cancer Plan,²⁷ with its registry on inequalities, should be strongly connected to EPSR, as a way to further step up their implementation and to continue strengthening their comprehensive approach to health.

Furthermore, Principle 16 needs to address

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the new emerging elements in driving poor health, such as health risks related to climate change and environmental degradation, poor nutrition and excessive use of social media:

- Heatwaves and extreme weather events, such as wildfires, storms, floods and droughts, as well as air pollution, are increasingly putting the health of the European population at increasing risks. Climate and environmental health risks are disproportionately felt by the most vulnerable and disadvantaged population groups, including lower-income households, older people, children, youth, migrants, outdoor workers, pregnant women and those with pre-existing health conditions.^{28,29}
- Lack of access to healthy food is a rising concern: in 2024, 8.5% of Europeans could not afford a meal containing meat, fish or a vegetarian equivalent every second day, with the rate amongst people at risk of poverty being as high as 19.4%.³⁰ Furthermore, people from lower socioeconomic backgrounds consume unhealthier ultra-process foods, as they are more affordable and available.³¹
- Excessive use of social media is linked to increased rates of depression, anxiety, loneliness, especially amongst young people, preventing them from realising their full potential in education, training and in entering the labour market.

22 [Quality of life in the EU 2024 \(Eurofound, 2025\)](#)

23 EuroHealthNet- CHAIN "Social Inequalities in Health" (2025)

24 Nearly half of Europeans – 46% – had experience emotional or psychosocial issues such as depression and anxiety in 2023, see [Flash Eurobarometer 530 Mental Health](#) (2023)

25 See [EuroHealthNet Vision for Cardiovascular Health](#)

26 [Healthier Together - EU non-communicable diseases initiative 2020-2027](#), covering health determinants, cardiovascular diseases, diabetes, chronic respiratory diseases, mental health and neurological disorders

27 [Europe's Beating Cancer Plan](#)

28 [European Climate Risk Assessment \(European Environmental Agency, 2024\)](#)

29 [How air pollution affects our health \(European Environmental Agency, 2024\)](#)

30 [Almost 9% in the EU could not afford a proper meal \(Eurostat 2025\)](#)

31 See EuroHealthNet: [Tackling Ultra-Process Food for a Healthier and Just Food System](#)

Social innovative approaches, such as social prescribing, should also be included under Principle 16. Social prescribing is a relatively new and promising approach to improving health and wellbeing.

The practice integrates social intervention in medical settings by connecting individuals to non-medical and community services to co create a non-medical prescription. These interventions are tailored to the individual's needs, and typically include arts and cultural programmes, social and playful activities, and spending time in nature. Social prescribing programmes have a strong preventive dimension and have demonstrated a high return on investment, with reductions in healthcare demand and costs.³²

6. Strengthening the implementation of healthy ageing under Principle 18 on long-term care

The need for long-term care arises from ageing in poor health. By investing in healthy ageing policies, disabilities and illnesses amongst older people can be reduced. The importance of promoting active ageing is recognised in the 2022 Council Recommendation on long-term care.³³ Healthy ageing has also become a key European priority to extend working life, improve quality of life and achieve prosperity and competitiveness.³⁴

32 In UK it has been estimated that social prescribing had a return of £5.04 for every £1 invested, as well as a reduction in the number of doctors' consultations and hospital admissions – see Bertotti and all. (2020) "A Two-Year Evaluation of the Young People Social Prescribing Pilot", Institute for Connected Communities, University of East London

33 [European Council Recommendation on access to affordable high-quality long-term care \(2022\)](#)

34 [European Competitiveness Compass \(2025\)](#)

The new Action Plan needs to further strengthen the implementation of active ageing policies under Principle 18 and mainstream these actions in the other relevant Principles of the EPSR, for example by setting up a Care Platform with relevant stakeholders. It is crucial to take a holistic approach based on a strong integration between social and health services; to further engage social partners for creating age friendly environments and working conditions; to work across different policy sectors and level of governments to ensure age friendly environments and policies in gender, housing, urban planning, digital, healthy food, physical activity, cultural and social participation, protection from ageism and discrimination.³⁵

To conclude, the new EPSR Action Plan needs to set out a clear, strong and powerful agenda for further strengthening the European social model and social cohesion, with a strong focus on supporting wellbeing and health equity for all and supported by increased funding allocation from the future Multi annual Financial Framework (2028-2034). Current policy priorities on competitiveness, simplification and defence should not come at the expense of social inclusion and inclusive labour market. EuroHealthNet stands ready to work with the European Institutions in continuing to support the implementation of the EPSR.

35 [Healthy Ageing- EuroHealthNet Policy Briefing \(2005\)](#)

See how each principle of the European Pillar of Social Rights connects to public health – try our EPSR Flashcard Tool now:

www.epsr-flashcards.eurohealthnet.eu



EuroHealthNet is a partnership of public organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities. We aim to tackle health inequalities within and between European States through action on the social determinants of health. For further information and further references go to www.eurohealthnet.eu.



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