

Report launch

Social inequalities in health in the EU

25 September 2025

EuroHealthNet

CHAIN



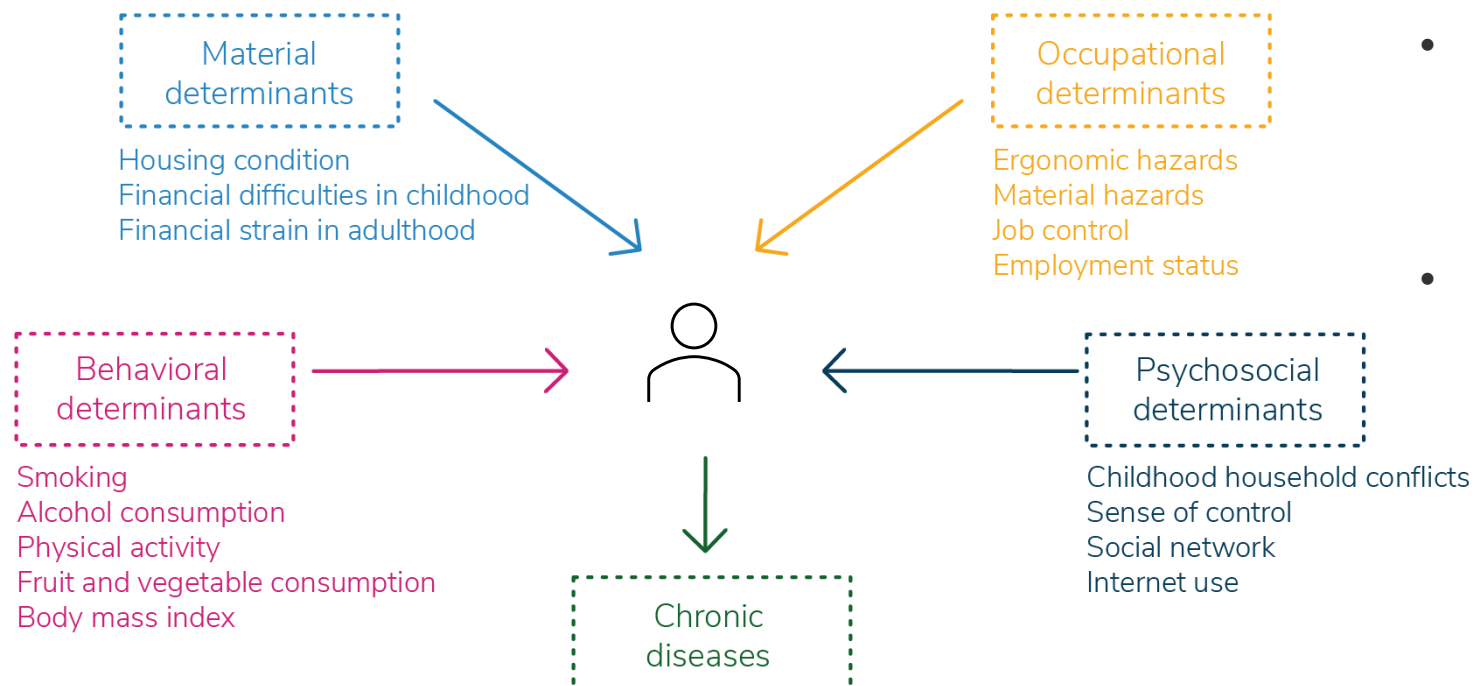


Key messages from the report on Social Inequalities in Health in the EU

Mirza Balaj

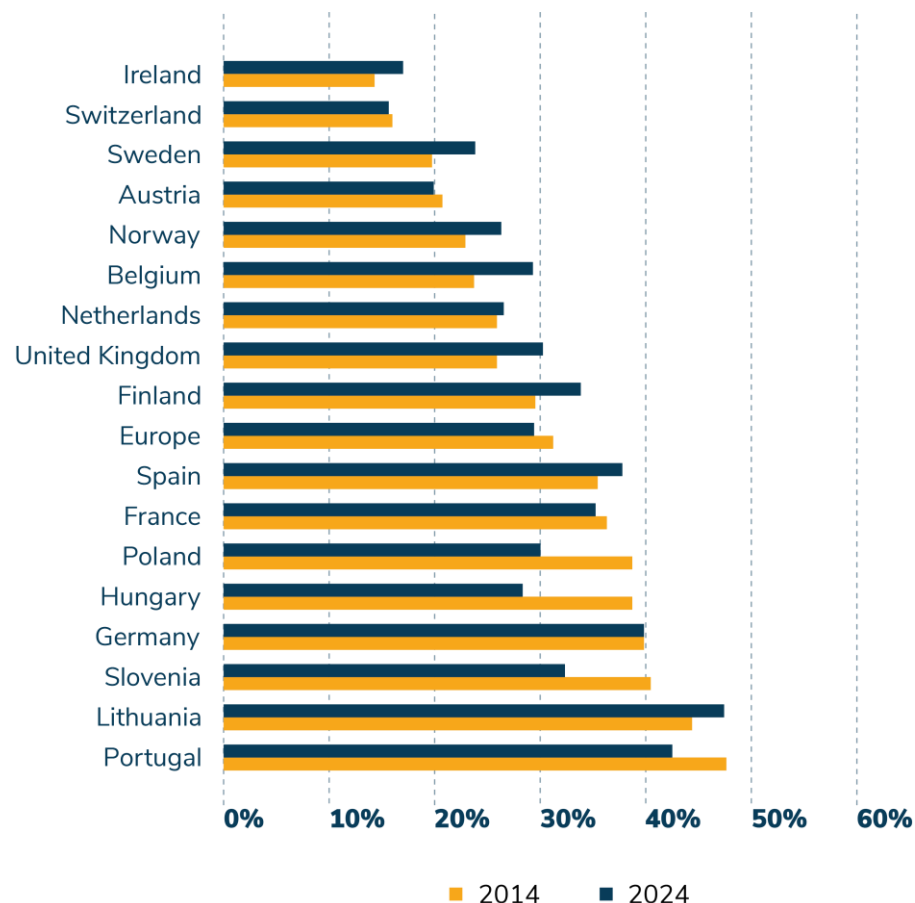
PhD, Project Leader, Centre for Health Equity Analytics (CHAIN)/ ROA, Maastricht University

The European Social Survey



- 14 European MS + Norway, Switzerland and the UK participated in both 2014 and 2024
- The central coordination and design of the ESS is funded through the European Commission, the European Science Foundation (ESF) and national funding councils.

Poor health



- In 2024, one third of the population across Europe reported poor health.
- **Large between country variations.** From 17% in Ireland to 48% in Lithuania.
- Poor health **decreased** significantly in 4 countries but **increased** in 8 countries.

Rate of poor self-reported health, 25–75-year-olds, 2014–2024



Poor health for high-education group



Rate of poor self-reported health in high-education group,
25–75-year-olds, 2014–2024

- In 2024, **20%** of respondents **from high education** reported poor health, ranging from 13% in Austria to 30% in Spain.
- In United Kingdom, Sweden, Ireland, Norway and Belgium high educated report **significantly worse levels of health** compared to a decade ago.
- **Health gains** have taken place for the higher educated group in Hungary, Germany, Lithuania, Austria and Slovenia.

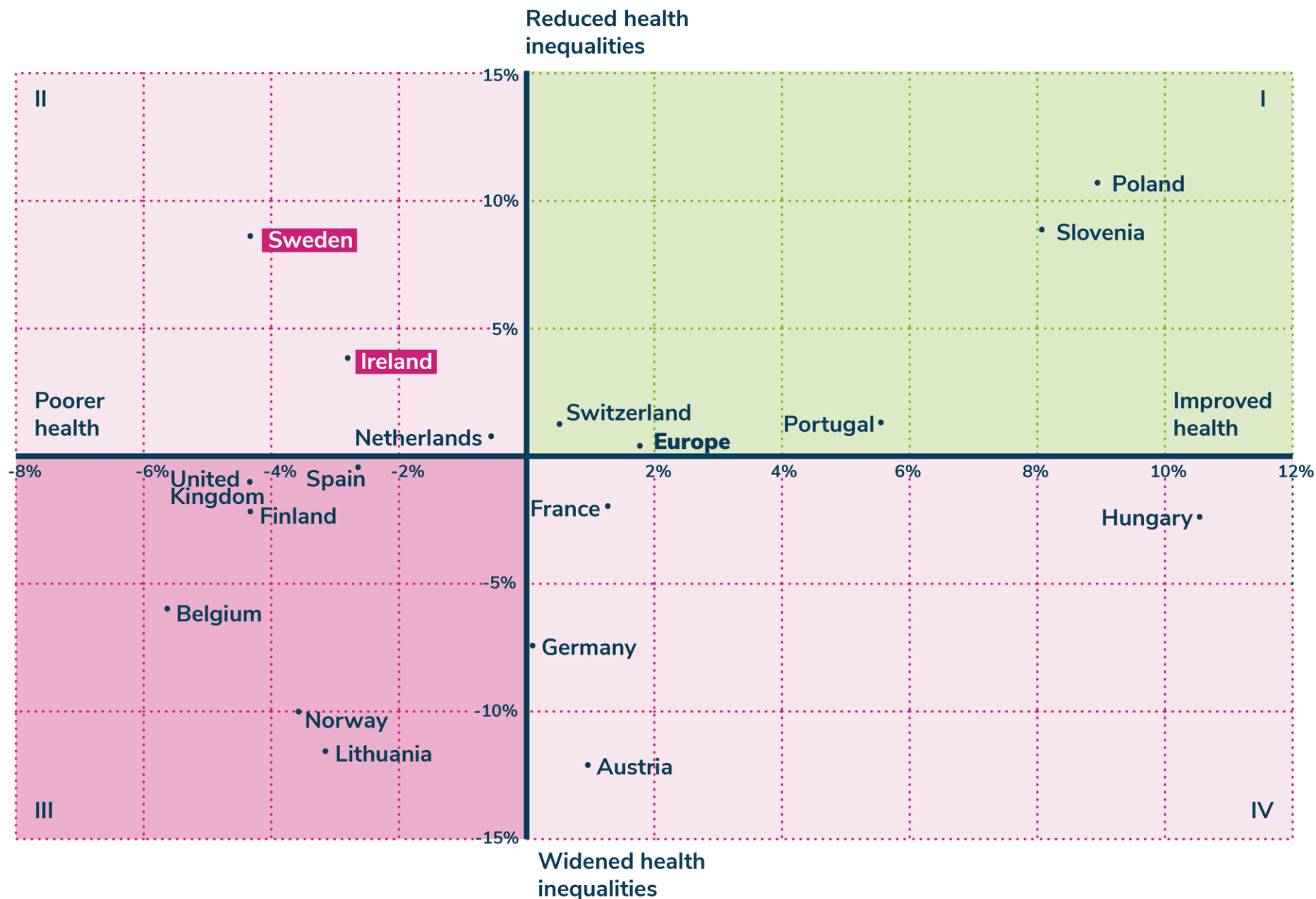


Poor health for low-education group



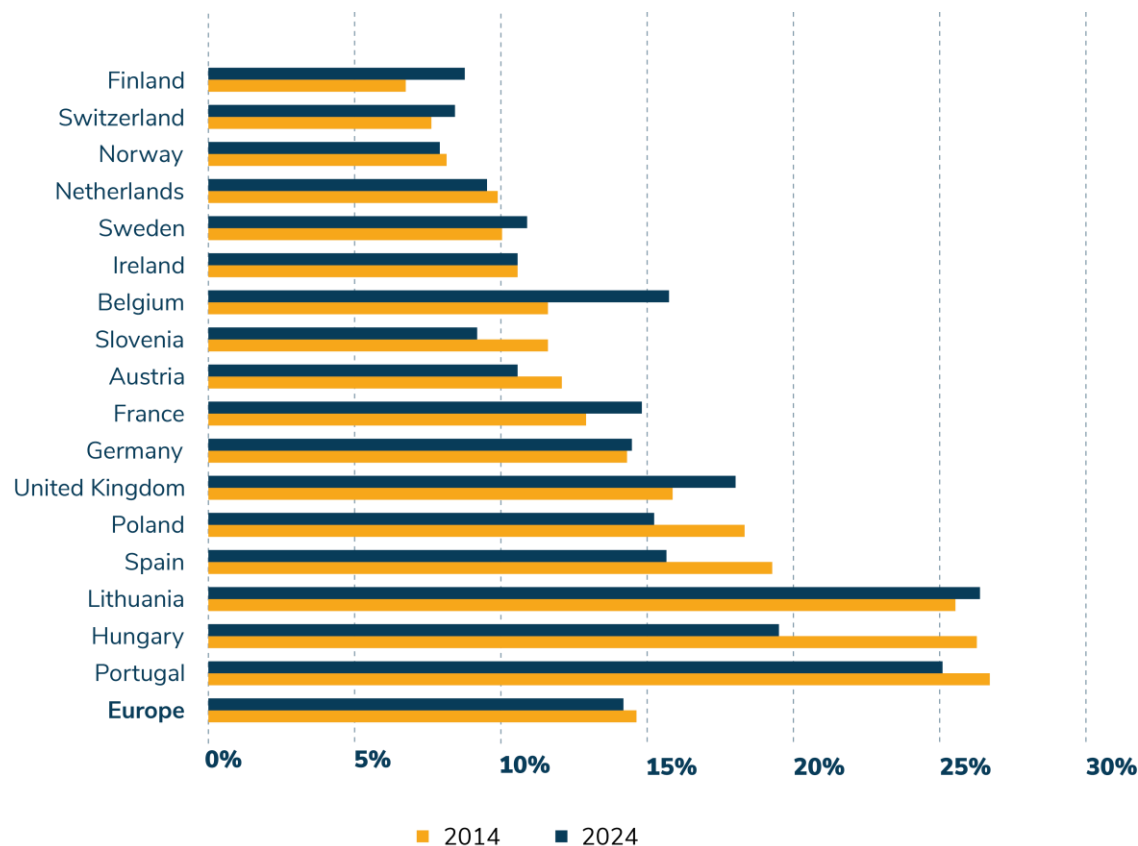
Rate of poor self-reported health in low-education group,
25–75-year-olds, 2014–2024

- In 2024, **40%** of respondents from the **low-education** group reported poor health. This ranged from 22% in Ireland to 58% in Lithuania.
- In Norway, Belgium, Austria and United Kingdom low educated report **significantly worse levels of health** compared to a decade ago.
- **Large health gains** took place amongst the low-education group in Poland, Slovenia and Hungary.



Paths (in)equity in poor self-reported health, 25–75-year-olds, by education, based on absolute inequalities

Poor mental health

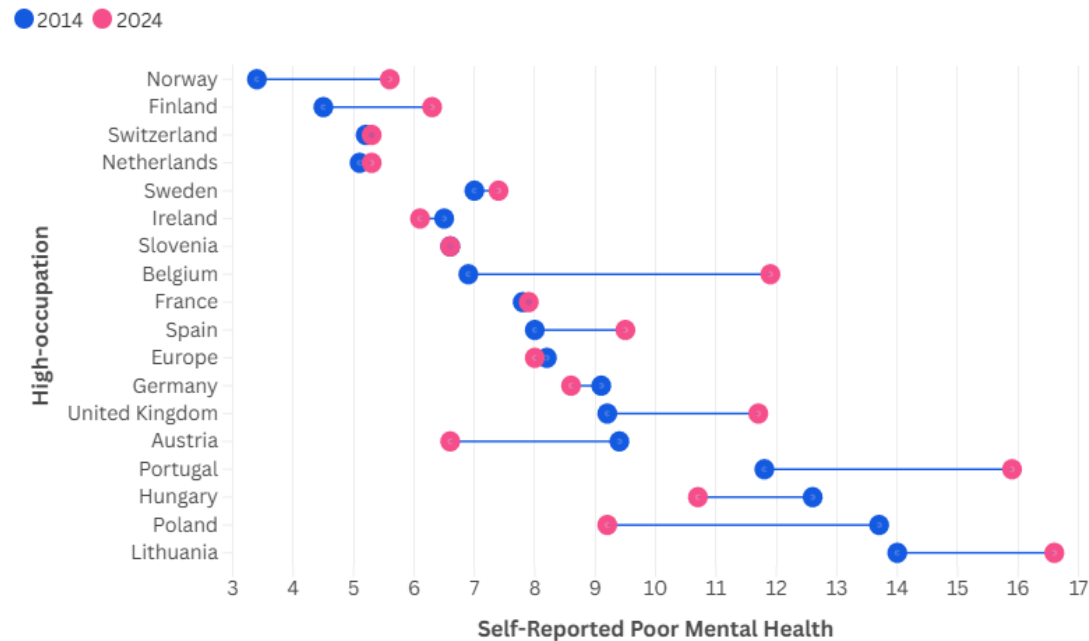


Rate of poor self-reported health, 25–75-year-olds,
2014-2024

- In 2024, 13% of Europeans reported poor mental health.
- Large between country differences persist. This ranged from 8% in Netherlands to 23% in Lithuania.
- There were **significant improvements** in Hungary, Poland and Spain but **significant declines** in Belgium, UK and Finland.



Poor mental health in high-occupation group

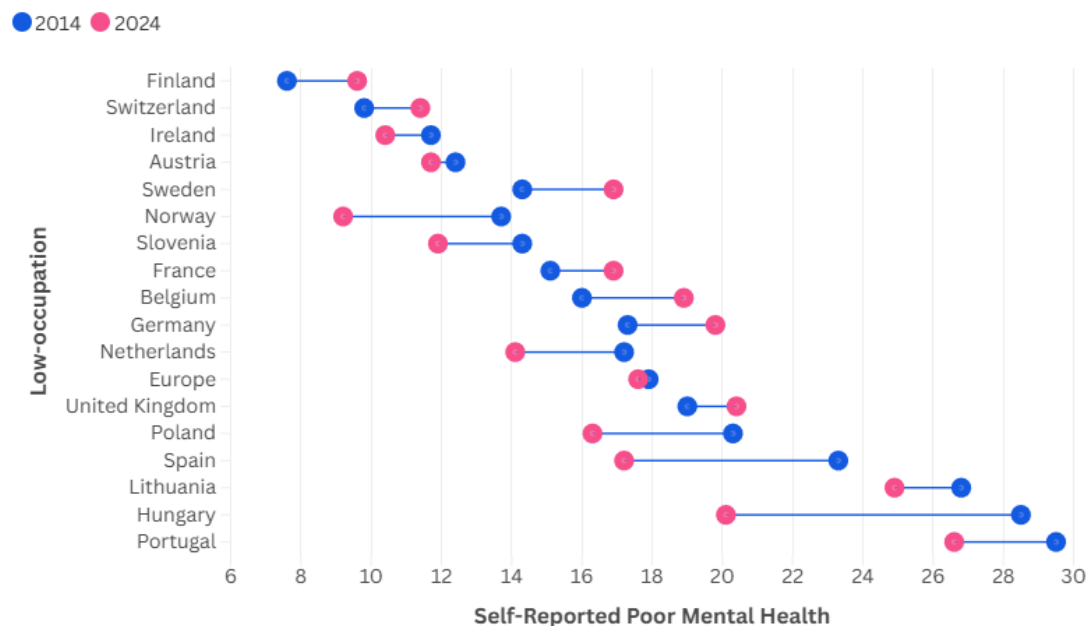


- In 2024, **8% high occupation** group reported poor mental health, ranging from 5% Netherlands to 17% in Lithuania.
- Belgium, Portugal, Lithuania, the United Kingdom, Norway, Finland and Spain recorded **increasing levels of poor mental** health among high-occupation.
- Austria, Hungary and Poland **decreasing levels of poor mental health**.

Rate of poor mental self-reported health in high-occupation group, 25–75-year-olds, 2014–2024

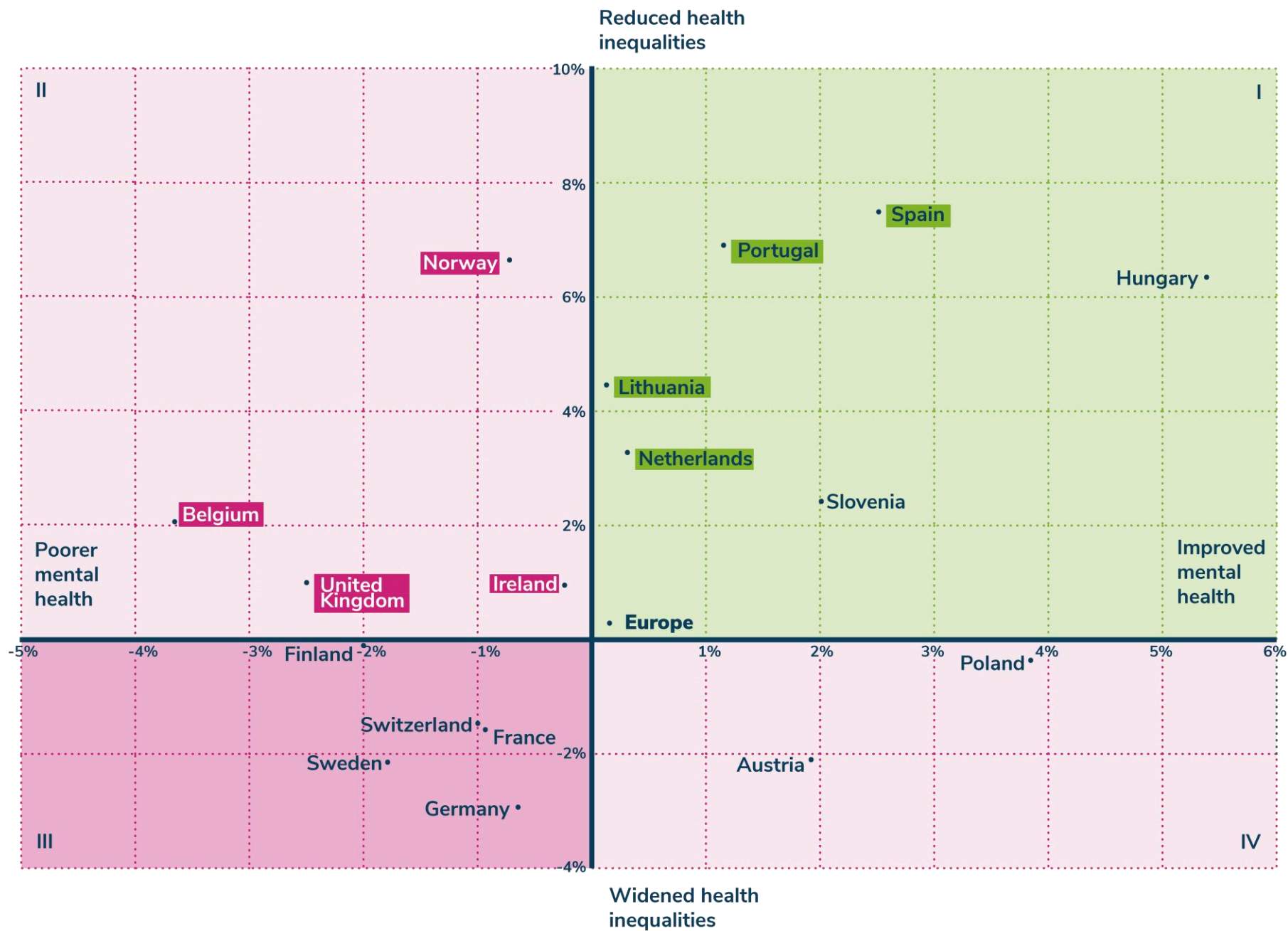


Poor mental health in low-occupation group



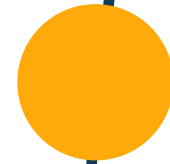
Rate of poor mental self-reported health in low-occupation group, 25–75-year-olds, 2014–2024

- In 2024, **17% low-occupation** group reported poor mental health, ranging from 9% in Finland to 27 % in Portugal.
- Hungary, Spain, Norway, the Netherlands, Poland, Portugal, Slovenia, Lithuania and Ireland, showed **improvements in mental health for low-occupation**.
- Belgium, Sweden, Germany, Finland, France, Switzerland and the United Kingdom, experienced **decline in mental health** among the low-occupation group.



Paths to (in)equity in poor self-reported mental health, 25–75-year-olds, by education, based on absolute inequalities

Key takeaways



Only one country achieved improvements in health and mental health for all socioeconomic groups, along with reduced disparities.



Overall levels of self-reported health are stagnant or **declining** in most European countries.

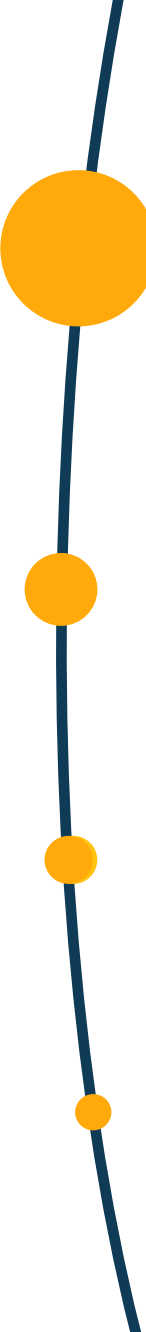


Countries with more room to improve are doing so, but declines in healthier countries drive **convergence at a lower standard of health**.



Higher occupational groups have lower levels of mental health compared to a decade ago. **In several countries low occupation groups show signs of improvements**.

Key takeaways



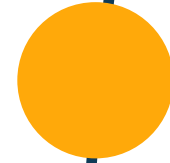
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Higher occupational groups have lower levels of mental health compared to a decade ago. **In several countries low occupation groups show signs of improvements.**

For policymaking, when health inequalities decline, it matters whether that's caused by gains among the worst-off or losses among the best-off.

Key takeaways



Countries with more room to improve are doing so, but declines in healthier countries drive **convergence at a lower standard of health.**



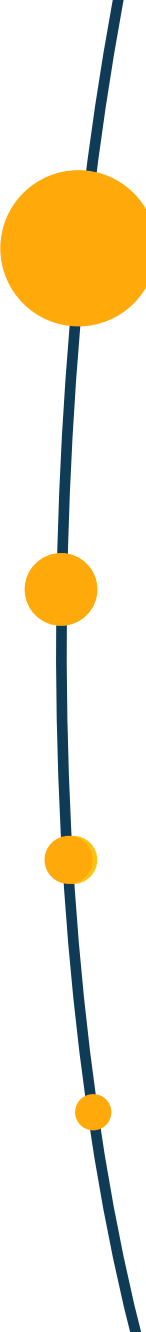
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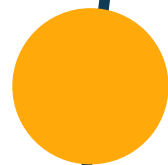
Key takeaways



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Key takeaways



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Thank you !

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