

Launch event report

Social inequalities in health in the EU

Are countries closing the health gap?

25 September 2025 - 26 September 2025



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Introduction

On 25 and 26 September 2025, [EuroHealthNet](#), in collaboration with the [Centre for Health Equity Analytics \(CHAIN\)](#), launched its landmark report '[Social inequalities in health in the EU](#)'.

Based on data from the 2014 and 2024 [European Social Surveys](#), the report provides a comprehensive overview of how health and mental health outcomes have evolved across socioeconomic groups over the past decade. It confirms that inequalities in health, shaped by education, living and working conditions, and access to essential services, remain persistent. The report presents promising actions from across Europe and recommendations for EU and national policymakers.

The launch of the report included a high-level debate in the European Parliament on 25 September, and a follow-up webinar on country-level data and measures on 26 September.

Part I – High-level European policy debate

Social inequalities in health: from data to action

Hosted by MEP Vytenis Andriukaitis on behalf of the
EP Interest Group on Health Inequalities, Prevention, and Risk Factors

25 September 2025, 13.00 - 15.00 CET

European Parliament, Brussels - Room SPINELLI 3H1

View the [recording of the live-stream](#).

Opening remarks

Vytenis Andriukaitis, MEP, [Socialists & Democrats](#), Chair of the [Interest Group on Health Inequalities, Prevention, and Risk Factors](#), emphasised that tackling health inequalities demands strong political will and the restoration of public trust and confidence in politics. Referring to the WHO definition of health as not merely the absence of disease but a state of physical, mental, and social well-being, he highlighted that the determinants of health reach far beyond healthcare systems. He called for a renewed ‘Health in All Policies’ approach, and suggested that, during its 2027 [EU Council Presidency](#), Lithuania should become a ‘Marmot State’, guided by the eight Marmot principles of equity.



Caroline Costongs and MEP Vytenis Andriukaitis presenting the ‘Social inequalities in health in the EU’ report.

Caroline Costongs, Director of [EuroHealthNet](#), outlined the purpose of the meeting: to present and discuss the joint EuroHealthNet–CHAIN report on ‘Social inequalities in health in the EU’. The report offers comprehensive evidence to date on the persistence and, in many countries, the worsening of health inequalities. Caroline Costongs highlighted that even where inequalities appear to narrow, this often reflects deteriorating health among more advantaged groups rather than progress for those less privileged. The findings represent a call to action for policymakers at every level and demonstrate the value of science–policy cooperation in tackling systemic inequalities.

Dr Hans Kluge, Regional Director for Europe of [WHO](#), addressed participants to the event via a video message describing the daily reality of millions in Europe who face poor health, financial insecurity, unsafe housing, and social isolation. Dr Kluge commended the European Parliament and the Interest Group on Health Inequalities for addressing these challenges.

More than one in five people in the EU experience poor health and precarious living conditions, with women and low-income groups most affected. The forthcoming [WHO Health Equity Status Report](#) reveals rising inequities among young people. It shows that loneliness and isolation increase the risk of stroke by 30%, dementia by 50%, and premature death by 25%.

Reducing inequities protects human and social capital in ageing societies, strengthens social trust and cohesion, and supports economic growth. A modest 0.1% rise in preventive health spending could increase consumption among older adults by 9%.

Dr Kluge concluded by calling for renewed partnerships and lifelong, cross-sector action to break the intergenerational cycle of poor health, stressing that health inequities are “wasteful, unjust, and entirely avoidable.”

View Dr Hans Kluge’s [video intervention](#).

New data on the persistence of social inequalities in health

Prof Sir Michael Marmot, Director of the [Institute of Health Equity at University College London \(UCL\)](#), outlined that for the bottom 60% of the population, life expectancy had not improved even before the pandemic, further deepening inequalities. Health gains had stalled, and the poorest are now living shorter, less healthy lives. Drawing on the report’s data, he stressed that those with less education not only experience poorer health but also face faster deterioration than the better educated. This shows that the social promise of progress, of leading a longer and healthier life than the previous generation, has been broken.



Professor Sir Michael Marmot warning inequalities worsen, but action offers hope.

A Gallup survey shows that fewer than one-third of Europeans believe today’s children will have a better life, a perception supported by the data. Comparing social mobility, it would take two generations for a child born in the lowest income group to reach the median in Denmark, three in Finland and Sweden, five in the UK and the US, and nine generations in Brazil. Europe is drifting toward Brazil, with child poverty rising sharply. Nevertheless, hope remains possible through actions based on evidence. There is a growing network of [Marmot Cities and Places](#) in Italy and the UK, and Wales’s ambition to become the first Marmot Nation.

Achieving health equity, he concluded, requires political will and commitment to the [eight Marmot principles](#).

View the [PowerPoint presentation](#).

Dr Mirza Balaj, Project Leader at the [Centre for Health Equity Analytics \(CHAIN\)](#) and [ROA Maastricht University](#), presented the report’s focusing on 14 EU Member States, Norway, Switzerland, and the UK. In 2024, one-third of Europeans still reported poor health, unchanged from a decade earlier. Results varied widely: from 15% in Switzerland to 47% in Lithuania.

Overall levels of poor health decreased significantly in only four countries: Hungary, Poland, Portugal and Slovenia. They increased in eight countries: Belgium, Finland, Sweden, the United Kingdom, Norway, Lithuania, Ireland and Spain. Overall levels remained relatively stable in five countries, namely Austria, Switzerland, Germany, France and the Netherlands. When broken down by educational level, striking inequalities emerged: 20% of highly educated Europeans reported poor health compared with 40% among the less educated, with worrying declines for disadvantaged groups in Norway, Belgium, Austria, and the UK.

Regarding mental health, 13% of Europeans reported poor outcomes in 2024, a rate largely stable over the past decade. Looking at socioeconomic groups, findings show an unexpected and worrying trend: people in higher occupational groups are increasingly losing their advantage, reporting higher levels of poor mental health in countries such as Belgium, Portugal, the UK, and Finland. Mirza Balaj underlined that reducing gaps is meaningful only when all educational and occupational groups experience real health gains. Only one country, Slovenia, improved both overall and mental health while also reducing inequalities.



Dr Mirza Balaj and Ingrid Stegeman presenting report data showing persistent social inequalities in health across Europe.

In her conclusion, Mirza Balaj emphasised that Europe must disaggregate data further to understand who is benefiting from social and economic policies, and who is being left behind. The social scoreboard has the potential to be a powerful tool, but only if we use it to identify inequalities and design policies that carry everyone forward.

View the [PowerPoint presentation](#).

Ingrid Stegeman, Programme Manager, [EuroHealthNet](#), stressed that slow progress in reducing health inequalities reflects not only a public health failure but also a shortfall in meeting the EU's core aims of well-being and equality under Article 3 of the EU Treaty. The consequences go beyond health, weakening productivity, innovation, and social cohesion.

Data from the [European Social Survey](#) show that chronic diseases have risen over the past decade, especially in countries with high inequality, despite declines in smoking and alcohol use and modest gains in physical activity. Unhealthy diets, poor housing, unpaid care work, and childhood hardship are on the rise, while financial strain remains the main determinant of poor health. For mental health, key influences include employment status, job control, and working conditions. Reducing inequalities requires cross-sectoral coordination.



Visual overview of the report's findings on social inequalities in health.

Upcoming EU initiatives, such as the Anti-Poverty Strategy, Affordable Housing Plan, and Cardiovascular Health Plan, offer real opportunities if they embed health equity across policies. Aligning objectives, linking funding to equity indicators, and conducting distributional impact assessments will be crucial. Ingrid Stegeman concluded that neglecting health equity undermines Europe's prosperity and resilience, while embedding it throughout policymaking strengthens both.

View the [PowerPoint presentation](#).

Panel 1. Advancing the EU agenda to reduce social inequalities in health: the European Commission's perspective

Katarina Ivankovic-Knezevic, Director, Social Affairs and Inclusion, [Directorate General for Employment, Social Affairs and Inclusion \(DG EMPL\)](#), presented the European Commission's renewed focus on children. Since 2019, child poverty has slightly increased, making stronger action vital. The [European Child Guarantee](#) has already brought tangible progress, even in countries once resistant to introducing school meals. This is a crucial step toward ensuring no child begins the day hungry. The individual-centred perspective will guide the forthcoming European Anti-Poverty Strategy, built on a life-course approach. The strategy will target both those living in poverty and those at risk, combining prevention with upward mobility.



Katarina Ivankovic-Knezevic presenting the European Commission's renewed focus on child poverty and social inclusion.

Eradicating extreme poverty in Europe remains a central challenge. Key pillars of the new Anti-Poverty strategy will include access to essential services, such as quality healthcare, and activation policies that support labour market inclusion. Mental health will be a cross-cutting focus as well, addressing loneliness, digital addiction, and related risks across all ages. Katarina Ivanković-Knežević concluded that only a holistic approach, linking social, economic, and health policies, can truly eradicate poverty and reduce inequalities across Europe.

Dirk van den Steen, Head of Unit, State of Health, [Directorate General for Health and Food Safety \(DG SANTE\)](#), noted that while upward convergence had been the goal, the report's data reveal widening inequalities. The recent Eurostat figures show life expectancy at birth still ranges from below 76 to above 84 years across Europe, with strong social gradients. Unmet medical needs have increased since 2019, and mental health, especially among youth, remains a major concern. The [Commission's Comprehensive Approach to Mental Health](#), adopted in 2023, including the [MENTOR Joint Action](#), supports Member States in promoting mental health and reducing stigma.



Dirk van den Steen presenting DG SANTE's efforts to monitor and reduce health inequalities across Europe.

Through [EU4Health](#), DG SANTE also collaborates with [WHO Europe's Barcelona Office](#) to monitor indicators such as catastrophic health spending. It also works with the [Joint Research Centre](#) to assess how in-kind benefits reduce inequality using the [EUROMOD model](#). Work on health system performance includes piloting patient vignettes with the [European Observatory on Health Systems and Policies](#) to measure inequities by disease and socioeconomic status, as well as finalising guidelines on healthcare access for people with disabilities. These initiatives support the [European Pillar of Social Rights](#) and feed into the [European Semester](#), where 14 recent recommendations addressed health system accessibility. DG SANTE fully recognises the social gradient in health and works to ensure that

healthcare systems do not deepen inequalities, but strengthen equity through better data, metrics, and cross-sectoral policy action.

Panel 2. Advancing the EU agenda to reduce social inequalities in health: the European Parliament’s perspective

Manuela Ripa, MEP, [European People's Party](#), highlighted some effective prevention measures, such as banning adverts for unhealthy food targeting children, taxing unhealthy products while subsidising healthy and sustainable options, and ensuring universal access to nutritious, preferably organic, school meals. Prevention is about empowerment, equipping people with information and access to make healthy choices. Environmental factors such as clean air, affordable housing, biodiversity, and green spaces are equally vital, she added, calling for firm commitment to the [European Green Deal](#).



MEPs Vytenis Andriuskaitis and Manuela Ripa shake hands, calling for stronger action at the European Parliament.

MEP Manuela Ripa proposed three key actions for the European Parliament: introducing mandatory Health Equity Impact Assessments for all EU legislation; redirecting EU funds toward prevention and inequality reduction; and shielding policymaking from commercial interference by industries that profit from poor health. Reducing health inequalities must become a political priority across Member States and within the European Semester, stressing that “health inequalities are preventable and stem from political choices.” True public health begins in homes, schools, parks, and supermarkets, not hospitals.

Panel 3. Advancing the EU agenda to reduce social inequalities in health: what further policies and actions are needed?

Dorota Tomalak, [Deputy Head of Unit, Natural Resources, European Committee of the Regions](#), welcomed and praised the report, expressing hope to see similar analyses for all European regions. She stressed that tackling health inequalities requires action at every level: European, national, regional, and local.



Dorota Tomalak speaking on multi-level action to tackle inequalities in Europe.

Using alcohol policy as an example, the EU can set health warnings, national governments define excise duties, and local authorities can, in certain cases, pass regulations to restrict sales. When municipalities limit alcohol sales after 10 PM, benefits go beyond health, reducing policing needs, hospital admissions, and improving safety for women and vulnerable groups. Food policy follows the same multi-level governance logic: EU rules govern products, national policies can introduce sugar taxes, as in Poland, and local councils can ensure that every child receives a daily healthy meal in schools—a small but transformative measure.

Dorota Tomalak highlighted successful regional initiatives, from Roma cancer screening in Hungary, oral health and smoking cessation programmes for low-educated men in Finland, HPV vaccination

drives in Sweden, to Copenhagen’s Holistic Health Programme, which integrates safer jogging paths, cycling lanes, and community fitness classes to encourage healthy lifestyles.

Looking ahead, Dorota Tomalak highlighted the need for strong leadership, long-term vision, and sustained funding, noting that health progress depends on decades of commitment. Competitiveness and security debates should not overshadow wellbeing; investing in prevention means investing in a safer, more resilient Europe.

Marina Monaco, Senior Advisor, [European Trade Union Confederation \(ETUC\)](#), noted that despite some progress, social conditions are worsening for many Europeans. Rising poverty, falling purchasing power, and growing insecurity now affect large parts of the working population. Around 40% of workers in non-standard jobs face unstable employment, mental strain, and reduced access to benefits. Older people struggle to afford care, and younger generations face uncertain futures. Meanwhile, healthcare systems are increasingly commercialised, despite declining investment in research and development.



Marina Monaco addressing the need for European solidarity and stronger social protection.

Marina Monaco called for “more Europe” and a stronger commitment to solidarity. Cohesion funds remain a model of redistribution that enables long-term, forward-looking investment. She proposed three priorities: strengthening the European perspective in the [Multiannual Financial Framework \(MFF\) 2028-2035](#); reducing Member State veto powers to make EU legislation more effective; and re-prioritising resources toward health and social protection rather than defence and competitiveness.

In conclusion, solidarity must be a European political choice: “if we can pool resources for 27 defence strategies, we can do the same for healthcare and social systems.”

Debate

The debate highlighted deep concern that Europe has lost progress on health inequalities, with stagnation or decline in most countries. While the data in the report were praised for their clarity, participants warned that poor working conditions in health systems, weak governance, and a lack of political will are preventing real change.

Civil society representatives noted that growing discussion on health equity is not matched by funding or action, citing recent cuts to EU4Health grants as damaging both capacity and trust. They called for stronger political and scientific alliances to counter powerful commercial interests and for greater unity within the public health community to demonstrate the real impact of policy choices.



Participants highlight stalled progress, funding cuts, and need for stronger political action.

Researchers stressed the need for better, harmonised data, especially on mortality and children’s wellbeing.

The environmental dimension was also addressed, noting that nearly one in five preventable cardiovascular deaths is linked to pollution. Participants urged the Commission to ensure that the forthcoming EU Cardiovascular Health Plan integrates environmental prevention measures and does not weaken existing environmental legislation.

The overall message was clear: progress requires political leadership, long-term investment, and health to be placed at the heart of Europe's social and environmental agenda.

Closing remarks and next steps

Silvia Ganzerla, Policy Manager, EuroHealthNet, underlined that, beyond showing the lack of progress on health and inequalities in Europe, the report identifies clear drivers of poor mental and physical health as well as concrete areas for action. Addressing these requires cross-sector collaboration, linking health, social, environmental, food, and agricultural policies, and coordinated governance at European, national, regional, and local levels. Silvia called for a shared European vision focused on prevention, noting that investing in prevention saves both resources and lives. The strong commitment of stakeholders is a promising sign that collective action can follow.

Vytienis Andriukaitis, MEP, Socialists & Democrats, called for strengthening cooperation towards a pan-European prevention strategy to address health inequalities and eliminate risk factors. Reflecting on visible homelessness across European cities, he stressed that citizens need to see tangible results from political promises. Building on past joint initiatives, such as the [State of Health in the EU](#) profiles, rotating country analyses to capture real conditions on the ground. Genuine progress requires a broad alliance of mayors, local communities, and national parliaments.

Closing the meeting, he warned that both solidarity and European cohesion are weakening, recalled the [Commission's 2017 White Paper on the future of Europe](#), which called for "do more, more efficiently, do it much more together," and urged policymakers to finally make it a reality.



Speakers and participants gathered to address social inequalities in health across Europe.

Social inequalities in health: Are countries closing the health gap?

26 September 2025, 10:00 - 12:30 CEST

The evidence: EuroHealthNet-CHAIN report's key findings on 'Social inequalities in health in the EU'

View the [video recording of the webinar](#).

Following the high-level European policy debate, EuroHealthNet organised a public, expert webinar on **26 September** to discuss the report's national and subnational data and good practices in more depth.

The online workshop brought together more than 250 European, national and regional public health experts, researchers, policymakers and representatives from civil society. The insights shared will support us all to champion integrated strategies that not only improve public health but also combat poverty and social exclusion.



The EuroHealthNet-CHAIN report on social inequalities in health, displayed online.

Caroline Costongs, Director at EuroHealthNet, opened the webinar, introducing EuroHealthNet's flagship report on social inequalities in health in the EU, produced together with CHAIN. She underlined that persistent and widening social inequalities in health are a sign that societies are not functioning as they should. Addressing health is not only about supporting vulnerable or marginalised groups, but about tackling disparities across the whole socioeconomic gradient. She also stressed the importance of addressing the root causes of health inequalities, rather than focusing only on their symptoms.

Dr Mirza Balaj, Project Leader at the [Centre for Health Equity Analytics \(CHAIN\)](#) and [ROA Maastricht University](#), presented the findings of the report, focusing on 14 EU Member States, Norway, Switzerland, and the UK.

For more information, please read the summary of Dr Mirza Balaj's presentation in Part I 'High-level European policy debate' on page 5 of this report.

View the [PowerPoint presentation](#).

Ingrid Stegeman, Programme Manager at EuroHealthNet, addressed the drivers of health inequalities and why their distribution matters.

For more information, please also read the summary of Ingrid Stegeman's presentation in Part I 'High-level European policy debate' on page 5.

View the [PowerPoint presentation](#).

Dominic Watters, a single father and poverty expert, shared his perspective on health inequalities based on his own experience. He explained that he is raising his daughter in a deprived council estate in the UK, where the only local shop does not sell fresh products. He illustrated this by noting that while blueberry-flavoured vodka and mango-flavoured vapes are available, fresh blueberries or mangoes are not. This reflects the fact that access to good nutrition is often neglected in disadvantaged areas.

In response, Dominic Watters set up [#FoodIsCare](#), a community-led initiative that highlights the structural drivers of food insecurity. Using photographs from his estate, he illustrated four barriers: poor transportation, inadequate housing, an unreliable energy supply, and a lack of access to quality food. The health impact is severe: life expectancy in his community is 12 years lower than in wealthier parts of the same city.

Stigma has long made it difficult for people to talk about these issues, and this community often feels invisible. Dominic Watters is contributing to the National Food Strategy in England and collaborating with initiatives such as Health Equals, stressing the importance of including community voices in research and policy.

Panel discussion: What can be done? Policy recommendations and actions

Silvia Ganzerla, Policy Manager at EuroHealthNet, presented the key conclusions from the report's launch on social inequalities in health at the European Parliament. The report translates complex trends into clear messages: health outcomes in Europe are stagnating, inequalities persist, and mental health continues to deteriorate. These trends undermine Europe's values of inclusion and cohesion, as well as its ambition to remain competitive and prosperous.

The launch event in the European Parliament succeeded in breaking down silos and bringing together the European Commission, Members of the European Parliament from different political groups, and representatives from the social and employment sectors, as well as the health field.

Immediate opportunities include ensuring that the forthcoming European Anti-Poverty Strategy reflects the wider drivers of health inequalities. In addition, the European Strategy for Affordable Housing and the Cardiovascular Health Plan will be key focus areas of EuroHealthNet's work in the coming months.

Christine Brown, Head of the [WHO European Office for Investment for Health and Development](#), introduced the forthcoming WHO Health Equity Status Report initiative (HESRI), drawing on 20 years of data from 53 countries. The focus is on creating fairer futures through better financing, inclusive services, integrated policies, and life-course approaches.

She highlighted financing as a priority, noting that the \$1.3 trillion global market for social, economic, and environmental investment must put health at its centre. WHO is establishing a Health Equity and Well-being Impact Investment Alliance and working with central banks and ministries of finance in six countries to integrate health into fiscal policy.

Inclusion is the second priority. Policies must be designed with people, not just for them, as social isolation and exclusion compound inequalities. Examples such as the UK's Thrive project and Belgium's Caring Neighbourhoods initiative demonstrate how services can build social inclusion, while participatory models like Slovenia's budgeting law show the value of citizen involvement.

Third, she stressed that a basket of policies across labour markets, health, social protection, and living conditions is needed. WHO modelling shows this could improve the lives of 300,000 people in a country of 80 million within four years. New tools such as the upcoming Health Equity Tracker and Atlas, along with the [Pathfinders](#) initiative, will help tailor and share policy solutions.

Finally, Christine Brown called for a life-course and gender-sensitive approach. Inequities are particularly visible among young people and in later life, while many policies still fail to achieve gender equity. Together, these measures aim to build a renewed social contract for health.

Terje Eikemo, Leader of the [Centre for Health Equity Analytics \(CHAIN\)](#), presented recommendations to strengthen data monitoring, emphasising that reliable and harmonised data is essential to address health inequalities in Europe.

His first recommendation was to improve the frequency and granularity of data. The second recommendation focused on children, where longitudinal data are almost absent. The European Commission has supported the [Growing Up in Digital Europe \(GUIDE\)](#) study. Launching in 2028, it will follow thousands of children over 25 years, making it one of Europe's largest research infrastructures. While many countries have included GUIDE in their roadmaps, only France has secured funding to date, underscoring the need for national support. The third recommendation was to produce regular European reports on health inequalities, combining survey data, mortality registries, and systematic reviews. CHAIN stands ready to continue leading this work with partners across Europe and EuroHealthNet.

Ana Gil Luciano, Head of Health Promotion and Equity at the [Spanish Ministry of Health](#), outlined Spain's approach to addressing social inequalities in health, whose work is structured around four interconnected domains: The first is tailoring policies to population needs. Practical tools, such as an equity checklist, are being introduced to support this work alongside capacity-building. The second domain is "health and equity in all policies", pursued through cross-sectoral collaboration and strengthened by developing methodologies and legislation for health impact assessments with an equity dimension. The third focuses on tackling the social determinants of health, addressing the "causes of the causes". Current strategies on obesity and mental health follow this approach, with growing attention to commercial determinants of health.

Ana Gil Luciano highlighted the importance of social participation and community engagement. Initiatives such as community health programmes, local health promotion projects, and health-promoting schools are already showing positive results, ensuring that action is rooted in people's daily lives.

Raffaella Bucciardini, Director of the National Centre for Global Health at the [Italian National Institute of Health](#), presented the EU [Joint Action PreventNCD](#), launched in January 2024 with over 100 partners. The Joint Action includes a work package on 'social inequalities' integrating equity into the prevention of non-communicable diseases.

A major challenge is that inequalities often remain invisible when data is not disaggregated by income, education, gender, or migration status. Raffaella Bucciardini also highlighted 22 pilot projects addressing issues such as monitoring, health literacy in schools and vulnerable neighbourhoods, access to cancer prevention, and community engagement in polluted areas. A key outcome is the [Health Equity Tool](#), developed with SAPIENs and the University of Turin, which provides a step-by-step framework for planning, implementation, and evaluation, harmonising indicators and making results comparable across countries.

Choose your in-depth case study on how to address social inequalities in health: Parallel breakout session

Wrap-up of key insights from country examples

Poland

The breakout session on Poland, moderated by **Terje Eikemo**, Leader of CHAIN, and with a presentation from **Stefan Bogusławski**, Deputy Head at the Department of Population Health Monitoring and Analysis at the [Polish National Institute of Public Health](#), highlighted the clear improvements in overall self-reported health and mental health, placing Poland now around the European average. At the same time, there are important differences between occupational and educational groups.

As for the drivers of improvement, it is difficult to pinpoint precise causes, but possible contributing factors include healthcare measures and policies such as alcohol and sugar taxes.

During the session, participants also raised questions about the potential impact of Ukrainian migrants on the results. The European Social Survey does include migrants, but proportionally they make up only a small share of the sample, so it is unclear how much influence this has had.

View the PowerPoint presentations used by [Terje Eikemo](#) and [Stefan Bogusławski](#).

Austria

The breakout session on Austria was moderated by **Anne Wagenführ-Leroyer**, Programme Manager at EuroHealthNet, with a presentation from **Marion Weigl**, Head of the Health, Society and Equity Department at the [Austrian National Public Health Institute](#). The overall levels of self-reported poor health in Austria appear relatively stable. However, the apparent stability hides the fact that improvements have been concentrated among people with medium or higher levels of education, while those with lower levels of education are reporting worse health than before. Evidence from Austria shows that by 2024, individuals from lower educational groups were three times more likely to report poor health than their higher-educated counterparts.

Self-reported mental health shows slight improvements across all occupational groups, which is encouraging. Yet, once again, the gains have been greatest among higher occupational groups, thereby increasing inequalities.

The early childhood prevention programme '[Frühe Hilfen](#)' in Austria has been particularly successful in reaching families from lower socioeconomic backgrounds, and the programme has achieved notable results in reducing administrative burdens and addressing the medical and social needs of families.

View the Powerpoint presentations used by [Anne Wagenführ-Leroyer](#) and [Marion Weigl](#).

Spain

The breakout session on Spain, moderated by **Ingrid Stegeman**, Programme Manager at EuroHealthNet and with a presentation from **Ana Gil Luciano**, Head of Health Promotion and Equity at the [Spanish Ministry of Health](#), participants took a closer look at health inequalities in Spain, which revealed a mixed picture of positive and negative trends. On the positive side, at 84 years, Spain

continues to have the highest life expectancy in Europe. Yet when it comes to self-reported health, it ranks among the lower performers. The data show that over the past decade, self-reported health has declined, particularly among middle socioeconomic groups. This contrasts with healthy life expectancy, where Spain sits more in the mid-range compared to other countries.

Spain has the lowest levels of inequality in poor mental health across Europe. Improvements in mental health were seen in the lower and middle occupational groups, while outcomes declined among the higher occupational groups. According to the report's definition, this does not represent a true 'levelling up' of the gradient, as the gains were not shared equally across all groups. National surveys in Spain suggest that mental health is particularly declining among young people and older populations, groups that were not covered by the report, which focused on adults aged 25 to 75 years.

The particularly valuable tool of an 'equity checklist' for health strategies and interventions in Spain helps to ensure that equity considerations are systematically built into policies and programmes, strengthening their overall quality and impact.

View the PowerPoint used by [Ingrid Stegeman](#) and [Ana Gil Luciano](#).

Norway

The breakout session on Norway, moderated by **Mirza Balaj**, Project Leader at CHAIN, and with a presentation from **Øyvind Giæver**, Director of the Department of Social Determinants of Health at the [Norwegian Directorate of Health](#), highlighted that self-reported health in Norway declined and that inequalities in self-reported mental health increased over the past decade. In addition, the differences in self-reported health between neighbourhoods in Oslo are as wide as those between entire European countries. This makes the urgency to act even more evident.

Although Norway still ranks among the best-performing countries in Europe, these trends show that progress is not keeping pace with expectations. This is particularly significant because the Nordic model is often held up as an example of how to ensure access to education, provide financial protection for disadvantaged groups, and reduce child poverty. When the model itself does not deliver as expected, it highlights the need to rethink and strengthen it. It reminds us that economies must be designed to serve societies, rather than the other way around.

These issues are recognised in Norway, and a new [National Well-Being Strategy](#) was launched in 2025, the first of its kind in many years, to improve health and address inequalities.

View the PowerPoint presentations used by [Mirza Balaj](#) and [Øyvind Giæver](#).

Conclusions and next steps

Professor Sir Michael Marmot, Director of the [Institute of Health Equity at University College London \(UCL\)](#), offered his reflections on the report. While he expressed his pleasure at joining the launch, he emphasised that the findings are deeply alarming: across many countries, physical and mental health are deteriorating, and inequalities are widening. "No one could look at these findings and conclude that everything is fine," he warned.

Action is needed at every level. Locally, initiatives such as the UK's Marmot Places demonstrate how communities can act when national governments fail to. Nationally, the focus must be on the social gradient, not just poverty, as the wealthiest one per cent continue to pull away while the middle increasingly resembles the poor. At the global level, he called for health inequalities to be central in debates on wealth and income, noting that their most damaging consequences are felt through inequalities in health.

Caroline Costongs, Director of EuroHealthNet, closed the webinar by emphasising the need to continue addressing the structural determinants of power and inequality. Echoing earlier reflections, she noted that optimism and hope are what unite and guide us forward.

The launch of the EuroHealthNet-CHAIN 'Social Inequalities in Health in the EU' report has helped sustain momentum in the fight against health inequalities, serving as a strong call for action.

Looking ahead, EuroHealthNet will work with its members to focus on a small number of countries each year, analysing national situations more in depth, bringing stakeholders together, and linking evidence to European policy processes such as the European Semester, which connects recommendations directly to funding. Participants are invited to join this work, as only through joint effort can momentum be transformed into lasting progress on health equity across Europe.

EuroHealthNet

European partnership for **health, equity & wellbeing**



Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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