

Report launch

Social inequalities in health in the EU

26 September 2025

EuroHealthNet

CHAIN



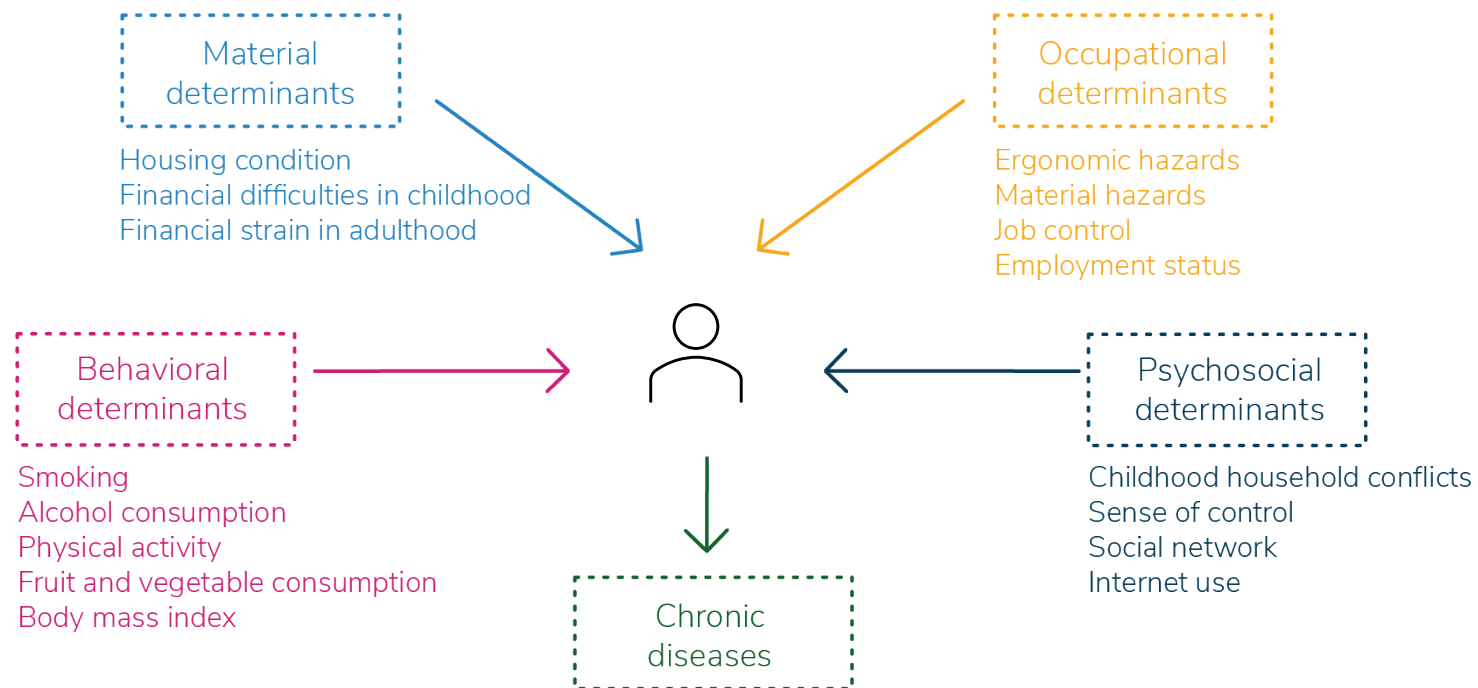


Key messages: What can be done to reduce social inequalities in health?

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26 September 2025



Bio-medical conception:

Health as the absence of disease or infirmity

Wholistic conception:

Health is a complete state of mental and social wellbeing and not merely the absence of disease or infirmity

WHO, 1948

Changes in chronic diseases and their underlying causes

Health problems including NCDs are rising in Northern and Western Europe but decreasing in Eastern Europe, except in Lithuania.

- + **Smoking and alcohol use decreased in most countries, and slightly more people engaged in regular physical activity.**
- Healthy eating declined, with **fewer people consuming fruits and vegetables**
- Often/always **problems growing up**
- **More people faced housing problems**, except for Central and Eastern European countries.
- More people had **unpaid caregiving responsibilities**.

		Any ergonomic hazards	Any material Hazards	Often/always conflict growing up	Often/always financial hardship growing up	Any problem with housing	Provide unpaid care	>10 hrs unpaid care/ week
Central/East								
Hungary	M	-20.9	-11.3	-3.8	-11.8	-2.4	-0.7	9.5
	F	-18.0	-16.2	-2.8	-12.0	-1.1	-3.2	-2.1
Lithuania	M	-13.4	2.7	1.1	-5.6	-7.1	7.2	-10.0
	F	11.4	-2.6	6.2	-8.0	-3.4	5.2	-18.6
Poland	M	15.3	-17.6	3.1	-7.5	-1.7	-4.7	-2.0
	F	-19.0	-16.9	3.1	-7.2	0.3	-1.5	-13.8
Slovenia	M	-13.5	10.3	1.7	-5.3	-5.9	-2.1	-3.6
	F	10.9	10.2	1.6	-9.4	-5.4	3.7	1.2
South								
Portugal	M	-20.9	-25.3	-0.2	-14.7	9.8	-8.8	-3.0
	F	-28.7	-18.4	-2.4	-8.6	5.6	-2.9	-4.9
Spain	M	-7.4	-10.4	2.0	-4.3	2.1	3.1	-6.8
	F	-6.2	-8.8	6.2	0.3	-0.1	-2.1	-8.9
North								
Finland	M	-10.3	-7.6	2.6	-4.3	8.0	4.8	-2.9
	F	-9.7	-5.9	2.3	-3.0	2.9	4.1	-0.4
Norway	M	1.9	-0.4	2.5	-0.5	7.9	8.3	-0.7
	F	6.7	0.4	0.8	-1.2	7.9	0.1	1.7
Sweden	M	-1.8	0.0	-0.3	-2.3	14.2	4.2	1.3
	F	-3.2	-1.6	-0.6	-4.9	12.1	-1.5	-5.6
West								
Austria	M	-15.1	-13.9	0.8	-6.2	2.5	12.1	-6.1
	F	-8.9	-4.2	-2.0	-7.0	1.2	4.3	-4.7
Belgium	M	-7.5	-9.2	2.0	-4.2	9.1	6.4	-3.2
	F	-3.5	-2.5	6.5	-1.2	5.4	1.5	-6.1
France	M	-9.9	-8.9	-3.7	-5.0	4.7	3.3	1.9
	F	-11.2	-5.7	-2.3	-9.8	2.0	5.2	-2.5
Germany	M	-8.8	-8.2	1.3	-1.5	12.8	2.4	0.5
	F	-12.3	-4.3	2.5	1.3	8.6	3.4	1.7
Ireland	M	-11.3	-7.2	3.8	-1.7	6.4	1.9	-6.5
	F	-4.8	-9.0	4.4	-2.1	6.8	-2.9	-7.7
Netherlands	M	-0.9	-0.6	1.5	-6.9	5.8	-2.6	-8.3
	F	-2.4	1.0	-0.9	-3.6	7.4	-4.6	-3.2
Switzerland	M	-4.9	-7.7	-0.5	-3.5	10.5	3.1	-0.1
	F	2.2	0.7	-0.8	-2.5	7.7	1.8	-3.2
UK	M	-19.6	-17.2	-0.1	-1.2	2.6	-2.4	-9.3
	F	-3.8	-4.4	0.9	-3.5	6.3	2.2	5.6

Underlying factors associated with social inequalities in health

Factors most strongly associated with inequalities in poor health and mental health:

1. Financial strain

Self-reported health

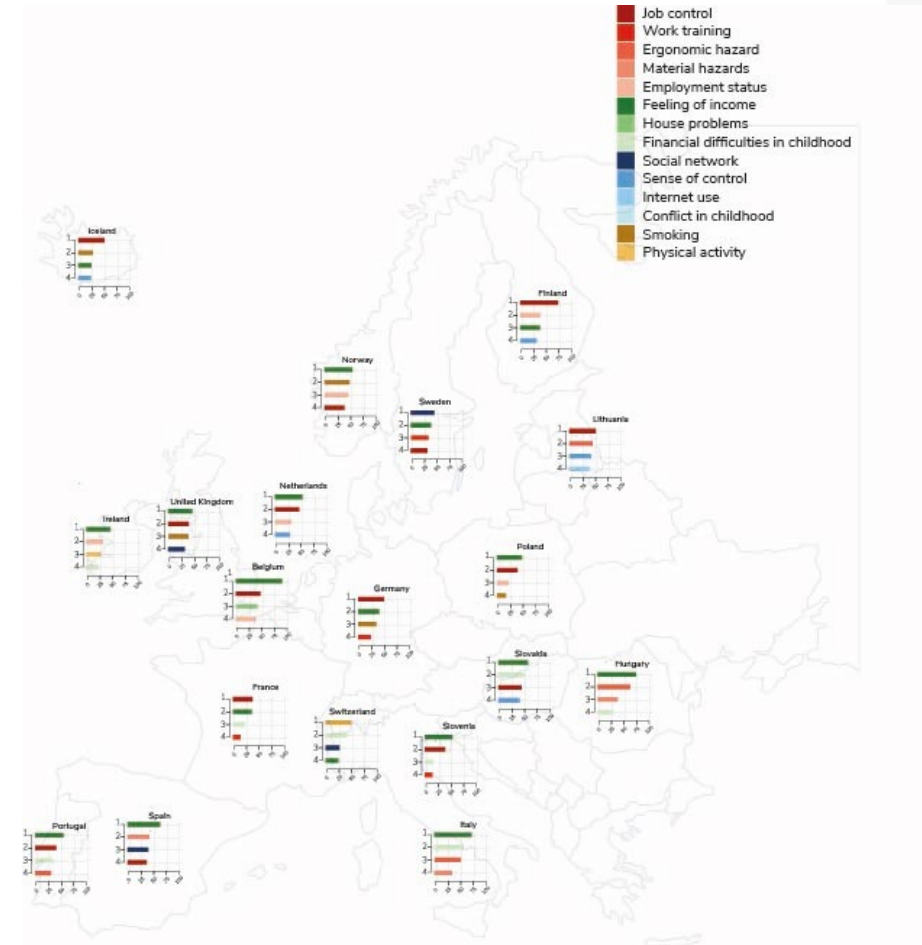
2. Body Mass Index

- Financial difficulties during childhood
- Smoking

Self-reported mental health

2. Job control

- Other occupational factors (employment status, ergonomic hazards)
- Smoking
- Control over one's life

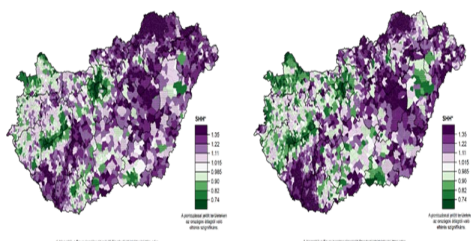


Factors explaining occupational inequalities in poor mental health amongst 25-75 year-olds (2024)

The role of health systems

Identifying and addressing public health-related needs

- ❖ Norwegian Public Health Act and Public Health Profiles and Childhood Profiles
- ❖ National and Regional Transformation Plan (KPT and WPT), Poland
- ❖ Spatial-EPI IT tool to map population health and its determinants, Hungary
The EPI IT tool includes a Deprivation Index (DI) based on seven indicators: income, educational attainment, unemployment rate, proportion of one-parent families, proportion of large families, housing density, and car ownership
- ❖ National Health Survey, Denmark



Ensuring equity in health-care

- ❖ Social Vulnerability Index that reflects citizens' social situations to enable health practitioners and policymakers to provide immediate support to patients in a non-stigmatising way, Denmark
- ❖ Comprehensive toolkit to help primary care services ensure the information they provide is accessible (health-literacy), Belgium



Collaborating with other policy sectors

- ❖ The Swiss-Slovak Health Programme - managed by the Ministry of Investment, Regional Development and Informatisation

Proportionate universal approaches

“Resourcing and delivering universal services at a scale and intensity proportionate to the degree of need.”

- ❖ *Sugar tax, Poland*
- ❖ *Health promoting schools, Spain*
- ❖ *Guide on how to implement Proportionate Universal responses, also in health promotion, Belgium*
- ❖ *Marmot-city network*

Effective Proportionate Universal Responses:

- Avoids 'poor services for the poor' and the inverse care law (where those most in need benefit the least)
- Though initially costly, such responses reduce long-term costs of chronic disease, unemployment, and the justice system
- Data systems and digital tools enable smarter resource allocation within a universal framework



Targeted approaches

- ❖ *Multi-professional system of support during pregnancy and early childhood*
- ❖ *Inspired Frühe-Hilfen-Netzwerke networks, in Austria.*
- ❖ *Early intervention programmes in Finland to avoid delinquency and to addressing undetected and untreated health problems of prisoners*
- ❖ *Improving the health of Roma women, in Greece and Slovakia*

Wellbeing approach



Changing how we evaluate progress: beyond GDP, towards wellbeing

❖ Wellbeing of Future Generations Act (2015), Wales

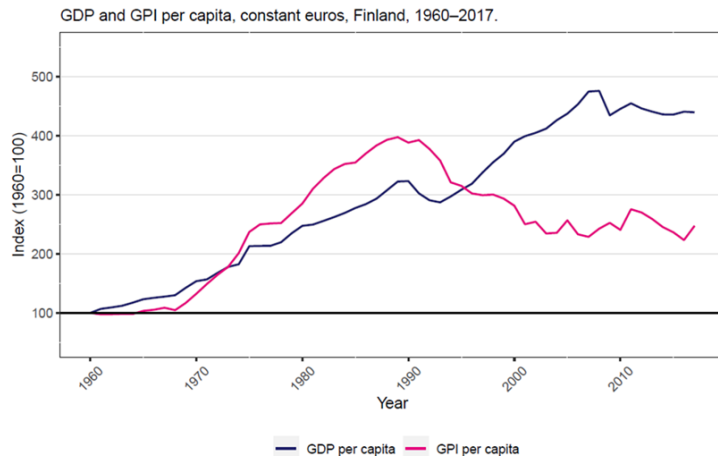
- Redefined progress around seven wellbeing goals (prosperity, equality, health, resilience, thriving communities)
- Shifted evaluation from GDP to wellbeing outcomes

❖ National Action Plan for the Economy of Wellbeing (2023–2025), Finland

- Created a common definition of social sustainability
- Developed wellbeing indicators and assessment tools
- Enabled balanced evaluation of social, environmental, and economic impacts
- Supported cross-sectoral monitoring, resource allocation, and priority setting

❖ SOSTE (Finnish Federation for Social Affairs and Health) uses GDP vs. Genuine Progress Indicator (GPI) comparison (1960–2017) to show limits of GDP:

- GDP grew steadily until 2008
- GPI peaked in the 1990s and declined since
- Argues for combining economic performance with social and health equity



Sources: Hoffrén 2018.

EU-level action on social inequalities in health

- **Article 3, Treaty of the EU:** Promotes peace, values, and well-being; *equality is a core value*
- **DG SANTE:** Prioritises social inequalities in health, but is primarily focused on biomedical approaches rather than health promotion
- **European Semester:** Greater balance with environmental and social issues, though fiscal and economic policy still dominate
- **European Pillar of Social Rights (2017):** Strengthened role of social policy, but implementation rests mainly with Member States
- **European Social Scoreboard:** Benchmarks progress on social rights, but lacks disaggregated indicators; new Social Convergence process introduces stronger scrutiny for lagging Member States

Address the root causes of social inequalities in health

- Ensure a cross-sectoral approach to implementing the European Anti-Poverty Strategy
- Ensure the European Affordable Housing Plan integrates a focus on health
- Reorient health systems towards prevention and equity, and strengthen action on cross-sectoral work, starting with the EU Cardiovascular Health Plan
- Guarantee adequate minimum wages and income
- Improve working conditions and job control
- Regulate commercial determinants of health
- Prioritise healthy food availability
- Invest in mental health promotion and prevention

Strengthen governance mechanisms for health equity

Intersectoral governance: Build mechanisms to break silos, maximise win–wins, and manage trade-offs between policy priorities:

- Align overarching policy priorities for greater consistency
- Embed relevant indicators and conditionalities in funding and procurement programmes
- Increase cross-sectoral cabinet and committee collaboration

Distributional and impact assessment:

Enhance tools to evaluate health and social impacts and their distribution across populations

Data and monitoring:

Invest in stronger capacity to disaggregate data at (sub)national level and harmonise approaches across EU Member States

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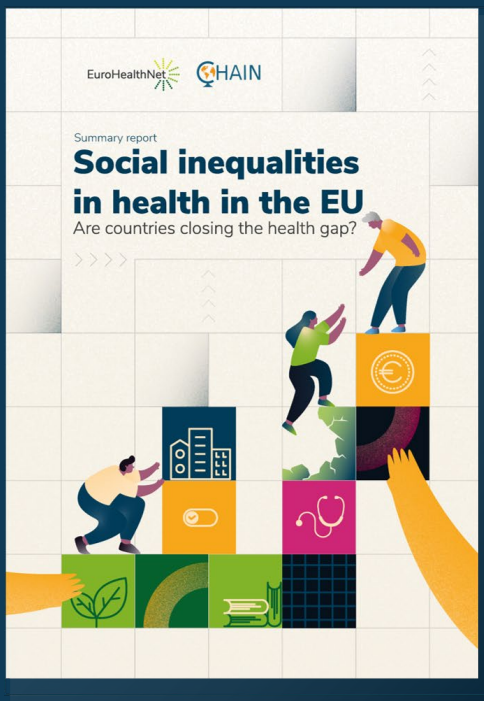
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Summary: reducing social inequalities in health

- Social inequalities in health reflect how well societies deliver wellbeing
- Invest in research to uncover root causes and guide effective action
- Strengthen funding and capacity for health systems to work across sectors, supporting health-promoting systems
- Integrate health equity into all policies through governance tools like the European Semester



Thank you !

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