Report launch

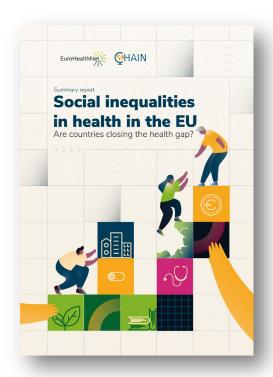
Social inequalities in health in the EU

26 September 2025











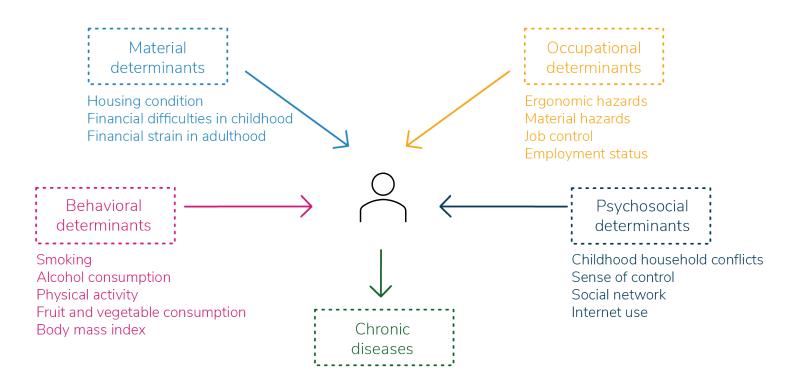
Key messages from the report on Social Inequalities in Health in the EU

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26 September 2025

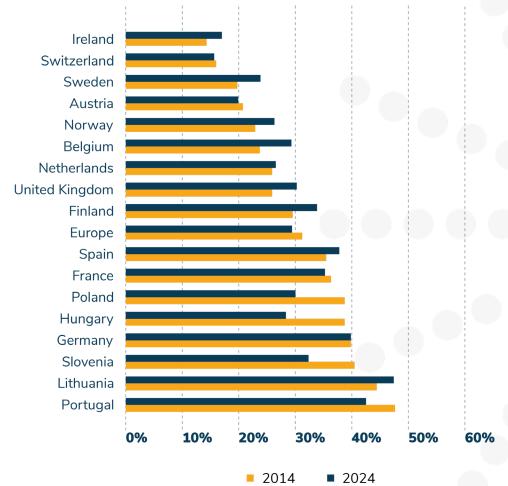
The European Social Survey



- 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 self-reported 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.
- Self-reported poor health improved in countries with most health gains to be made, and declined in countries that have been doing well.



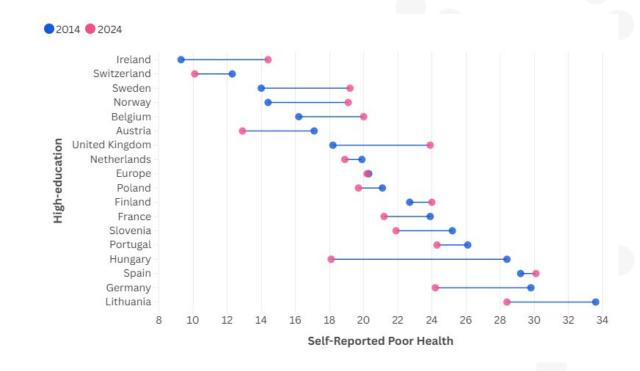
Rate of poor self-reported health, 25–75-year-olds, 2014-2024





Poor self-reported health for high-education group

- In 2024, on average 20% of respondents from high education groups reported poor health. This ranged 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.



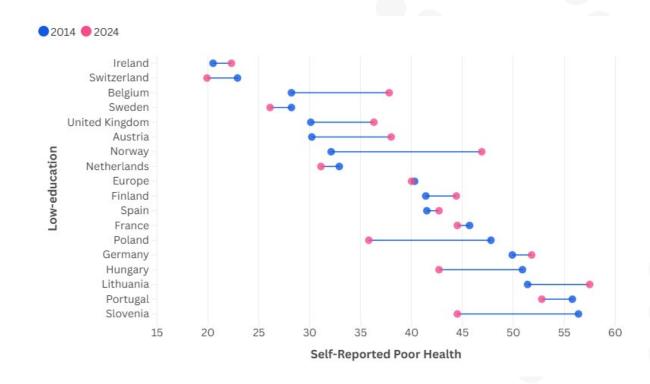
Rate of poor self-reported health in high-education group, 25–75-year-olds, 2014-2024





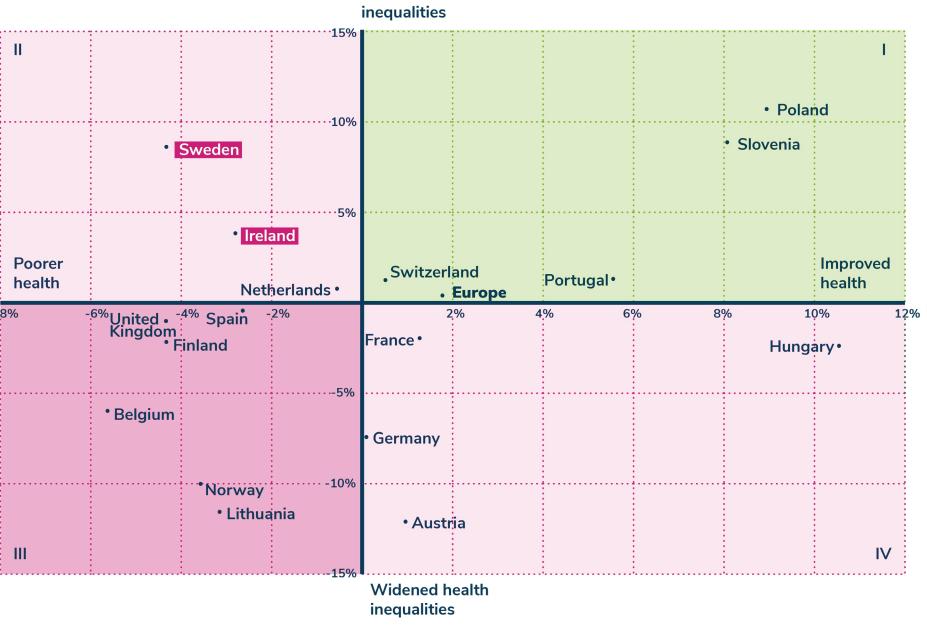
Poor self-reported health for low-education group

- In 2024, 40% of respondents from the loweducation 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.



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



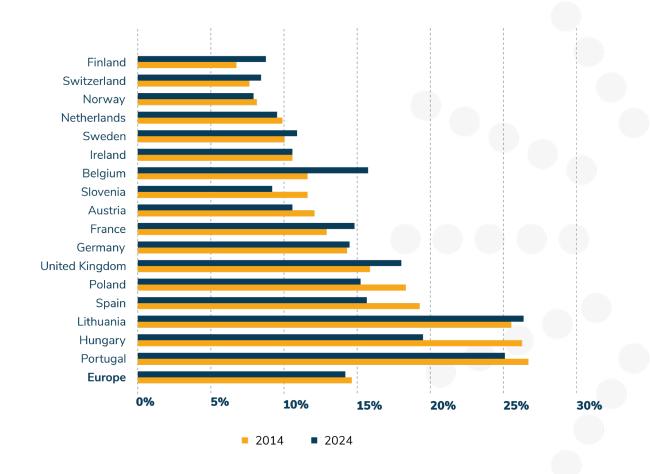


Reduced health

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

Poor mental health

- On average 13% of 25-75 year olds across the countries surveyed reported poor mental health.
- Large between country variations. 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.



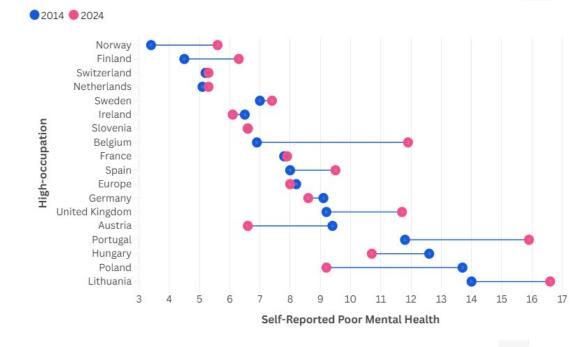
Rate of poor self-reported health, 25–75-year-olds, 2014-2024





Poor mental health in highoccupation group

- In 2024 on average **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 highoccupation.
- Austria, Hungary and Poland decreasing levels of poor mental health.



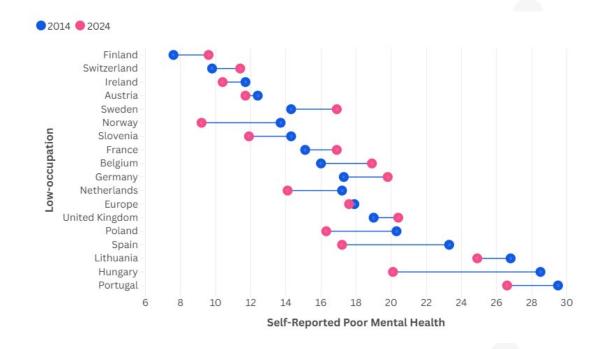
Rate of poor mental self-reported health in high-occupation group, 25–75-year-olds, 2014-2024





Poor mental health in low-occupation group

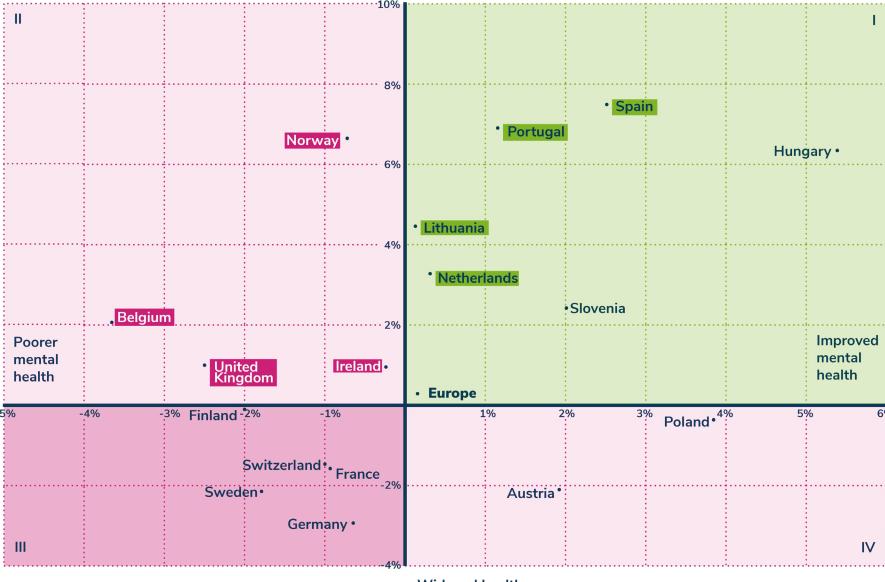
- In 2024, on average **17% low occupation** group reported **poor mental health**, ranging from 9% in Finland to 27 % in Portugal.
- Hungary, Spain, Norway, the Netherlands, Poland, Portugal, Slovenia, Lithuania and Ireland, showed improvements in mental health for low-occupation.
- Belgium, Sweden,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



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



Reduced health inequalities

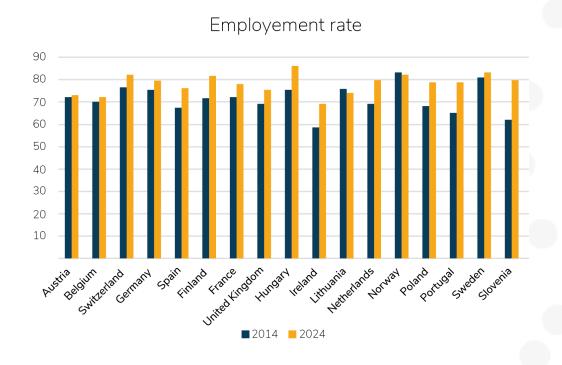


Paths to (in)equity in poor self-reported mental health, 25–75-year-olds, by education, based on absolute inequalities

Widened health inequalities

Social Scoreboard – Employment rate

- Overall trends in employment were positive between 2014 and 2024.
- Exception to this trend is Lithuania.



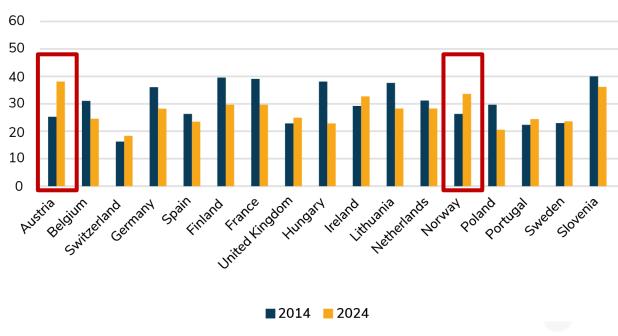
Employment rates, 20-64 years old, by education 2014-2024.



Social Scoreboard – Educational employment gap

- In 10 countries the education employment gap decreased, with Slovenia reporting the largest reduction.
- The educational gap in employment increased in 6 countries.

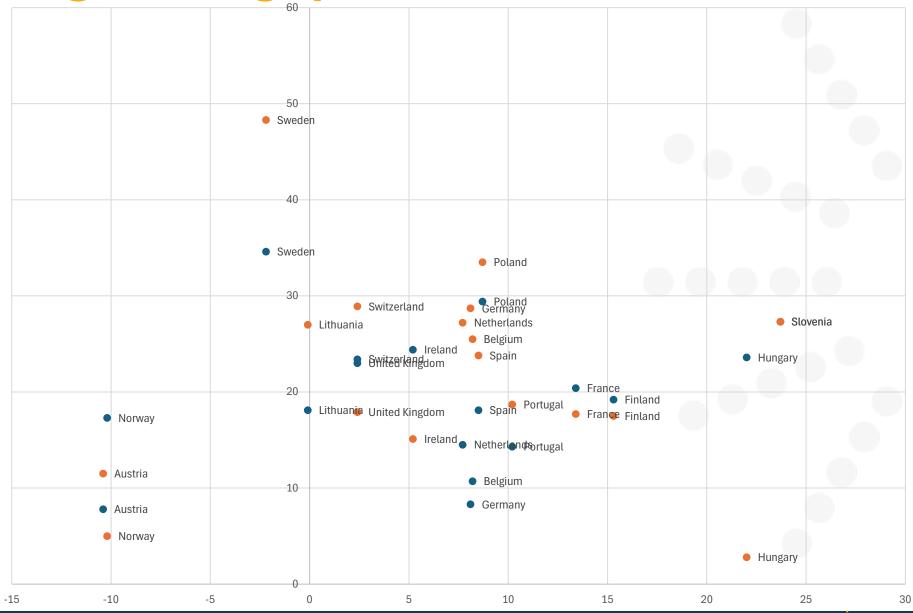
Educational employment gap



Gap in employment rate by education, 20-64 years old, 2014-2024.

Employment gender gap in low education

- Among countries with increasing rates of employment for low educated:
 - 8 countries the employment gender gap has increased.
 - 5 countries the employment gender gap has decreased



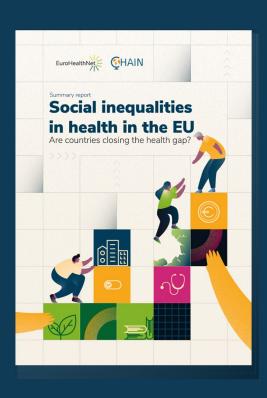
Employment gender gap in high education

- Among countries with increasing rates of employment for high educated:
 - 5 countries the employment gender has increased.
 - 7 countries the employment gender gap has decreased



Key takeaways

- Only one country both health and mental health improved across all socioeconomic groups, and gaps in health were reduced.
- Overall levels of self-reported health are stagnant or declining in many European countries.
- Countries where health gains are to be made, are improving, but due to decreasing levels of health in better-performing countries this is leading to convergence at lower health levels.
- Higher occupational groups have lower levels of mental health compared to a decade ago. In contrast, in several countries low occupation groups have experienced improvements.
- Where health inequalities are decreasing, it is vital for policy purposes to contextualize whether these changes come from health gains amongst the lowest socioeconomic groups, or health losses amongst higher socioeconomic groups.
- Disaggregation of Social Scoreboard by socioeconomic groups provides more granular insights to whom social and economic reforms are being more beneficial and who is being left behind.





Thank you!

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