

The new European Anti-Poverty Strategy

Our vision to eradicate poverty by 2050: addressing health inequalities at the centre of the European Anti-Poverty Strategy

Key messages

Over one in five people in the EU were at risk of poverty or social exclusion in 2024.¹ This is despite the EU commitment to reduce the number of people at risk of poverty and social exclusion by at least 15 million, including 5 million children, by 2030² and the new ambition to eradicate poverty by 2050.³

More decisive actions are urgently needed. The EU needs to step up clear, ambitious, and impactful anti-poverty policies, with tackling the drivers of health inequalities at the centre. This approach is essential to effectively address the root causes of poverty.

Poverty and social exclusion are multi-dimensional, reflecting social and economic inequalities in income, wealth, education and health. There is a vicious cycle between poverty and poor health: social inequalities have a negative impact on health, and poor health increases the risks of poverty and social exclusion

People living in poverty experience poorer health outcomes, and people living with poor health and chronic disease experience drop-out in education and labour market exclusion, involuntary early retirement.

The cost of inaction is also high from an economic perspective. Health inequalities come with a high economic cost: it is estimated at 9.4 percent of European Union GDP each year through welfare losses.⁴ Clearly, social inequalities in health are a barrier to Europe's competitive edge, undermine the core EU values of social cohesion, prosperity and wellbeing and they need to be tackled.

Eradicating poverty will be achieved only if the interlinkages between poverty and health inequalities are acknowledged and health inequalities are properly addressed in the EU Anti-Poverty Strategy. To this end, **the EU Anti-Poverty Strategy needs to place the reduction of health inequalities amongst its core objectives. Clear and strong actions are needed for health promotion, disease prevention, improving access to healthcare for all, with targeted support for those in higher need.**

Eradicating poverty will be achieved only if the interlinkages between poverty and health inequalities are acknowledged and health inequalities are properly addressed.

1 Eurostat - [Living conditions in Europe](#)

2 [European Pillar of Social Rights Action Plan](#)

3 [The State of the Union 2025](#)

4 Mackenbach, J.P., Meerding, W.J. & Kunst, A.E., 2011. [Economic Costs of Health Inequalities](#) in the European Union Journal of Epidemiology & Community Health, 65(5), pp.412-419

EuroHealthNet's vision to eradicate poverty by 2050

EuroHealthNet, a not-for-profit Partnership of over 80 public health organisations at national, regional and local levels, welcomes the European Commission's initiative for an EU Anti-Poverty Strategy and the new ambition to eradicate poverty by 2050. To make it impactful, we call to:

RECOMMENDATION 1: Embed health as a fundamental human right and a core enabling factor

Measures to reduce improve health for all, advance wellbeing, and prevent chronic diseases are essential for effectively addressing the root causes of poverty and social exclusion. Universal healthcare coverage, a clear prevention approach, addressing unmet medical needs, and a strong focus on mental health need to be prioritised.

RECOMMENDATION 2. Address health inequalities as a crucial policy for tackling the root causes of poverty and social exclusion.

The Strategy must tackle issues such as inadequate income for healthy living, precarious and unsafe working conditions, lack of affordable and healthy housing, and limited access to essential services. A strong focus should be placed on fighting child poverty, ensuring child wellbeing and supporting the most vulnerable groups, especially the homeless and Roma people. New social risks, emerging from climate change, rising food prices and mental health, also need to be properly tackled.

RECOMMENDATION 3. Substantially increase and ring-fence funds for addressing the root causes of poverty in the future Multiannual Financial Framework

EU funding must support policies for health promotion, prevention, addressing health inequalities, fighting child poverty and homelessness, and ensuring social inclusion (ESF+, ERDF and Social Climate Fund).

RECOMMENDATION 4. Embed the Anti-Poverty Strategy in the Semester process and set binding intermediary targets for 2030 and 2040 to achieve the 2050 goals of eradicating poverty and social exclusion

Frame health promotion, prevention, and addressing health inequalities as a high-return investment under the European Semester and integrate indicators on health and indicators on health inequalities in the Social Scoreboard. The Social Convergence Framework needs to include an annual national report from Member States reporting on their policy progress and gaps. A specific European mutual learning programme and a knowledge hub on health inequalities should be established for capacity building.

A European Anti-Poverty Strategy built around eradicating health inequalities will substantially contribute to reducing poverty and social exclusion, improving people's wellbeing, and strengthening the EU democratic foundation and social cohesion.

1. The deep interlinks between poverty and health inequalities

European citizens' wellbeing, including their mental health, is challenged by rising costs of living, persistent and widening socioeconomic inequalities, precarious working conditions, inadequate income and housing, and increasing pressure on health and social systems. Vulnerable groups, such as Roma and homeless people and people with low-income and low skills, are increasingly at risk of poverty and social exclusion.

The EU's commitment to lift 15 million people out of poverty by 2030⁵ with the new ambition to eradicate poverty by 2050⁶ will not be achieved if the vicious cycle of health and poverty remains unaddressed. Health is the most relevant enabling factor when it comes to people's participation in society and the labour market, and at the same time, health inequalities are blocking the path to eradicating poverty and social exclusion.

Clearly, the healthcare sector has a role in reducing inequalities and poverty, especially when quality and well-funded universal healthcare coverage is provided.⁷ However, health is not shaped by healthcare systems only. It also reflects the conditions in which people are born, grow, live, work, and age.⁸ These social determinants of health — financial security and adequate income, fair employment, stable housing, safe and free-from pollution neighbourhoods, quality education, accessible services, and supportive social environments — often account for more gains in health outcomes than healthcare services alone.

When these determinants are unequally distributed, health inequalities follow.⁹ People's health often replicates and reinforces existing patterns of socioeconomic inequalities.

As evidenced by EuroHealthNet's research,¹⁰ people experiencing financial and housing insecurity, poor working conditions, childhood hardship, and low skills are consistently more likely to experience poor health outcomes. Exposure to difficult circumstances during childhood is particularly harmful for adult years, reinforcing long-term disadvantage and widening health gaps across generations.¹¹ Experiencing stress at an early age, when stress-regulation systems are still forming, is most likely to increase depression, anxiety, cardiovascular disease, substance use, and avoidable mortality in later life.¹²

Poor health, in turn, reinforces poverty. It leads to a higher rate of economic inactivity, labour market exclusion, involuntary early retirement, and increased dependency on welfare benefits such as sickness and disability. Being economically inactive often worsens people's health, creating a reinforcing vicious cycle. 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.

Health inequalities remain substantial and persistent in Europe, with people facing poverty and social exclusion disproportionately experiencing the worst health conditions.

5 [European Pillar of Social Rights Action Plan](#)

6 [The State of the Union 2025](#)

7 European Commission (2025) - [The role of healthcare in reducing inequalities and poverty in the EU](#)

8 World Health Organization. (2008) [Closing the gap in a Generation. Health equity through action on the social determinants of health](#)

9 World Health Organization. (2018) [Health inequities and their causes](#)

10 EuroHealthNet & Centre for Health Equity Analytics (CHAIN) (2025). [Social inequalities in health in the EU: Are countries closing the health gap?](#)

11 Alice Lee, Ian Sinha, Tammy Boyce, Jessica Allen, Peter Goldblatt (2022). [Fuel poverty, cold homes and health inequalities](#). London: Institute of Health Equity.

12 Jensen SKG, Berens AE, Nelson CA 3rd. [Effects of poverty on interacting biological systems underlying child development](#). *Lancet Child Adolesc Health*. 2017 Nov;1(3):225-239. doi: 10.1016/S2352-4642(17)30024-X. Epub 2017 Jul 27. PMID: 30169171

Key findings from EuroHealthNet's research¹⁰

- Health inequalities remain large and persistent.
- Drivers of health inequalities extend beyond healthcare and relate to housing, income, education, working conditions, and environment.
- Economic insecurity is one of the strongest predictors of poor health.
- Poverty contributes to chronic psychosocial stress, reducing mental and physical health.
- Childhood hardship is linked to poor health in adult life.



Unmet healthcare needs have increased across Europe, rising to 2.5% in 2024 and reaching 6% among low-income households.¹³ Likewise, dental care gaps are even wider, with 13.7% of people at risk of poverty reporting unmet dental needs compared with 6.3% in the general population.¹⁴

Health inequalities are even more marked in people experiencing the most forms of material deprivation: Roma women live 11 years less than women in the general population, while Roma men live 9.1 years less than men in the general population.¹⁵ People experiencing homelessness have a higher level of physical and mental health issues.^{16,17}

New societal challenges also have a profound impact on health inequalities.

Climate and environmental health risks, such as heatwaves and poor air quality, are disproportionately felt by the most vulnerable and disadvantaged population groups, such as lower-income households, people experiencing homeless, older people, children, migrants, outdoor workers, pregnant women, and those with pre-existing health conditions.

13 Eurostat – [Social Scoreboard: Self-reported unmet need for medical care](#)

14 Eurostat – [Unmet health care needs statistics - Unmet needs for dental examination and treatment](#) (July 2025)

15 European Union Agency for Fundamental Rights (2021) "[Roma in ten European Countries](#)"

16 FEANTSA (2023) "[Mapping healthcare in homelessness services](#)"

17 European Parliament (2023) "[Homelessness in the European Union](#)"

For example heat-related mortality is significantly higher in low-income urban areas characterised by 'heat islands' and poor housing insulation. Residents in these areas often lack the financial resources to adapt, creating a 'thermal inequality' that leads to preventable cardiovascular and respiratory deaths.¹⁸

In 2023, 4.9% of people aged 16 or older in the EU reported experiencing **housing difficulties**, reflecting a persistent and growing social challenge.¹⁹ According to an article in The Lancet, around one in every 600 people in 2023 were living rough, in shelters, or in temporary accommodation in Europe every night.²⁰

For people without stable housing, prolonged exposure to extreme temperatures, limited access to cooling, water, and healthcare, and a higher burden of chronic illness significantly increase the risk of heat-related illness and premature mortality during heatwaves.²¹

18 European Environmental Agency (2024) "[European Climate Risks Assessment](#)"

19 Eurostat – [Living conditions in Europe - housing and renting difficulties](#) (September 2024)

20 The Lancet Public Health, [Homelessness in Europe: time to act](#), Volume 8, Issue 10, e743

21 Bezgrebelna, M., McKenzie, K., Wells, S., Ravindran, A., Kral, M., Christensen, J., Stergiopoulos, V., Gaetz, S., & Kidd, S. A. (2021). [Climate Change, Weather, Housing Precarity, and Homelessness: A Systematic Review of Reviews](#). International Journal of Environmental Research and Public Health, 18(11), 5812. <https://doi.org/10.3390/ijerph18115812>

Food insecurity is worsening, with 8.5% of Europeans, and 19.4% of those at risk of poverty, unable to afford a meal with protein every second day, while lower-income households remain more exposed to unhealthy, ultra-processed food environments.³

Mental health is declining, with women and young people most affected and limited access to services widely reported.²² Risks of work-related burnout and mental health are also related to poor working conditions, such as precarious employment, heavy workload, lack of autonomy, and discrimination in the workplace.²³

2. An EU Anti-Poverty Strategy addressing health inequalities

The EU Anti-Poverty Strategy, with renewed ambition to eradicate poverty by 2050,²⁴ needs to address the multidimensionality of poverty and social exclusion, including the interlinks with health. Improving the health of people living in poverty and reducing health inequalities is an essential approach to tackling the root causes of poverty and social exclusion.

For this reason, achieving health equity must be included in the core objectives of the Strategy.

Actions to address health inequalities are greatly needed, as there is a **substantial economic cost of inaction**. Health inequalities are estimated to generate welfare losses at nearly 9.4 percent of European Union GDP each year.²⁵ Policies to ensure health equity are essential when it comes to supporting people's employability and reducing labour market exclusion.²⁶

22 Eurofound (2025) "[The roots of Europe's mental health crisis run deep](#)"

23 EU-OSHA "[Psychosocial risks and mental health at work](#)"

24 [The State of the Union 2025](#)

25 Mackenbach JP, Meerding WJ, Kunst AE. [Economic costs of health inequalities in the European Union](#). J Epidemiol Community Health. 2011 May;65(5):412-9. doi: 10.1136/jech.2010.112680. Epub 2010 Dec 19. PMID: 21172799.

26 EuroHealthNet (2025) [A stronger European Pillar of Social Rights](#)

EuroHealthNet's vision to eradicate poverty in the EU by 2050 puts forward 4 strategic recommendations.

RECOMMENDATION 1: Embed health as a fundamental human right and a core enabling factor

The Strategy must:

- **Adopt the WHO definition of health.**²⁷
For the WHO, health is a "state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity". This would strengthen health as a precondition for inclusion, education, employment, and participation in society, as well as a way to help people out of poverty and social exclusion.
- **Prioritise health equity, health promotion, and disease prevention** as a viable strategy to achieve the EU Anti-Poverty Strategy objectives, as well as ensuring the new European Pillar of Social Rights Action Plan and the European Child Guarantee are also addressing health inequalities.
- **Support universal and preventive healthcare.**
Strengthen access to affordable and high-quality preventive and primary healthcare and health promotion services, particularly in disadvantaged communities. This is in line with Principle 16 of the European Pillar of Social Rights and the need to reduce the rate of unmet medical needs.
- **Adopt a strong focus on mental health.**
Ensure strong support to prevent and address mental health issues by providing guidance and encouraging access to mental health services, including early intervention measures for vulnerable groups.

27 [Constitution of the World Health Organization](#) (signed on 22 July 1946)

RECOMMENDATION 2. Address health inequalities as a crucial policy for tackling the root causes of poverty and social exclusion

- **The Strategy must set out clear actions for addressing the structural drivers of health inequalities:** improve job quality, including supporting employees' job control, create supportive and empowering labour market activation and skills development policies, reduce precarious work contracts and in-work poverty, ensure safe work environments for physical and mental health, and provide adequate safety-net benefits, such as unemployment benefits and minimum income.
- **A strong focus should be placed on combating child poverty**, ensuring child wellbeing and supporting the most vulnerable groups, such as people experiencing homelessness and Roma. New social risks, emerging from climate change, rising food prices and mental health issues, also need to be properly addressed. More specifically:
 - **Legislative actions:** step up the European legislative framework to ensure quality jobs by proposing Directives on Psychosocial Risks at work and Minimum Income and strengthening the implementation of the Minimum Wage Directive.
 - **Healthy housing:** ensure access to affordable and healthy housing, including addressing energy poverty issues.
 - **Healthy nutrition and food poverty:** address food poverty by promoting healthy nutrition, starting already in childhood and in school settings.
 - **Climate poverty:** mitigate the impact of climate change health risks on lower socioeconomic groups and vulnerable people, such as people experiencing homelessness, children, and older people.

- **Living environment:** promote healthy-living conditions and integrated measures to ensure vulnerable people have access to green space, walkable areas and physical activity, and living and working environments that are free from pollution.

RECOMMENDATION 3. Substantially increasing funding in the future Multiannual Financial Framework (MFF) for health promotion and addressing health inequalities, combating child poverty, and supporting people experiencing homelessness and Roma, as well as ensuring social inclusion

The Strategy must:

- **Secure adequate funding for health promotion, disease prevention, and reducing health inequalities under the next MFF (2028–2034).** A stand-alone programme dedicated to health-related issues, with a strong preventive focus and clear targets on addressing health inequalities, is necessary.
- **Substantially increase and ring-fence funding for ESF+, ERDF, and the Social Climate Fund.** These funds are essential for achieving the goal of eradicating poverty and social exclusion. Clear targets should be established to address health inequalities, energy poverty, and child poverty under the European Child Guarantee, eradicating homelessness, supporting a fair green transition and robust employment and social policies.

RECOMMENDATION 4. Embed the Anti-Poverty Strategy in the European Semester process and set binding intermediary targets for 2030 and 2040 to achieve the 2050 goals of eradicating poverty and social exclusion

The Strategy must include:

- **Social and health investment: measures for health promotion, disease prevention. Reducing health inequalities need to be framed as high-return investments,** encouraging Member States to invest in inclusive, universal, and integrated social and health systems.
- **An enhanced Social Scoreboard: integrate new indicators on health inequalities and prevention in the Social Scoreboard, in line with the wellbeing economy.** Indicators also need to be disaggregated by socioeconomic status to measure real progress for vulnerable people.
- **National reporting: require Member States to prepare annual national reports** to measure progress and identify gaps in eradicating poverty, social exclusion, and health inequalities, covering the regional and local levels. These national reports will have to be integrated within the Social Convergence Framework, leading to country-specific recommendations to address social imbalance.
- **Knowledge hub and mutual learning on social inequalities in health:** establish a specific European mutual learning programme for the uptake of good practice and capacity-building

Conclusion

Eradicating poverty can only be achieved if the deep interlinkages between poverty and health are fully acknowledged and addressed. When people struggle to meet basic needs, their health inevitably suffers; these consequences extend across society by reducing resilience, limiting socioeconomic participation, and increasing pressure on health and social systems.

Poverty eradication cannot be achieved without clear strategies for tackling health inequalities, and thus the EU Anti-Poverty Strategy needs to put fighting health inequalities at its core. This approach will help prevent illness and chronic disease, ease pressure on public budgets, and empower people to learn, work, and live with dignity, in line with European values of social cohesion, prosperity and wellbeing.

EuroHealthNet will continue to support the European Commission and Member States in this ambitious journey to eradicate poverty by 2050 and build a healthier, fairer, and more resilient Europe for all.

Read on

A stronger European Pillar of Social Rights for Health Equity and Wellbeing in Europe
[Policy brief](#)



Strengthening the health dimension of the European Child Guarantee
[Policy brief](#)



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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