



Briefing on the European Commission's Health Inequalities Communication

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on "Solidarity in health: Reducing Health Inequalities in the EU"

1. INTRODUCTION

The issue of health inequalities, both within and between Member States of the European Union has been increasingly discussed at European level in recent years. There has been particular concern that health inequalities have persisted while overall health status in Europe has continuously been increasing; evidence also suggests that in general the margins have widened and continue to do so at a rapid rate. In this context, the publication on 19 October 2009 of the Commission's new Communication titled "Solidarity in Health: Reducing health inequalities in the EU" (1), is therefore an important step for EU health policy.

The Communication does not, however, come in a policy vacuum. The EU Health Strategy in 2007 and the Commission Communication on a Renewed Social Agenda in 2008 had already underlined the need for action on health inequalities that exist between countries and regions of Europe and between different groups of society within Member States.

These plans were set against a background of call for action from the EU expert group on social determinants and health inequalities and the WHO Commission on the Social Determinants of Health, who published its final report in 2008 (2). In spring 2009, the Commission also launched a public consultation (3) on rationale and scope of EU action in this field resulting in the current text (4) published earlier this week.

2. RATIONALE

The Commission Communication states that its aim is to tackle health inequalities in the EU that challenge the EU's basic principles of solidarity, social and economic cohesion, human rights and equality of opportunity. The Commission argues that the Communication represents a "framework for sustained action" that requires a complex approach of multiple angles, across countries and sectors and at various levels of government. In the fight to reduce health inequalities, the Commission – and in particular this Communication – restates its commitment to supporting and complementing efforts of Member States and other key stakeholders.

3. STRUCTURE & CONTENT

The Communication divides into two key parts:

3.1 Introduction

The first part introduces the topic of health inequalities and social solidarity, outlining evidence on health inequalities in its many forms in the EU. It also touches upon other EU activities across various DGs, i.e. current “flanking” policies such as SANCO initiatives in the field of patient safety or telemedicine, Research Framework Programmes, EU Sustainable Development Strategy and the Open Method of Coordination (OMC) for Social Protection and Social Inclusion.

Special emphasis is also placed on a “**collaborative approach**” to tackling health inequalities. Importantly, the Communication acknowledges that Member States have different resources and capacities to tackle the problems, and that there are significant differences of expertise and knowledge across sectors, and regions in the EU. In this context, the Commission makes the argument for EU level action in the field of awareness-raising, exchange of information and good practices, as well as monitoring and evaluation.

3.2 Key Issues

Secondly, the communication highlights 5 key issues or challenges that need to be addressed to tackle health inequalities in the EU. Each challenge normally includes a number of EU action points.

1. An equitable distribution of health as part of overall social and economic development

The Communication recognizes that health is interconnected with wealth but that economic growth does not always result in better health. To tackle health inequalities, it argues that it is essential to further economic and social development in a way that allows for economic growth as well as improved health and social cohesion. In particular, the Communication refers to the Lisbon agenda and the use of the Structural Funds in creating new opportunities for funding to address the determinants of health. Interestingly, this first challenge does not include any specific suggestions for EU action.

2. Improving the data and knowledge base and mechanisms for measuring, monitoring evaluation and reporting

The Communication highlights that knowledge and data are essential building stones for any effective action tackling health inequalities. Despite many important efforts in this field, there is still a gap in knowledge, particularly concerning the causal impact and effectiveness of health and non-health

policies on health inequalities and vulnerable groups. The lack of routinely available and comparable data across the EU is a further constraint. Responding to these challenges, the Communication foresees a role for the EU in improving the state of and mechanisms to obtain and assess knowledge. In addition to supporting research addressing specific knowledge gaps, the Communication suggests EU action to support Member States in developing “health inequality audit approaches” including common set of indicators to monitor health inequalities. Funding pilot and twinning projects and peer review programs are also highlighted as possible means of EU action.

3. Building commitment across society

The Communication states that tackling health inequalities requires concerted action by multiple stakeholders on European, national, regional and local levels. The Communication suggests that the EU can help by promoting the exchange of knowledge and good practices across different sectors, institutions and levels of governance through its various and diverse fora such as the EU Health Policy Forum and as well as by cooperating with different DGs or the Committee of Regions. The Communication also underlines the added value of the OMC in furthering mutual learning between member states.

4. Meeting the needs of vulnerable groups

The Communication distinguishes between actions targeted at the whole of society and initiatives tailored to the specific needs of vulnerable groups, such as people living in poverty, migrants, ethnic minorities and people with disabilities. The correlation between health inequalities and access to adequate health care is recognized, and related questions on the impact on fundamental rights are touched upon. In particular, the Communication calls for renewed effort in the field of healthy ageing and Roma health, as well as wider initiatives to combat poverty and social exclusion. In this regard, cohesion policy and Structural Funds are once again mentioned as useful tools and funding instruments.

5. Developing the contribution of EU policies

Better integration and coordination of EU policies as well as their impact on health and health inequalities is stressed as a final priority area. The Communication foresees a role for the EU in supporting a more efficient use of existing resources, i.e. by ensuring that current policies are better evaluated, key lessons disseminated and the overall impact of any given policy initiative on health inequalities is considered. This could for example lead to the development of mechanisms or indicators that would facilitate the evaluation of the health impact of existing policies on different population groups. In particular, the relevance of the draft directive on cross-border care and the upcoming health workforce communication is underlined.

In addition to these 5 key challenges, a final (but reduced) section then discusses next steps for this communication and EU action in the field of health inequalities.

4. DISCUSSION

For managers at the delivery end of health and healthcare, or even for regional and national policy makers, it may be difficult at first glance to see how the Communication will have significant practical impact on efforts to tackle health inequalities. However, it is important to recognize the Commission's achievement in securing support to get the Communication published, and the value of the overall strategic direction that it sets. The importance of the Communication is at least in part in the signals that it sends: that tackling health inequalities is a priority on the Commission's agenda, and will remain so in the medium and longer term.

The discussion of Structural Funds, the EU Framework Programme for Research and the Health Programme also indicate that in time we can expect funding to become available for projects and programmes tackling health inequalities at national, regional or local level. The strategic direction set by the Communication therefore has potential to have significant impact in the medium term.

In this context, the Communication is an important and timely step in exploring the challenges of health inequalities in the EU and ways in which EU action can add value. The Communication recognizes the need for action on multiple and cross-cutting challenges in the field, and should be welcomed as a further step in prioritizing health inequalities. It echoes key lessons on the need to raise the awareness of health inequalities across all actors and various policy tools and mechanisms, especially outside the health sector. Continued emphasis on coordination, collaboration and coherence of the diverse initiatives can also be regarded as a positive signal. It is significant that the Communication refers to working with various DGs and different policy and funding tools as part of the EU effort to tackle health inequalities.

The Communication is also clear to emphasize the limitations of EU action in this field by underlining Member States' competences and responsibilities in health, and the EU's primary role in supporting national action. It could be argued that such an emphasis lowers expectations for action. However, this clear demarcation may also ensure that the Communication avoids some of the highly charged debates on EU competence in health policy that have marked other initiatives (for example on cross border patient mobility).

Although it may take time for this Communication to have a palpable impact on efforts to tackle health inequalities on the ground, its timely publication and the likely increase in available funding suggest that it presents important opportunities to have a significant impact on health inequalities in the European Union.

5. NEXT STEPS

The Communication itself speaks of a “long-term process”. As with any Commission Communication, it will now be discussed (and possibly amended) by the Council, the Parliament, the Economic and Social Committee and the Committee of the Regions.

At the same time, the Commission itself is currently undergoing a transition period, as the current mandate of the Commission comes to an end and new Commissioners are appointed. This is likely to delay some of the policy initiatives until the political arena has settled down. The Commission has also recently published a consultation on the EU role in global health, which addresses the issue of health inequalities and is also referred to in the draft communication. The Commission recommends that potential overlaps between this Communication and development policy need to be investigated. The potential overlap between these two initiatives, suggests that it will be difficult to predict concrete next steps. The current text foresees a first progress report for 2012.

EHMA will keep members up to date on developments as work linked to the Communication progresses.

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Notes

1. For more information on the communication, including the draft text and numerous background documents, please visit the DG SANCO's website at http://ec.europa.eu/health/ph_determinants/socio_economics/cons_inequalities_en.htm
2. The final report from the WHO Commission on the Social Determinants of Health can be accessed on the WHO website at http://www.who.int/social_determinants/en/
3. The Commission report on the responses to the consultation can be found here http://ec.europa.eu/health/ph_determinants/socio_economics/documents/cons_report_en.pdf
4. The text of the Commission communication can be found here http://ec.europa.eu/health/ph_determinants/socio_economics/documents/com2009_en.pdf