**COUNCIL OF THE EUROPEAN UNION**

**Brussels, 20 May 2010**

**9947/10**

**SAN 120**
**SOC 355**

**NOTE**

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| from: | Committee of Permanent Representatives (Part I) |
| to: | Council |
| No. prev. doc.: | 9663/1/10 REV 1 SAN 108 SOC 333 |
| Subject: | EMPLOYMENT, SOCIAL POLICY, HEALTH AND CONSUMERS AFFAIRS (EPSCO) COUNCIL MEETING ON 7 AND 8 JUNE 2010<br><br>**Equity and Health in All Policies: Solidarity in Health**<br>*(Non-legislative activities)*<br>- Adoption of Council conclusions<br>[Public debate, pursuant to Article 8(2) CRP] |

1. At its meeting on 19 May 2010, the Committee of Permanent Representatives examined the above-mentioned text proposed by the Presidency and agreed to transmit the draft conclusions as set out in the Annex to the Council for adoption.

2. The Council is invited to adopt the draft conclusions at its EPSCO session on 7 and 8 June 2010.

**Draft Council Conclusions on Equity and Health in All Policies: Solidarity in Health**

THE COUNCIL OF THE EUROPEAN UNION

RECALLING THAT

1. The Union's aims include promoting the well-being of its peoples and that the Union is founded on the values of respect for human dignity, freedom, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities;

2. Under Article 168 of the Treaty on the Functioning of the European Union, Union action is to complement national policies and be directed towards improving public health; it is also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care;

3. Under Article 9 of the Treaty, in defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health;

4. The Charter of Fundamental Rights of the EU, and particularly Article 35 on “Health care”, establishes that everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities.

SPECIFICALLY RECALLING THAT

5. The Council Conclusions on:
   - Health in All Policies[1] (HiAP) of 30 November 2006;
   - Common values and principles in EU Health Systems[2] of 2 June 2006 (9504/06), which confirms that equity is one of the key principles for EU health systems;
   - Health and Migration[3] in the EU of 6 December 2007;
   - The inclusion of the Roma[4] of 8 June 2009;

And the:

   - Council Resolution on Action on Health Determinants[5] of 29 June 2000, which considered that the increasing differences in health status and health outcomes between and within Member States called for renewed and coordinated efforts at the national and Community level;
   - European Council of 19 and 20 June 2008, which underlined the importance of closing the gap in health and in life expectancy between and within Member States[6].

6. The World Health Assembly Resolution (WHA62.14) on reducing health inequities through action on the social determinants of health, and Resolution (WHA61.18) on monitoring of the achievement of the health-related Millennium Development Goals (MDG), both adopted, among others, by the EU Member States;

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1 16167/06.
2 10173/06.
3 15609/07.
4 10394/09.
5 OJ C 218 of 31.7.2000.
6 11018/1/08 REV 1.

7. The conclusions of the following Conferences:

- The European 'Summit' on "Tackling Health Inequalities: Governing for Health", held in London (United Kingdom) on 17 and 18 October 2005;
- The Conference on Health in All Policies, held in Kuopio (Finland) on 20 and 21 September 2006, which underlined the need to give greater consideration to health impacts in decision-making across policy sectors at different levels in order to protect, maintain and improve the health status of the population;
- The EU Ministerial Conference on "Health in All Policies: Achievements and challenges" held in Rome (Italy) on 18 December 2007.

APPRECIATES

8. The European Commission White Paper "Together for Health: A Strategic Approach for the EU 2008-2013"[7], which identifies equity as one of the fundamental values of the EU health strategy;

9. The European Commission Communication on a Renewed social agenda: Opportunities, access and solidarity in 21st century Europe[8], which restated the fundamental social objectives of Europe through equal opportunities, access and solidarity and announced a European Commission Communication on health inequalities;

10. The Communication from the European Commission on Solidarity in Health: reducing Health Inequalities in the EU[9], which sets out a framework for sustained action by the Commission in partnership with Member States and stakeholders;

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7 14689/07.
8 11517/08.
9 14848/09.

TAKES NOTE OF

11. The conclusions of the Background Paper "Moving forward Equity in Health: Monitoring social determinants of health and the reduction of health inequalities", commissioned by the 2010 Spanish Presidency of the EU with the collaboration of many national and international experts.

EXPRESSES ITS CONCERN

12. At the wide and persistent differences in health status between EU Member States across all the social gradient;

13. That vulnerable and socially excluded groups such as the unemployed or those on low incomes, the homeless, people with mental health problems, people with disabilities and people from some migrant or ethnic minority backgrounds such as Roma population experience particularly poor average levels of health. Reasons for poor health in such groups may include**,** apart from structural conditions (socioeconomic and political context, governance, macroeconomic, social and health policy and cultural and societal norms and values), less favourable levels of income, education, housing and economic well-being than the mainstream population, as well as social discrimination, related stigmatisation and uneven access to health and other services[10];

14. That the development of children and young people is influenced by the social and economic circumstances of their parents and community and has a profound effect on the social gradient in health in adulthood. This is most marked in socially excluded groups but is seen across the whole social gradient in society;

15. That comparable and validated data are not only the basis for knowledge and analysis of the impact of policies on social determinants of health, but also useful for policies with view to reducing health inequalities.

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[10] Breaking the barriers: Romani women and access to public health care. EU European Monitoring Centre on Racism and Xenophobia 2003.

NOTES THAT

16. In all EU countries, social conditions are linked to the existence of avoidable social inequalities in health. There is a social gradient in health status, where people with lower education, a lower occupational class or lower income tend to die at a younger age and to have a higher prevalence of most types of health problems. Differences in life expectancy at birth between the lowest and highest socio-economic groups are as much as 10 years for men and 6 years for women[11];

17. Health inequalities occur even in countries where access to healthcare services has been universal, free and without charge for decades, demonstrating that health care services alone, despite their high quality and effectiveness, will never be enough to maximise the health potential of European citizens and that, while having some capacity to ensure more equitable health outcomes, they will always need complementary actions by other sectors in order to ensure equity in health;

18. Conditions during the first years of life, from the prenatal stage to adolescence, are crucial to reaching adult life in good health. Interventions in childhood to reduce the social gradient in health and to improve the health status of more disadvantaged members of society will improve educational levels and economic productivity in the EU;

19. The general framework of public health has changed over the last decades, and now there is a greater understanding of the mechanisms affecting the distribution of health and morbidity in populations and of the potential which exists to promote equity in health, taking into account the social determinants of health in the broadest sense of the term, which means acting on areas as diverse as the environment, education and working conditions. This new framework of public health is relevant both for Europe and for other countries, including developing countries;

[11] 14848/09.

20. Since the goal of the Union is to foster economic development while maintaining social cohesion, an approach based on equity in health may enhance the efficiency of the different policies and contribute to this goal of the Union. Although economic growth contributes to development, and striving for full employment is key to reducing health inequalities, the health gaps among different socioeconomic groups may be widened if equity issues are not properly considered;

21. Health inequalities have an important gender dimension: women in general live longer than men but may spend a longer proportion of their lives in ill health;

22. Further information on the social determinants of health is needed in order to guide policies towards equity in health; this information is needed both on the whole social gradient and on particularly vulnerable groups (for example certain migrant groups, Roma or other ethnic minorities);

23. There are environmental policies guided by equity in health considerations that can improve economic sustainability.

CONSIDERS THAT

24. It is possible to address inequalities in health through various government sector policies, aimed both at vulnerable groups and at reducing the social gradient throughout the entire population. An appropriate combination of both approaches is needed. The responsibility of the individuals for their own and their families' health should also be considered;

25. The intersectoral actions initiated in some European governance areas has produced an efficient[12] and sustainable action. Intersectoral action approach enables the development of synergies and the achievement of intersectoral co-benefits that may enhance equity in health and the welfare of European citizens;

26. The social determinants of health include the provision of quality health services, and that effective equity can be achieved by interventions that facilitate real access for all, including vulnerable groups, bearing in mind the serious gaps that exist in many countries in equity of access and care as well as solidarity in financing as regards health services;

27. It is appropriate to gradually incorporate the equity in health approach into all relevant Union policies, taking into account the social determinants of health, and to gradually advance in the development of new methodologies and tools for information exchange in order to make this possible;

28. Working conditions as well as positive relationships between health and productivity are areas of great interest, since they contribute to ensure the economic efficiency of the system;

29. The Union could contribute to the global health agenda by stressing the equity in health approach in its foreign and cooperation policies.

[12] Environmental policy.

INVITES THE EUROPEAN COMMISSION TO

30. Develop, together with the Member States, a proposal for major elements to be considered when designing national intersectoral strategies based on primary factors affecting child and youth health (education, health and social services), designed to serve as inspiration for reducing health inequalities within and among localities, regions and countries;

31. Support and develop existing mechanisms for policy coordination and exchange of good practice on health inequalities between Member States such as the EU expert group on Social Determinants of Health and Health Inequalities[13], linking to the Social Protection Committee and the Working Party on Public Health at Senior level;

32. Review the possibilities for assisting Member States to make better use of EU cohesion policy and structural funds to support activities to address social determinants of health and help to move forward on equity in health;

33. Contribute to the integration of an approach based on social determinants of health and on "equity and health in all policies" in development aid, as a means to achieve the Millennium Development Goals;

34. Initiate work aimed at assessing the effectiveness of interventions in the reduction of inequalities in health, and the improvement in health arising from the policies related to social determinants of health;

35. Hold dialogue with officials and experts from other international organisations and other stakeholders in order to establish a common coordinated agenda to make progress on equity in health;

[13] OJ L 291 of 21.10.2006, p. 11.

36. Consider using the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013) for research on social determinants of health, with special emphasis on analysing the implications of EU level policies on equity in health and providing suggestions to improve policies in terms of equity in health.

INVITES MEMBER STATES TO

37. Further develop their policies and actions to reduce health inequalities and to participate actively in sharing good practice, taking into account the need for action across all relevant policies;

38. Take the appropriate measures to optimise existing national data sources, with due regard for privacy, security and protection, to obtain a regular overview of the health impact of their main policies, with special emphasis on obtaining information related to social determinants of health;

39. Take steps to improve the data needed to properly evaluate and monitor policies with a health impact, these being generated and collected from appropriate geographical, demographic and social groups in order to orient, where deemed appropriate, these policies towards equity in health.

INVITES THE EUROPEAN COMMISSION AND THE MEMBER STATES TO

40. Implement those actions set out by the Communication on "Solidarity in Health" which are relevant to the content of these conclusions;

41. Promote the exchange of information and the development of new methodologies for the various governance areas, which can measure the health impact of different policies that also explicitly include equity;

42. Review the previous work done on data collection and analysis from the equity in health point of view and develop, as appropriate, a limited set of objective, comparable, politically relevant and applicable key indicators on the social determinants of health and health inequalities to support action;

43. Enhance public health capacities and promote training on the equity in health approach across different political sectors;

44. Promote the strengthening of procedures to assess the health impact of policies among different social groups, and the gradual implementation of such procedures. This strengthening should include review of the integrated impact assessment currently used so as to improve its usefulness from the health and equity in health point of view;

45. Consider further collaborative research in order to evaluate how policies aimed at equity in health might contribute to a sustainable economic development.

URGES ALL MEMBER STATES TO

46. Recognise the impact of the social determinants of health in shaping health status and the implications of this impact for their health and social systems;

47. Implement policies aiming at ensuring a good start in life for all children, including actions to support pregnant women and parents;

48. Consider policies to ensure that citizens, and all children, young people and pregnant woman in particular, can make full use of their rights of universal access to health care, including health promotion and disease prevention services.