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from: The Social Protection Committee  
to: Permanent Representatives Committee (Part I) / Council (EPSCO)  
Subject: **SPC Opinion "Solidarity in Health: Reducing health inequalities in the EU"**  
*- Endorsement*

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Delegations will find attached an Opinion by the Social Protection Committee, as finalised by the SPC on 18 May 2010 and presented with a view to the session of the Council (EPSCO) on 7-8 June 2010.



# The Social Protection Committee

## SPC Opinion

### "Solidarity in Health: Reducing health inequalities in the EU"

Health inequalities within and between Member States need to be reduced because they militate against EU social values and undermine the effectiveness and efficiency of the EU social model. The SPC therefore welcomes the Communication of 20 October 2009<sup>1</sup> as an important contribution to the social objectives supported by the SPC, both in terms of health policy and social inclusion. This initiative is aimed at reinforcing an integrated approach on reduction of health inequalities and will provide greater visibility on this subject and facilitate political commitment at the EU level, while respecting the diversity of Member States.

The objective of addressing health inequities in access to care and in health outcomes<sup>2</sup> within the Open Method of Coordination for Social Protection and Social Inclusion was agreed by the European Council in 2006. The interest of the SPC in the issue has been reflected in dedicated discussions on a number of occasions since. Health inequalities relate to a wide range of causes but also to the health dimension of social inclusion, which has been decisive in getting the issue of health inequalities into the Europe 2020 agenda<sup>3</sup>.

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<sup>1</sup> Communication "Solidarity in health: Reducing health inequalities in the EU, COM(2009)567, <http://ec.europa.eu/social/main.jsp?catId=89&langId=en&newsId=619&furtherNews=yes> and [http://ec.europa.eu/health/social\\_determinants/policy/commission\\_communication/index\\_en.htm](http://ec.europa.eu/health/social_determinants/policy/commission_communication/index_en.htm)

<sup>2</sup> Common Social Objectives: [http://ec.europa.eu/employment\\_social/spsi/common\\_objectives\\_en.htm](http://ec.europa.eu/employment_social/spsi/common_objectives_en.htm)

<sup>3</sup> Commission proposal on "Europe 2020 – A strategy for smart, sustainable and inclusive growth" [COM(2010) 2020].

The Communication is particularly timely in the context of the financial and economic crisis. Based on previous experience, it can be assumed that the current economic crisis is likely to impact negatively on the health status of citizens and on health care budgets in Member States. As highlighted in the 2010 Joint Report on Social Protection and Social Inclusion crisis related constraints on health budgets will call for intensified efforts to raise the effectiveness and efficiency of spending for health purposes. Addressing the social determinants that cause health inequalities can help reduce the pressures on health care systems and greater attention to health inequalities in delivery can improve the efficiency of health care. Shifting some emphasis in spending towards health promotion and preventive measures aimed at reducing health inequalities can have important positive effects. As health inequalities signify avoidable morbidity and mortality they reduce the involvement of a large number of people in the labour market and lower productivity and may have long-term negative consequences on the economies of Member States. Combating health inequalities can therefore bring an important contribution to the EU's objectives of creating economic growth with social cohesion, especially in the wider context of ageing where labour supply concerns are high on the agenda of national and EU decision-makers.

Given this background, and following its previous opinions on health-related issues, but also the 2008 European Council's call for development of strategies to closing the gap in health in life expectancy<sup>4</sup>, the SPC appreciates the Communication's contribution, as it defines key concepts and gives a clear view on social determinants of health inequalities and of their impact, while providing decision-makers with a clear perspective and useful decision-making tools on that issue.

The European Council of last 25-26 March welcomed the Commission proposal for the Europe 2020 strategy focussed on smart, sustainable and inclusive growth. As highlighted in the proposal inclusive growth needs to be supported by a major effort to combat poverty and social exclusion and to reduce health inequalities.

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<sup>4</sup> European Council of 19-20 June 2008 - Presidency conclusions, [http://www.consilium.europa.eu/ueDocs/cms\\_Data/docs/pressData/en/ec/101346.pdf](http://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/101346.pdf)

## **REDUCTION OF HEALTH INEQUALITIES AS KEY ISSUE FOR SOCIAL PROTECTION AND SOCIAL INCLUSION**

The Communication highlights how differences in living and working conditions and in access to public services results in a clear **social gradient** in health status and health outcomes across our societies. As such differences accumulate over life they produce unacceptable gaps in life expectancy at birth between lowest and highest socio-economic groups which reach 10 years for men and 6 years for women. The SPC welcomes the calls for action to improve health outcomes, with a view to narrowing the differences in health outcomes also as regards gender.

More specifically the SPC appreciates the **5 key suggestions of the Communication** for making progress on this large agenda at the present stage: 1) making a more equitable distribution of health part of our overall goals for social and economic development, 2) improving the data and knowledge bases (including measuring, monitoring, evaluation, and reporting), 3) building commitment across society for reducing health inequalities, 4) meeting the needs of vulnerable groups, and 5) developing the contribution of EU policies to the reduction of health inequalities.

Within its remit of social protection and social inclusion the SPC would furthermore underline the need to:

- ensure access for all, men and women, to affordable and high quality health care services including prevention and health promotion, especially at early stage of life, and to guarantee coverage of citizens from all socio-economic backgrounds, especially in deprived or rural areas.
- take extra measures to improve health outcomes for vulnerable and socially excluded groups (such as people living in poverty, people with a disability, the homeless, people from some migrant or ethnic minority backgrounds, in particular the Roma population, but also specific groups among elderly people and children, that are at particular risk of poverty and thus more affected by health inequalities. The SPC is firmly convinced that specific targeted policies should be implemented in the case of vulnerable groups.

## **PRINCIPLES OF ACTION AT MEMBER STATES' AND EU LEVEL:**

**The SPC deems that acting in this field would mean:** combating health inequalities for improving sustainability of health care systems; focusing on vulnerable groups; addressing gender issues; implementing a comprehensive and holistic approach focusing on upstream factors (general living conditions, income policy) and on downstream factors (exposure to specific risks factors and risky lifestyles) in the social determinants of health; improving the balance between curative and preventive care spending and while making sure that the two types of measures link up and relying on the contribution of stakeholders from the regional and cross-border level, but also on ongoing work of existing networks of national experts.

At the EU level, the Open Method of Coordination on Social Protection and Social Inclusion has a crucial role to play in this context, and the SPC considers that addressing health inequities in access to care and health outcomes should be an important topic for policy coordination. The SPC intends to support and contribute to further actions on that matter, and has already identified a number of priorities:

1. Improving common knowledge and data collection on these subjects is the very first priority: the best use of existing procedures, reflections, knowledge and studies –at the national, EU and international level – should be made, to avoid overlaps. However, existing legal constraints in a few Member States must also be taken into account, and satisfying alternative methodology must be considered for these countries.
2. Building commitment across society: promoting cross-border cooperation could be a first step for organizing best practices exchange, in close connection with the Committee of Regions. More generally, best practices exchange and peer reviews could be organised between Member States, but actual transferability of best practices and peer reviews' findings must be considered with care and take the different advancement of the EU countries into account.

3. Raising awareness of all institutional levels and all stakeholders beyond the health sector and health policy decision-makers.
4. Developing the contribution of EU policies: in line with the holistic approach mentioned above the Committee will increase synergies with other EU policies, including the structural funds, also in such fields as healthy nutrition and rural development, whenever an EU added value is indisputable. It is important to continue research on the health inequalities issues in the research and development framework programme. The Commission is also invited to support activities financed under the PROGRESS programme accordingly.
5. Ensuring appropriate coordination between the EU level and the existing national action plans to implement the four priority actions mentioned above.

Specific initiatives and follow-up actions that require a specific support of the EU level:

1. Definition of a restricted number of indicators and improvement of data collection, in close connection with SPC and its ISG.
2. Special actions for vulnerable groups and specific age groups, in close connection with other existing initiatives dedicated to these groups.
3. Peer reviews and exchange of best practices in cooperation with the Committee of Regions and with Member States based on the experience of the most advanced countries, while considering actual transferability of practices with care.
4. PROGRESS funding in support of innovative action on health inequalities.

**Further areas to consider would be:**

Specific contribution to the European Year 2010 for combating poverty and social exclusion focusing on health inequalities.

When required, health impact audits of EU policies, as all policies should pay attention to the health outcomes implications of their design and implementation.

If a European Year on active ageing is agreed the improvement of health of working age groups and activities to reduce health inequalities should be among the priorities in connection with the occupational health strategies.

In the light of these principles and in line with the implementation of actions suggested above, the SPC looks forward to continuing work on health inequalities issues and will give specific attention to this subject in 2011. The SPC will support further implementation of this initiative, taking into account that communication schedules progress report on health inequalities for 2012.

SPC underlines the necessity to incorporate health equity approach in all development policies, in order to reach the Millennium Goals.

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