



## Notes

### Meeting of the EU Expert Group on Social Determinants and Health Inequalities 23-24 January 2014, Brussels

#### 23 January

The first day of this meeting was combined with the conference of the Joint Action on Health Inequalities 'Equity Action' [<http://www.equityaction-project.eu/final-conference>]. A brief report of the conference is available on the SANCO website [<http://s-sanco-intranet.sanco.cec.eu.int/intranet/News/news-2014/documents/news-20140127-healthinequalities-flash-enflash-report.pdf>] and a full report will be available on the Joint Action website in due course.

#### 24 January

This part of the meeting was chaired by Charles Price (DG SANCO). A copy of the agenda and all presentations are available on the SANCO website [[http://ec.europa.eu/health/social\\_determinants/events/ev\\_20140123\\_expertgroup\\_en.htm](http://ec.europa.eu/health/social_determinants/events/ev_20140123_expertgroup_en.htm)].

Charles Price opened the meeting by congratulating the joint action partners for the very successful conference. He said that the completion of the Joint Action in February 2014 can be seen as marking the end of a phase of EU action on health inequalities which began with the adoption of the EU Strategy on health inequalities '*Solidarity in Health*' in 2009 and the transition to a new phase as indicated at the conference. The Commission Staff Working Document on Health Inequalities in the European Union published in September 2013 and the Marmot Report on Health Inequalities in the EU published in December 2013 clearly show that there has been some progress in action at EU and national level to address health inequalities. There has also been a decline in the gap between Member States in infant mortality and modest falls in the gap in female and male life expectancy – though there is a very long way to go. However there has been little or no sign of declines in gaps in health between social groups and between regions of the EU and in some cases these gaps have increased.

In introducing the proposed agenda of the meeting he highlighted that the EU Expert Group on Social Determinants of Health and Health Inequalities has played a key role in EU action on health inequalities. He drew attention to the agenda points on reviewing the mandate of the group when discussing next steps.

#### Review of conference:

Chris Brookes provided a summary of the previous day's conference. This was attended by 480 of the 550 invited delegates and was deemed a success. The conference was important in highlighting the need for continued consideration of the issue of health inequalities. Chris Brookes noted the successful use of web streaming, twitter and other medias.

**Tour de table:**

**Sweden:** Has a new public health agency and strategy on LGBT groups, endorsed by the Swedish government. Please see Sweden's highlights document accompanying these notes.

**Slovenia:** Discussed planning priorities for the next programming period, including a forthcoming meeting on active aging in February, 2014. The Slovenian centre for health and development has so far surveyed rural older population (>65 years) for needs-based planning.

**Germany:** informed Members of the Group of a new prevention law coming into effect in 2014. A cooperation network on equity in health is continuing work on health inequalities with a forthcoming annual conference entitled 'Poverty & Health'.

**Estonia:** Municipalities have made local plans to tackle health inequalities in Estonia. Gender inequalities arising from alcohol consumption will be addressed during the next programming period. Focus will also be directed towards inequalities in mental health service provision and improvements in outcome measurement.

**Ireland:** Informed Members of the Group of the healthy Ireland framework for health & wellbeing currently being implemented.

**Greece:** Noted a recent European Parliament speech by the Greek Minister of Health highlighting health inequalities. The Greek delegate also praised the World Health Organisation (WHO) and the EC for pushing forward the health inequalities agenda in Troika discussions.

**Current actions and next steps on health inequalities – C Price, DG SANCO:**

Charles Price informed Members of the Group that there has been some good news in relation to the narrowing of health inequalities between MS and actions taken by some MS to address health inequalities. There is less good news in relation to the persistent and in some cases increasing health inequalities between social groups and between regions. The majority of MS have no robust and effective policies, and there is a distinct regional difference in responses to this issue.

Questions for consideration include how to take forward the health inequalities agenda and how to focus efforts proportionately to target those MS most need. Charles Price noted that there is a budget available, possibly to fund future Joint Action initiatives, for the next 3 years. This amounts to 1.5 million EUR.

Charles Price requested input from Members of the Group on the potential to take forward the Joint Action and drew attention to the Expert Group's mandate in order to discuss the future role of the group.

**K Jurczak & A Senn, DG EMPL:**

From 2014 onwards, improvements need to be made in the areas of social protection, developing active inclusion strategies and improving access to high quality health services.

A joint assessment framework on health is being developed. This is currently undergoing pilot testing. To facilitate this, 3-yearly data collection with specific focus on access to health services will be implemented from 2016 onwards.

Members of the group were informed of the conclusions from the annual convention against poverty. A summary of the previous meeting (November 2013) is available through the link provided in the presentation (see slides). A peer review of health system performance across MS is being organised for the next convention, to be hosted by Belgium in May 2014.

**Discussion on next steps:**

There was support and welcome from Members of the Group for a new joint action. It should build on the successes of the current Joint Action – in areas such as involving the regional and local levels, health inequalities impact assessment and audit, involving stakeholders and in

improving the evidence base for action and also to consider some new areas such as health systems and indicators/performance measures.

Future action should continue to promote integrated policies covering all relevant policy areas. It should draw on the document 'Health in All Policies' prepared by the current Joint Action. A number of Southern European countries met in June last year to review joint needs regarding inequalities and this alliance could contribute to future Joint Action initiatives.

Several members drew attention to the need to consult further regarding what resources could be provided by Member States. A number of members from countries which had not been partners in the current Joint Action expressed their interest in future work.

The WHO delegate recognised the importance of EU processes in tackling health inequalities and their willingness to be involved in future work of the Expert Group. They recommend that the focus now needs to be broadened beyond health access to consider inequalities in treatment, outcomes and costs. Future action could proceed through the Health 2020 Framework.

The Chair requested further written feedback from Members of the Group regarding the possibility of forwarding the Joint Action, potential improvements that could be made to this and noted that a financial contribution from MS would be required. It was clear that there was support from the Expert Group for a new Joint Action. A process of developing the ideas further, identifying interested MS as partners and potential leaders of activities and creating the necessary documentation now needs to take place.

DG SANCO will explore convening a meeting to discuss the way forward. One possibility could be to meet in the margins of a meeting expected to be organised by the Consumer, Health and Food Executive Agency later in 2014 – once the new health programme is adopted.

### **Review of mandate of group and person specification:**

There was strong support for continuation of the Expert Group. Closer links with the Social Protection Committee work on health inequalities and with other expert groups was mentioned as desirable. Another suggestion was to have some expectations of people nominated for the group regarding networking in MS both to gather information for communicating to Members of the Group and for conveying relevant information from the Group. The idea of having the expert group as an integral part of a future joint action was cautiously supported. Several contributions emphasised the need to improve mechanisms to engage with the regional level.

### **Country reports:**

**Austria:** In 2012, 10 health targets for Austria were approved by the Austrian Council of Ministers and the Federal Health Commission of Austria. These targets were developed by an inter-sectoral board that included all relevant political and social stakeholders (40 representatives of federal and provincial authorities, social partners, NGOs, SHGs etc.). This is referred to as the “health target plenum”.

Targets aim to promote “fair and equal opportunities in health, irrespective of gender, socio-economic group, ethnic origin and age.” Targets are based on a number of guiding principles such as “orientation towards health determinants”, “health-in-all-policies approach” and “promoting health equity”. A monitoring framework has been negotiated within the plenum and with external experts, with 2-3 indicators chosen to measure each target. The baseline-report on this was completed in December 2013. In 2014, cross-sectoral working groups are now working on an implementation plan.

**Bulgaria:** Bulgaria has focused recent efforts on improving the health of Roma populations and a selection of documents specifying strategies to reduce health inequalities were presented. In addition, the role and activities of Roma health mediators in Bulgaria were highlighted. An EU

funded action plan to tackle health inequalities in the Lovech municipality was presented to Members of the Group. Health inequalities issues are addressed comprehensively as part of the newly adopted Bulgarian National Health Strategy for the period 2014-2020.

**Netherlands:** The Dutch national prevention program was launched in February with a focus on health in all policies and will run until 2016. Within this program there is a strong focus on engaging local partners, on integration and decentralisation. An attempt has also been made to fit this program to the goals of other policy areas such as education. Regarding inequalities, the aim is to stabilise current trends, with focus on specific groups, mental health and the health of children and teenagers. Health inequalities will be defined by risk profiles rather than using measures of socio-economic status. There is a desire to stimulate the healthcare sector to take up preventative measures. Program will be based on small projects with the national government as one partner.

**Italy:** The Italian Conference of the Regions initiated a Working Group EHHC to develop an Italian Review on Health Inequalities. The EHHC group has been working for one year and has so far discussed its main findings with health institutions, the civil society and many stakeholders. The final text is currently being reviewed by the Health Committee and will be soon submitted to the State and the Regions. The Italian delegate noted that the Joint Action encouraged many regions to participate in the Working Group EHHC and has enabled stakeholders to provide knowledge and assess the feasibility of recommendations and priorities.

Investment in the National Health Plan 2013 has provided regional health authorities with the resources to initiate projects to reduce health inequalities. At the same time the Ministry of Health has committed the National Centre for Disease Control (CCM) and the new Institute for Poverty Migration and Health to provide capacity building to implement the recommendations of the EHHC.

**Malmö:** In 2010, the municipal executive board in Malmö launched an independent commission for a Socially Sustainable Malmö, chaired by professor Isacson. The commission, with 14 highly renewed academics and civil servants, worked over two years together with other researchers, senior advisors and other actors. The task was to analyse the causes and identify evidence-based strategies on how the city can reduce health inequalities. The final report 'Malmö's Path Towards a Sustainable Future, Health Welfare and Justice' was finalized in April 2013 and gives a clear picture on increasing inequalities in health and importantly presents overarching recommendations and 72 measures to reduce health inequalities. These recommendations cover areas such as children and young people, residential environment and urban planning, education, income and work, healthcare and governance. The outcome is a mind shift in the organization and the next phase now is political decisions and implementation. This report is available in Swedish and English

#### **Next steps:**

The Chair recalled the main conclusions of the discussion that had taken place on next steps and reminded participants to send written comments on their suggestions and interest in a future Joint Action.

The provisional dates for the next Expert Group meeting are 21 and 22 October, 2014.