

HEALTH EQUITY PILOT PROJECT – HEPP
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OPENING SPEECH

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Ladies and Gentlemen,

I am very pleased to be here today with you at the final event of the Pilot project on Health Equity. The intention with this pilot project was that it would, by sharing knowledge and developing policy guidance, provide further solutions to health inequalities related to alcohol consumption, nutrition and physical activity in the EU.

Having read the papers produced so far, I am impressed by the quality and country specific examples, and not just a desktop analysis.

With a funding of almost €1.5 million from the European Parliament the project has produced a useful set of tools to support Member States and stakeholders in addressing such inequalities. Reports that update scientific evidence and case studies have been developed. Six national workshops have taken place. Soon 28 country specific fiches will be published.

Today we are going to hear more details of the results of the work that took place over the last three years. Based on this we can discuss how we should best

continue our actions on further reducing health inequalities with a special focus on the important role of health promotion and disease prevention.

The EU considers the issue of health inequalities important. Exactly two weeks ago the latest version of the "Health at a Glance" report was published. The aim of this report is to present comparative analyses of the health status of EU citizens. The report showed that large health inequalities still persist in Europe in a number of areas and we need to put still greater focus on preventing risk factors to counter this.

Then there was also the recent study done by our colleagues from DG Employment on 'Inequalities in access to healthcare' that examined the national access to healthcare different groups in society have.

Five years ago, in 2013, the European Commission published a report "Health inequalities in the EU" which was prepared by consortium led by Sir Michael Marmot. I'm very happy that Professor Marmot accepted our invitation and will give us his views about different health status that people have depending on the conditions in which they are born, grow, live, work and age.

We know that the health status at the European-level has improved over the past decade, for some countries even dramatically, for example in the life expectancy. However, gains are unevenly distributed and therefore significant health inequalities continue to exist within Member States and between Member States.

Based on this, I believe we need to consider the following:

- First, more data collection on inequalities as the available data is still incomplete and can often not be compared;
- Taking inequalities into consideration at the design phase of our health policies in monitoring implications and evaluations;
- Implementing an intersectoral approach to better ensure a coherent approach to groups that are particularly exposed to health risks.

- And – in line with the Health Equity Policy Project and based on its outcomes – a much stronger focus on the role that health promotion and disease prevention can play in reducing health inequalities.

So what can the European Union do to support this?

First of all, the EU policies are committed to the achievement of the UN Sustainable Development Goals that have the overarching principle of "leaving no one behind". In this case most importantly we talk about Goal 3 to ensure healthy lives and wellbeing, Goal 5 on gender equality and Goal 10 to "reduce inequalities within and among countries".

Improving health and reducing inequalities of all sorts are pre-conditions for economic and social success of Europe in the decades to come, increasing the resilience of the EU.

The European Parliament has been providing funding for pilot projects - such as HEPP - to develop initiatives on health inequalities. Over the recent years we have seen projects such as VulnerAble – that targeted the health needs of those in isolated and vulnerable situations – and Health4LGBTI, that looked at barriers to healthcare provision to LGBTI-people. The results from these projects as well as from HEPP can be found on a dedicated webpage of the Commission.

The Commission supports its commitment to addressing health inequalities by making funding available for projects through the Third Health Programme 2014-2020.

An example is the Joint Action on Health Equity Europe that started in June this year, that has a financial envelop of 3.125 million Euro, co-funded by the Commission with 2,5 million Euro.

This Joint Action is focused on the promotion, design and implementation of concrete actions that can improve the health and well-being of EU citizens and

achieve greater equity in health outcomes. It also has a strong focus on the socioeconomic determinants of health, and lifestyle related health inequalities throughout the life-course.

I have big expectations of this Joint Action and am pleased to see its coordinator on today's programme. This shows cooperation between both initiatives and ensures that the outcomes of this health equity project will be taken on board in the Joint Action.

Let me now say a few words on the burden of the chronic diseases, accounting for 70 to 80% of budgets of European health systems. Many of these diseases are largely preventable and that is why we need a much stronger focus on health promotion and disease prevention, especially targeting the most vulnerable and addressing the social determinants of health.

And let me be clear: to succeed, we need to invest more than about 3 per cent of health expenditures which Member States spend today on health prevention.

With that in mind the Commission has set up a new expert group – the Steering Group on Health Promotion and Disease Prevention – which allows the Member States to identify priority areas actions and to collect and implement validated best practices for transfer to other Member States or to be further scaled up with EU funding.

In 2018 nutrition and physical activity were chosen by the Steering Group as an area for priority implementation. 12 evaluated best practices were presented to Member States for possible transfer to other Member States. For 2019 mental health is chosen for such support. These offer also opportunities to address health inequalities.

In addition, the Commission has since this year created a best practice portal where stakeholders can consult and submit evaluated practices on health promotion and disease prevention.

Finally, just a word on the new budgetary proposals from the Commission, the so called Multiannual Financial Framework. The Commission presented in May its proposal for a new and improved European Social Fund, where investment in health will be part of the Commission's social agenda. This will lead to new and stronger ties with the European Pillar of Social Rights with the view to maximise the overall health impact of EU actions for the benefit of citizens and health professionals.

However, at the Commission level, we would need more operational tools to measure impact of health in all policies.

Last but not least, I would like to stress that governments and public health authorities alone cannot address these challenges. A multi-sectorial health-in-all-policies and multi-stakeholder approach is needed to successfully promote the social determinants of health.

We should not forget that reducing health inequalities is an issue fundamental to human rights and social justice, and to the economic, social, and political future of the European Union.

I wish you a successful conference and hope that we will all learn from what we hear here today.

Thank you.