

Defining a set of evidence-based strategies for reducing health inequalities through a health in all plicies-approach

Meeting of EU Expert group on Social Determinants and Health inequalities Luxembourg, 14 March 2017

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Frameworks of evidence-based actions to minimise health inequalities

What we know:

- Marmot report (2008): Closing the gap in a generation: Health equity through action on the social determinants of health
- Overview table in The Lancet, 31 January 2017

What we do:

- Expert Group Social Determinants and Health Inequalities
- Joint Action Health Inequalities (2017)



Marmot-report for the WHO-Commission on the Social Determinants of Health

Three principles of action:

- 1 **Improve the conditions of daily life** the circumstances in which people are born, grow, live, work, and age.
- Tackle the inequitable distribution of power, money, and resources the structural drivers of those conditions of daily life globally, nationally, and locally.
- Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness.



1. Improve Daily Living Conditions

- Equity from the start
- Healthy Places Healthy People
- Fair Employment and Decent Work
- Social Protection Across the Lifecourse
- Universal Health Care (?)



- 2. Tackle the Inequitable Distribution of Power, Money, and Resources
 - Health Equity in All Policies, Systems, and Programmes
 - Market Responsibility
 - Gender Equity
 - Political Empowerment Inclusion and Voice
 - Good Global Governance



- 3. Measure and Understand the Problem and Assess the Impact of Action
 - The Social Determinants of Health: Monitoring, Research, and Training



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Evidence-based strategies to minimise the impact of social hierarchy on health

- 1. Invest in children
- 2. Get the welfare mix right
- 3. Provide a safety net
- 4. Implement active labour market policies
- 5. Strengthen local communities
- 6. Provide wrap-around services for the multiply disadvantaged
- 7. Promote healthy lifestyles
- 8. Ensure universal access to high quality primary health care (?)

Source: T. Martin: Social rank: a risk factor whose time has come?, in The Lancet, 31.1.2017, based on multiple sources.



Questions implied

- 1. Do we see our work as addressing social determinants (Marmot) only or as addressing social rank and health inequalities (Martin, The Lancet)?
- 2. Are the concepts useful for guiding our work?
- 3. How can we promote action to reduce health inequalities in those fields that will not be addressed by the Joint Action?
- 4. What can be the role of our Expert Group?
- 5. Would it be useful to undertake a mapping of the state of implementation in Member States of the actions proposed in the table?



Thank you!