

**Spanish Presidency Conference on Health Inequalities**  
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**"Health Determinants and Inequalities in Health – Views of Civil Society"**

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Dear participants,

Let me start by thanking the Spanish Presidency, first of all, for the fruitful cooperation with the European Economic and Social Committee during the preparatory work on the Committee opinion on Health Inequalities and, secondly, for inviting the Committee to this conference to present the results of our work.

The Committee's final opinion is due to be adopted next week at the EESC plenary session, but I am honoured to give you a short overview of the main points raised in the Section opinion, which was adopted with no votes against in March.

The Committee would like to express its gratitude to the Spanish Presidency and the European Commission for taking up the issue of health inequalities at European level. We all know that the size and scale of differences in health of people living in different regions or social groups are a serious challenge to solidarity and equal opportunities in the EU.

Traditionally, society has looked to the health sector to deal with its concerns about health and disease. Certainly, unequal distribution of health care is one of the social determinants of health. However, the Committee recognises that the challenge of health inequalities must be addressed not only from the perspective of the healthcare sector, but also of many other policy fields which are interlinked and have an impact on people's health: the environment, social protection, infrastructure, education, etc.

To this end, the Committee calls on the Commission and the Member States to make the Health Strategy principle "Health In All Policies" a reality. The Member States should be assisted in coordinating policy measures more effectively, analysing the relationship between different policies and the resulting health outcomes for different groups across society.

The Commission should also evaluate and check its measures to verify whether all policy areas contribute to a high level of health protection and a reduction of health inequalities. A mechanism to reverse policy measures which have a negative impact on health and inequalities should be put in place.

The Committee highlights the importance of regular measuring of health inequalities in order to monitor social progress in Europe. However, without reliable data and indicators no evaluation of progress is possible. Therefore, the Member States and the Commission should agree on a set of comparable indicators, methodology and measurable targets within a relevant timeframe to make it possible to monitor developments in the reduction of health inequalities. The Committee recommends that a specific health inequalities indicator be included in the Europe 2020 Strategy. In addition, areas for improvement and best practice should be prioritised.

Health inequalities is a very broad area, but this does not exclude the need for Member States to pay attention to social protection, access to health services and health funding, which are very important if we are to achieve equality in health care. This seems especially important given the demographic trends in the EU, which impact on patients and health professionals.

Social protection in health - health financing mechanisms - need to be implemented and extended based on solidarity in financing and on risk pooling, which is the key to achieving equality in access to health services. Effective access to health services should be defined by affordability, availability, quality, financial protection and information about a range of essential services.

Thus, at national level, health inequalities should be addressed by a pragmatic strategy that aims to achieve universal coverage and effective access, by coordinating all health financing schemes and systems (social and private insurance, social assistance schemes, public health systems, etc.) in order to close gaps in access i.e. by the poor, minorities such as migrants, ethnic or religious groups, or resulting from age and gender-related discrimination.

In the context of vulnerable groups, the Committee emphasises the importance of preventive healthcare and screening programmes, as well as health promotion and education (about healthy lifestyles, treatments available, patients' rights, etc.). The Committee would recommend that the Commission and Member States come up with campaigns and services targeted at relevant vulnerable groups, which should empower disadvantaged communities in defining their needs and spreading information.

The Committee would emphasise that addressing health inequalities across all levels requires building a strong commitment across society, which depends not only on governments, but also on the involvement of civil society and the social partners. The consultation process, policy-making and implementation should include stakeholders at European, national and local level and the EESC believes that there is potential to increase the effectiveness of these aspects, the development of partnerships and better dissemination of good practice.

Creating more effective partnerships with the stakeholders will help promote action on various social determinants and help tackle health inequalities. For instance, they can play an important role in improving access and appropriateness of health services, promoting health and preventive care for migrants, ethnic minorities and other vulnerable groups, promoting the exchange of information and knowledge, identifying and spreading good practices and facilitating the design of tailor-made policies for the specific issues prevailing in Member States and/or special social groups. The stakeholders can also help with the measurement of health inequalities at work and in leisure activities in the community as well as support knowledge and training for health professionals and other sectors.

In conclusion, I would like to focus your attention on those who are the future: children. The foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support can result in poor physical and mental health in adulthood. Therefore, the Committee strongly supports measures towards improved access to high quality, affordable and accessible childcare, which is not only the key for enabling parents to work, but also an opportunity for children to meet their developmental and health needs.

The provision of quality childcare can help address health inequalities that such disadvantaged households face, and support the social integration of excluded groups. Similarly, as health inequalities mainly derive from educational inequalities, the Committee feels that it is essential to guarantee equal access to quality schooling and education so that everyone can acquire the skills enabling them to regain control of their lives.

Thank you for your attention.