How to avert a public health emergency

New review provides solutions to bridge the health divide across Europe

Based on over three years of research by a cross-disciplinary consortium of Europe’s leading scientists, the WHO Regional Office for Europe today launches the Review of social determinants and the health divide in the WHO European Region\(^1\), coordinated by University College London’s Institute of Health Equity. The launch is supported by the United Kingdom’s Department of Health.

“For the first time we have an unprecedented evidence-based set of practical policy recommendations about what all countries can do to address the so-called “upstream” causes of health inequities, specifically targeted to their income level. This review crystallizes vital new knowledge for governments so that they can cut health inequalities and put people at the centre of health systems – the goals of Health 2020, the European health policy framework,” says Zsuzsanna Jakab, WHO Regional Director for Europe.

The review answers the demand from policy-makers for practical guidance on identifying social policies that work to reduce inequities in health between and within low-, middle- and high-income countries. It presents compelling new Region-specific economic and human-rights-based evidence for why action on the social determinants of health is needed now. The financial crisis threatens a public health emergency, and inaction will lead to a worsening of social, economic and health burdens.

“Unemployment, particularly the persistent high levels of youth unemployment, is a public health time bomb waiting to explode,” explains Professor Sir Michael Marmot, Review Chair and Director, Institute of Health Equity. “I would say to any government that cares about the health of its population: look at the impact of their policies on the lives people are able to lead and, more importantly, at the impact on inequality. Health inequality kills. It is socially unjust, unnecessary and avoidable, and it offends against the human right to health,” says Professor Marmot.

“This report underlines the stubborn and tenacious nature of health inequalities across Europe. It reinforces the message that people’s health is shaped by the conditions in which they live, work and age, and that action is needed to improve them. The United Kingdom takes this issue very seriously, which is why, in the Health and Social Care Act, we created the first ever specific legal duties on health inequalities for NHS England, clinical commissioning groups, and the Secretary of State,” comments Ms Jane Ellison, Minister of Public Health, United Kingdom.

\(^1\) Review of social determinants and the health divide in the WHO European Region. Copenhagen, WHO Regional Office for Europe, 2013.
Evidence for action throughout life: child poverty

Relative poverty in childhood strongly influences people’s health and other outcomes throughout the 53 countries in the WHO European Region. In eastern countries, despite 10–15 years of economic growth prior to the current crisis, child poverty levels have remained static. With less than 1% of GDP spent on family benefits on average, children have not benefited from this economic growth. Analysis of western countries reveals a huge range in child poverty rates, from 10% to 33%, despite higher average expenditure on family benefits.

The review calls for the highest priority to be given to ensure a good start in life for every child. Specific action should provide conditions for good quality parenting and family building, and ensure universal early years education and care.

Main recommendations

The review identifies “best buy” priorities in 12 policy areas, covering action across the life-course; in wider society, based on social cohesion, protection and the right to health; in relation to economic, fiscal, environmental and other sectors; and in health systems.

For further information, see the WHO Regional Office for Europe web site (www.euro.who.int/BridgeHealthDivideSymposium) and the hashtag #BridgeHealthDivide on Twitter.

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