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Progress on Health Equity Is Stalling Across Europe New WHO Report Reveals Gaps Can Be Reduced Within the Lifetime of a Single Government

Press release

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WHO's first-ever Health Equity Status Report (the Report) reveals that health inequities in many of the 53 countries in the WHO European Region remain either the same or have worsened despite governments' attempts to address them. The Report newly identifies five key risk factors that are holding many children, young people, women and men back from achieving good health and leading safe and decent lives.

"For the first time, the Health Equity Status Report provides governments with the data and tools they need to tackle health inequities and produce visible results in a relatively short period of time, even within the lifetime of a national government of 4 years," says Dr Zsuzsanna Jakab, WHO Regional Director for Europe.

The range of policies outlined in the Report stimulates both sustainable development and economic growth. Reducing inequities by 50% would produce financial benefits to countries ranging from 0.3% to 4.3% of gross domestic product (GDP), the Report finds.

How serious is the health divide in the European Region?

Key findings on current health status and trends across the Region show a significant health divide.

- While average life expectancy across the Region increased to 82.0 years for women and 76.2 years for men by 2016, there are still significant health inequities between social groups: a woman's life expectancy is cut by up to 7 years and a man's by up to 15 years if they are in the most disadvantaged groups.
- Almost twice as many women and men in the least affluent 20% of the population report illnesses that limit their freedom to carry out daily activities, compared to those in the most affluent 20%.
- In 45 of 48 countries providing data, women with the fewest years of education report higher rates of poor or fair health compared to women with the most years of education; the pattern is the same for men in 47 of the 48 countries.
- Where you live influences how long and how well you are able to live: trends show that in almost 75% of countries surveyed, the differences in life expectancy between the most and least advantaged regions have not changed in over a decade, and in some cases have worsened.

- In the most deprived areas, 4% more babies do not survive their first year compared to babies born in more affluent areas.
- Health gaps between socioeconomic groups widen as people age: 6% more girls and 5% more boys report poor health in the least affluent households compared to those in the most affluent households. This gap rises to 19% more women and 17% more men during working age, and peaks among those aged 65 and over with 22% more women and 21% more men reporting poor health in the least affluent households compared to the most affluent households.
- The accumulated poor health of those with fewer economic and social resources when entering later life predicts their higher risk of poverty and social exclusion, loss of independent living and more rapidly declining health.

The Health Equity Status Report also identifies new and emerging groups at risk of falling into health inequity. These include, for instance, young people who leave school early – these individuals are at greater risk of mental health issues and poverty due to insecure labour markets and higher exposure to frequent periods of unemployment.

Those living with an illness that limits their daily activities are disproportionately represented in the least affluent 20%. Life-limiting illness reduces their ability to stay in the labour market and increases their risk of poverty and social exclusion. This massive loss of human potential has an impact on countries' fiscal sustainability through lost tax income and pensions and increased social welfare costs.

New evidence on what drives the health gap

Researchers broke the data down to explore what drives health inequities in the European Region. They identified **five critical factors** and assigned to each a percentage reflecting its contribution to the overall burden of inequity.

- **Income security and social protection (35%)**
About 35% of health inequities result from “not being able to make ends meet”. People affected may include those in full-time employment who regularly struggle to afford the basic goods and services necessary to live a dignified, decent and independent life; these are the so-called working poor.
- **Living conditions (29%)**
This factor includes issues such as unaffordability or unavailability of decent homes, lack of food and lack of fuel to heat the home or cook a meal. It also extends to unsafe neighbourhoods and violence in the home; overcrowded, damp and unsanitary housing conditions; and polluted neighbourhoods. This factor accounts for 29% of health inequities.
- **Social and human capital (19%)**
These factors, which account for 19% of health inequities, refer to feelings of isolation, low levels of trust in others and the sense of having no one to ask for help, as well as feelings of being less able to influence politics and change things for the better. They also include violence against women, lack of participation in education and lack of lifelong learning.
- **Access to and quality of health care (10%)**
Health systems' failure to provide universal access to good-quality services, and high levels of out-of-pocket payments for health, are responsible for 10% of health inequities. Out-of-pocket payments may force people to choose between using essential health services and providing for other basic needs.

- **Employment and working conditions (7%)**

An inability to participate fully in the labour market, which affects the quality of day-to-day life and longer-term life chances, accounts for 7% of health inequities. Quality of employment is equally important, as insecure or temporary jobs and poor working conditions have a similarly negative effect on health.

For the first time, the Health Equity Status Report captures the impact of policies to address these risks over the last 10 to 15 years. It finds that many of the critical factors that are driving health inequities are not being sufficiently addressed by countries across the European Region. For example, while 29% of health inequities stem from precarious living conditions, 53% of countries in the Region have disinvested in housing and community services in the last 15 years.

“This report explains how we can achieve health equity and bring positive change into the lives of all people in our Region. Through this effort we can achieve the Sustainable Development Goals, particularly Goal 10 on reducing inequity – the only Goal which is not improving in our Region,” says Dr Jakab.

The full report and its summary are available online:

- Use this link during the embargo: <https://euro.sharefile.com/d-se758aaec26640b5a>
- Use this link for post embargo access: <http://www.euro.who.int/en/HealthEquityStatusReport2019>

Post embargo, a set of factsheets can be found at:

<http://www.euro.who.int/en/HealthEquityStatusReport2019>

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