

## **HOW, AND BY HOW MUCH, CAN GOVERNMENTS CLOSE THE HEALTH DIVIDE?**

### **To close the health divide, act on the 5 essential underlying conditions**

The Health Equity Status Report models **8 policy indicators** connected to the **5 essential underlying conditions**<sup>1</sup> needed for health equity, and how they will contribute to **reductions in the health gap over 2–4 years**.

These are expressed as percentage reductions in the gaps in illnesses limiting daily activities between adults in the highest- and lowest-earning income groups in countries of the WHO European Region. This gives an indication of the potential for these policy levers to narrow the health gap over a period of just 4 years, the typical timeframe of a single government's political mandate.

Integrated solutions based on a combination of these policies have the highest potential to accelerate the closing of health gaps and the achievement of well-being and prosperity for all.

### **Investing in quality and affordable housing and safe, vibrant neighbourhoods**

Increased investment in housing and community amenities shows the strongest relationship with reductions in the gap in rates of limiting illness. **Increases in investment by 1% of gross domestic product (GDP)** are associated with reductions in the gap by around **1.8 percentage points**.

Between 2006 and 2017, 6 out of 31 countries recognized the importance of housing and community amenities and increased their investments accordingly. Over the same period, nearly 25% of countries disinvested in these types of policies and services.

Such investments go towards improving the affordability, quality and safety of housing and living conditions. These include:

- creating incentives to improve housing conditions;
- increasing the proportion of social housing stock;
- providing incentives for homeowners and landlords to improve energy efficiency and sanitation facilities;
- investing in community amenities for social, economic and cultural activities, particularly in less developed neighbourhoods; and
- regulating a minimum set of standards for healthy homes and neighbourhoods.

### **Reduce income inequality: beyond just surviving to thriving**

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<sup>1</sup> Please check the fact sheet "WHAT IS DRIVING THE HEALTH DIVIDE?" (September 2019)

The Report's model reveals that while increases in average per capita income show no association with reductions in the health gap, reductions in income inequality do. It is therefore not sufficient to simply pursue economic growth as a strategy to improve health for all – this growth needs to be inclusive and must reduce economic inequality if it is to narrow the health gap.

Social protection is one mechanism for achieving this by reducing income inequality and guaranteeing a basic degree of income security. The Report's model shows that **increases in the provision of social protection by 1% of GDP** are associated with reductions of the gap in rates of limiting illness between the poorest and richest in a country by around **0.5 percentage points**.

However, between 2000 and 2012, the average country expenditure on social protection fell from 12.9% to 6.1% of GDP. This represents an average 50% reduction in countries' expenditure on social protection as a proportion of GDP across the Region.

Barriers to social protection, including stigmatizing social support, compound income inequalities. This affects those with fewer social and economic resources, in particular upon entering later life when these resources allow greater freedom to live independently as long as possible.

### **Design health systems that provide affordable care**

The Report's model reveals that **reductions in the burden of out-of-pocket (OOP) health payments** have a significant statistical relationship with **reductions in the gap in rates of limiting illness**. This points to the critical importance of providing universal access to affordable health services.

Yet trends from 2000 to 2015 show that in 62% of countries, OOP health payments have either increased or have remained unchanged. This shows the potential to reduce remaining inequities through improving the universality and affordability of health care.

### **Be proactive about helping people into decent and healthy work**

**Reductions in unemployment by 1%** are associated with reductions of the gap in rates of limiting illness by around **0.3 percentage points**. Additionally, **increases by 1% of GDP in investment in labour market policies** (LMPs) that proactively help people find work are associated with reductions of the gap by around **1.4 percentage points**. However, in 19 of the 25 countries for which data are available, expenditure on LMPs either stayed the same or decreased over the last decade.

Good-quality LMPs, including peer mentoring, apprenticeship schemes, on-the-job training and job-seeking training, impact health equity by reducing high youth exclusion from the labour market, work-related stress, sickness absence, and mental health problems leading to unequal and early exit from the labour market in working years. The health sector is one of the largest employers in all European countries and can be a strong partner in national and local LMPs.

### **Equalize opportunities in education in the longer-term and across the life course**

The Report highlights important policies and approaches that are key to reducing inequities through equalizing opportunities for education and lifelong learning. Improving levels of numeracy and literacy and reducing differences in proficiency increase people's ability to take control of their lives, including

their social participation, ability to reason, and skills related to communication, decision-making and accessing resources – all key factors underlying health inequities.

Formal and informal education and training aimed at adults can break the link between limited education in earlier life and poorer health outcomes in adulthood. However, the gap in adult participation in formal and informal education and training stayed the same or widened from 2004 to 2017 for men and women in 60% of countries.

Measures to strengthen education and lifelong learning include scaling up the availability and affordability of high-quality early years learning in regions and communities that are falling behind, and investing in school infrastructure that supports the learning of all young people and keeps them safe and healthy while at school.

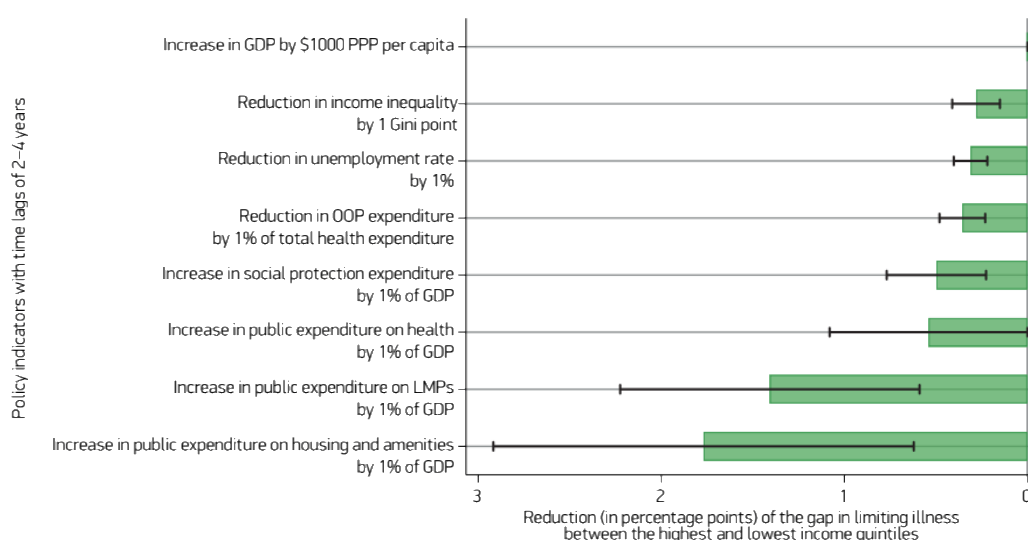
### Strengthen resilience, trust, participation and political voice

Interventions that improve social capital – such as increasing civic participation, reducing crime and generating social connections – have positive impacts on health and well-being. For public health actors and policy-makers, there are 3 key areas through which empowerment can further improve health equity:

1. valuing the knowledge of individual and community experiences;
2. maximizing the potential of groups and networks, such as youth groups or citizens' assemblies; and
3. explicitly moving away from stigmatizing the disadvantaged.

Improving participation and developing partnerships at local, subnational and national levels are fundamental to ensuring that people are able to hold decision-makers accountable for their actions, thereby improving their sense of choice and control over their lives.

Fig. 1. Potential to reduce the gap in rates of limiting illness among adults within 24 European countries with a time lag of 2–4 years (capped black lines show 95% confidence intervals)



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