



THE MARMOT REVIEW 10 YEARS ON AND ITS IMPLICATIONS FOR A HEALTHY EUROPE

POSITION PAPER
July 2020

About EPHA

EPHA is a change agent – Europe's leading NGO alliance advocating for better health. We are a dynamic member-led organisation, made up of public health civil society, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.



Co-funded by
the Health Programme
of the European Union

The European Public Health Alliance has received funding under an operating grant from the European Union's Health Programme (2014-2020). The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Transparency Register Number: 18941013532-08

Contents

Background	4
Introduction	4
Health Inequalities in the European Union	6
1. Social determinants of health	6
1.1 Access to quality health and preventive care - an indispensable step for reducing disparities between population groups	7
1.2 Inter-relations between poverty and health inequalities	9
2. Investing in early childhood development to combat health inequalities from the earliest age of life	12
3. Access to quality education - a strong factor for reducing inequalities in society	16
4. Ensure a healthy standard of living for all	18
5 Create and develop healthy and sustainable places and communities	20
6. COVID-19 and health inequalities across Europe	23
Conclusion	25

Background

In 2008 the UK Secretary of State for Health commissioned a review aiming to address health inequalities in England from 2010. The review, entitled “Fair Society, Healthy Lives”¹ provided an analysis of existing disparities in health focusing on the factors responsible for inequalities between population groups. It identified six pivotal areas for reducing the gap in health and provided recommendations for a comprehensive strategy to improve health and reduce inequalities based on actions to tackle holistically, the social determinants of health. Stronger investment in early childhood development, fair employment, higher standards of living, effective health prevention and healthy and sustainable places and communities have been identified as major factors for achieving positive and sustainable results on communities and societies affected by health inequalities.

The Marmot Review and its follow-up, published in February 2020 advances a policy approach towards the gap in health looking beyond individual behaviour and access to healthcare that can be successfully applied to European and national contexts. Providing a comprehensive policy response to the disparities in health, proportional to the challenges faced by affected groups can promote health equity and social justice across Europe.

Introduction

The “Marmot Review: 10 Years On,”² published in February 2020 presented a progress review of health inequalities in England over the past ten years. The report focusing on policies implemented in England and their impact on health disparities, assesses the progress achieved in the strategic policy areas identified in the first Marmot Review published 10 years earlier.

The “Marmot Review: 10 Years On” presents a holistic and comprehensive approach to health addressing strategic social determinants such as employment, income, housing, and child poverty, underlining the strong link between social inequalities and health disparities. The report not only demonstrated that health disparities have continued to rise, but also provided solid evidence about the interrelations between socio-economic vulnerability and ill-health. Moreover, it accentuates the disproportionate exposure to poor health of vulnerable groups, which impacts several social outcomes and maintains these groups at the margins of society.

In England the lack of significant commitment to reduce inequalities between regions and population groups in the past ten years has resulted in an alarming trend of life expectancy - a major indicator for health. For the first time since the beginning of 20th century, lifespan is stagnating in England and declining for certain population groups. Increased levels of child poverty, loss of income and employment precariousness are other factors of utmost importance in

1 <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

2 https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf

causing health disparities between population groups and this is also valid for the decline of life expectancy noticed in England. As might be expected, the report discovered that people experiencing poverty, vulnerable groups, ethnic minorities have shorter lives and spend more years in ill-health, which correlates with the level of inequalities they face in many areas of life. Lifespan strongly depends on social factors such as living and working conditions, access to quality healthcare and prevention services, including timely medical treatment. Thus, in England women living in the most deprived areas live 12-18 years less, demonstrating the link between poor living conditions and longevity. Also, they are more vulnerable to poor health compared with people living in better housing conditions. Premature deaths follow similar trends - they have also risen in England for people aged 45-49 linked to worsened social and economic conditions undermining individual's and communities' health.

Vulnerable groups are more severely hit by health inequalities but also by poverty and social exclusion leading to poor access to health and social services, producing long term effects on physical and mental health. The negative results in health are strongly influenced by the lack of sustainable measures to reduce health inequalities, which has an impact on individuals' and communities' capacities to combat poverty and employment precariousness and improve their access to health and social services. Moreover, it causes loss of productivity and social and economic competitiveness of entire communities and socio-economic groups, affecting further the wider economy and society.

The 2020 Marmot Review shows the socio-economic costs of poor commitment to combat inequalities, as well as the lack of holistic and comprehensive approach in health policies concerning those most affected by health disparities. The importance of effective policy measures were underlined in the first Marmot Review and remains valid not only for England but also for other European countries, also facing significant levels of inequalities in health. Ten years ago, the Marmot Review called on policy makers to reduce health inequalities by strengthening their efforts in six policy areas addressing social determinants of health but the findings in 2020 clearly indicate that policy makers have not achieved significant progress in reducing health disparities. Vulnerable groups remain disproportionately affected by ill-health, in parallel with poverty and social exclusion in strategic areas determining their quality of life, health and well-being. The effects of the lack of progress in combating health inequalities reflects the poor achievements in social justice, and became greatly visible when the COVID-19 pandemic reached Europe and revealed the alarming public health, social and economic consequences of poor investment in improving vulnerable groups' health and well-being.

Health Inequalities in the European Union

Despite the fact that Marmot Review presents the state of health inequalities in England, its findings are relevant for the European Union as a whole. Its holistic approach is also applicable to European and national contexts, raising the role and responsibility of decision makers to provide an effective policy response to health disparities based on the proportionality between social gradients and the level of inequalities experienced by vulnerable groups. This is a key solution for both closing the gap in health and achieving social fairness in Europe. Improving access to healthcare and prevention services is not a sufficient measure on its own to achieve positive outcomes in health, although healthcare remains a pivotal area for reducing health disparities. Comprehensive measures starting from the earliest age of life and addressing the main factors responsible for health inequalities are strongly required to achieve positive and sustainable results for individuals' and communities' health and for the realizing social justice. Based on the relationship between health equity and social fairness, reducing health inequalities becomes a milestone for creating sustainable and equitable economies and societies.

1. Social determinants of health

“The health of the population is not just a matter of how well the health service is funded and functions, important as that is. Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources.”³

Evidence shows that health disparities between population groups exist in European countries regardless of their economic situation. Significant inequalities are observed between vulnerable groups and the rest of the European population, including those living in the richest EU countries. A review published by the World Health Organization (WHO) analysing the social determinants of health and the health divide across Europe has demonstrated systematic gaps in health between socio-economic groups emphasising the responsibilities of policy makers for improving health as a social outcome.⁴ The World Health Organization underlines the need for holistic policy measures tackling the disparities in working and living conditions, social and economic situations, access to health and prevention services but also human rights protection which is necessary to address the marginalisation of certain population groups. While EU Member States clearly have the responsibility for improving national public health and social systems, European policy makers must show leadership in promoting stronger public health systems and equality provisions, advancing social justice and health equity across Europe as a whole.

³ <https://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-executive-summary.pdf>

⁴ Review of social determinants and health divide in the WHO European Region, 2014: https://www.euro.who.int/_data/assets/pdf_file/0004/251878/Review-of-social-determinants-and-the-health-divide-in-the-WHO-European-Region-FINAL-REPORT.pdf

1.1 Access to quality health and preventive care - an indispensable step for reducing disparities between population groups

While Article 35 of the European Charter for Fundamental Rights guarantees the right to medical treatment and preventive services aiming to ensure the health protection of European populations, equal access to quality healthcare remains a significant challenge for many socio-economic groups. The right to “timely access to affordable, preventive and curative care of good quality” is also one of the principles promoted by the European Union through the European Pillar of Social Rights - a policy instrument seeking to advance social and economic rights. However, healthcare depends on national policy and legislative frameworks as well as capacities of national public health systems to meet people’s needs by ensuring the availability, accessibility and affordability of relevant services, highlighting the limitations of the European Union in health policy.

Although national health systems offer fully or partially covered healthcare packages, including prevention, primary, specialist and hospital care they may not be accessible for all if their availability is disproportionate compared with people’s needs. Many European countries have introduced Universal Health Coverage in their public health systems, enabling people to enjoy certain packages of healthcare; however, in some European countries health protection still depends on the social protection system and employment benefits. Thus, several social and economic groups, such as inactive people who are not entitled to social protection and employment benefits; undocumented people, including migrants and stateless persons; seasonal workers and self-employed as well as those who are not legally employed, struggle to enjoy equal and timely access to healthcare. A study⁵ of national policies released by the European Commission in 2018 demonstrated that between 5% and 20% of the population in certain EU Member States do not have health coverage (e.g. Bulgaria, Cyprus, Hungary, Romania, Poland), which is a major barrier preventing effective health protection. This trend is observed also in countries where Universal Health Coverage has been adopted. Some population groups do not have access to it because of administrative requirements such as the need for a postal address or permanent residence. As a result, patients without health coverage can only access urgently necessary healthcare or out-of-pocket payment care, reducing opportunities for regular medical follow-up and quality and timely treatment.

The lack of healthcare coverage, or provisions for Universal Health Coverage within national public health systems lead to increased financial costs of health and prevention, raising further issues of accessibility and affordability of essential services. Accordingly, unequal access to healthcare can be observed in EU Member States, affecting people facing unemployment and employment precariousness or those living in poverty increasing inequalities in health.

A recent European Commission report⁶ addressing health in Europe, stated that 62% of those who are self-employed in Greece, France, Latvia and Romania are more often confronted with unmet medical needs compared with employees in these countries. In some sectors such as agriculture, the greater vulnerability to employment precariousness, because of the seasonal, informal and temporary nature of their work and high levels of out-of-pocket payments also lessen their ability to access healthcare. More barriers to enjoying social protection and health coverage, and reduced access to healthcare influences in turn their

⁵ Inequalities in access to healthcare - A study of national policies, EC, 2018: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8152&furtherPubs=yes>

⁶ https://ec.europa.eu/health/sites/health/files/state/docs/2019_companion_en.pdf

health, well-being and economic competitiveness.

A recent WHO report criticises the higher levels of out-of-pocket payments paid by the poorest households and this unacceptable situation is a significant obstacle to health equity in Europe.⁷ Similarly, vulnerable groups such as ethnic minorities, including Roma; migrants, people with physical and mental disabilities, older persons, may be disproportionately exposed to increased spending preventing them from quality and timely healthcare and prevention services.

According to an EU report⁸ analysing the accessibility of healthcare in Member States, the highest spending has been registered in Bulgaria - the poorest country of the European Union – and concerns mainly out-of-pocket payments related to medicines. Additionally, patients pay high user charges, especially those suffering from chronic and mental diseases, which require regular medical checks, timely interventions and long-term medical treatment. A similar situation is occurring in Austria, Germany, Estonia, Hungary, Lithuania, the Netherlands, Poland and Slovakia. It should be noted that these groups face greater vulnerability to poor health, poverty and exclusion that cumulate multiple factors, widening health inequalities. People with mental and physical disabilities, older persons, and those suffering from chronic disease, including cancer, are particularly disadvantaged. Their vulnerability may be increased if they live in isolated areas, due to lower availability of health and prevention services as well as the lack of medical specialists.

Out-of-pocket payments exacerbate financial hardship for people experiencing poverty when those payments are disproportionate to their income, affecting their capacity to afford medical treatment, especially if they suffer from chronic or mental health diseases, requiring long-term treatment. Furthermore, affordability of out-of-pocket payments may drive people to make a choice between medical treatment and basic needs such as accommodation and food, directly influencing an individual's health and well-being.

Inequalities in health coverage, affordability of health services and medicines affect not only individuals, but also entire communities preventing sustainability of health protection and the economy as a whole. In this regard, the 2030 UN Agenda for Sustainable Development underlines the importance of addressing financial protection in parallel with health protection measures as main indicators for Universal Health Coverage.

⁷ Can people afford to pay for health care?, WHO 2019: <https://apps.who.int/iris/bitstream/handle/10665/311654/9789289054058-eng.pdf?sequence=1&isAllowed=y>

⁸ Companion report, EC 2019: https://ec.europa.eu/health/sites/health/files/state/docs/2019_companion_en.pdf

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”⁹

Improving access to healthcare and prevention cannot be efficient if people do not enjoy stronger protection against poverty and social exclusion that have long-term implications on their health and health inequalities as a whole.

Universal Health Coverage is a policy response to poor access to healthcare since it guarantees health and prevention service packages for all. It is a mechanism preventing financial hardship caused by out-of-pocket payments leading to unmet medical needs, especially for those at risk of poverty. Such a measure is a necessary protection for vulnerable groups and a concrete step for improving public health systems in accordance with the principles promoted by the European Pillar of Social Rights. Therefore, introducing Universal Health Coverage is an instrument for boosting economic growth and social progress as well as a way to ensure better protection of population groups against poverty and social exclusion which impact health inequalities.

1.2 Inter-relations between poverty and health inequalities

Income is a major social determinant of health and the lack of financial resources has a direct influence on inequalities between population groups. These social gaps are significant obstacles for achieving a long-term and sustainable impact on social cohesion, as well as in attaining the UN Sustainable Development Goals. In such conditions, reducing poverty, achieving gender equality, ensuring good health and well-being and decreasing inequalities between and within European countries become challenging ambitions, depending strongly on the political commitment of European and national policy makers.¹⁰

Given that poverty and social exclusion disproportionately affect certain population groups and are the main causes of ill-health, both physical and mental, it is crucially important to better identify the groups facing increased risk of poverty or social exclusion, analyse and address holistically the factors responsible for their vulnerability by proposing targeted measures proportionate to the inequalities they experience. Improving their access to healthcare and prevention wherefore strongly depends on comprehensive measures for effectively reducing poverty and social inequalities.

⁹ <https://www.who.int/sdg/targets/en/>

¹⁰ <https://sdgs.un.org/goals>

1.3 Population groups experiencing higher risk of poverty and health inequalities

Although poverty reduction, with a specific focus on vulnerable groups has been at the top of the European political agenda for the past ten years, many socio-economic categories and communities remain frequently exposed to poverty and social exclusion, influencing their health status. According to Eurostat¹¹ in 2017, 113 million people, counting for 22.4 % of the European population, were experiencing poverty or social exclusion and one in five Europeans lacks sufficient income, impacting health and well-being. While Europe is one of the richest regions of the world, the number of people experiencing deep and generational poverty remains high and persistent. According to Eurostat data, the most vulnerable to poverty and exclusion are women, children, young people, people with disabilities, the unemployed, single-parent households, and people with lower educational levels, those living in rural areas. However, the EU data is not disaggregated by ethnicity, which can contribute to failures to address systemic discrimination, one of the major causes of inequalities.

At this point the Marmot Review provides valuable analysis demonstrating the link between poverty, health inequalities and systemic discrimination against ethnic minorities. In England the number of children from ethnic minorities experiencing poverty is two times higher (45%) compared with those living in “white British” households (20%).¹² These findings show intersectional links between poverty and disadvantage exacerbated by ethnic discrimination, causing long-term consequences on health affecting entire communities. The EU-MID-IS-II survey conducted by the Fundamental Rights Agency demonstrated that in many EU countries the percentage of Roma - the largest ethnic minority in Europe - experiencing poverty and social exclusion may reach 80% and the risk of poverty faced by these communities is four times higher than the average rate in the European Union. The highest poverty rates affecting Roma communities have been noticed in Spain reaching the alarming rate of 98 %, followed by Greece and Croatia, where respectively 96% and 93 % of Roma are living below the poverty line. In the Czech Republic 58% of Roma experience poverty – but there is still a notable gap between Roma people and the general population in this country. These figures highlight the severe inequalities between Roma and non-Roma in terms of income and poverty producing negative effects on health and other social outcomes. Moreover, the survey showed that one in three Roma children live in households experiencing hunger, which is particularly worrying in terms of health, physical growth and optimal child development, which requires adequate nutrition, quality healthcare and access to prevention services.¹³ These findings prove that inequalities based on ethnicity have deep roots and different dimensions. Beyond the purely social and economic reasons for greater poverty rates among ethnic minorities, there is also a human rights aspect which needs specific attention from policy makers.

Disparities in health can be wider according to the age and sex of the vulnerable population groups. Age and sex are major indicators for measuring the gap in income and health, as well as being used to monitor the progress and effectiveness of implemented policy measures aiming to achieve gender equality. Despite

11 Europe 2020 indicators - poverty and social exclusion: https://ec.europa.eu/eurostat/statistics-explained/index.php/Europe_2020_indicators_-_poverty_and_social_exclusion#-General_overview

12 <https://www.instituteoftheequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf>

13 <https://fra.europa.eu/en/publication/2016/second-european-union-minorities-and-discrimination-survey-roma-selected-findings>

the high number of well-qualified women across Europe, female labour market participation is still lower compared to men's employment rates although this gap tends to decrease in Europe.¹⁴ According to Eurostat, for the age group 20 to 64, the employment gap is 11.5 %, which can be explained by factors such as family and social support services, working conditions, but also social attitudes towards motherhood and pregnancy. These inequalities are higher among older persons, with women often receiving lower pensions than men, which in turn leads to increased health risks and lower capacities to afford timely and quality healthcare, especially in the case of long-term treatment, chronic diseases or disabilities. Retirement is a crucial period when the consequences of lower access to employment and uneven wealth distribution between men and women are especially visible reaching 5.4 percentage points (Eurostat). Gender inequalities are even more exacerbated for retired women from vulnerable groups, such as those belonging to ethnic minorities. They are more likely to experience both poverty and ill-health cumulating multiple factors increasing their exposure to inequalities. These complex issues show the need for strong and efficient targeted policy actions to tackle health disparities in parallel with gender gaps in employment and income, while also improving human rights protection of women from vulnerable groups.

Disability is another factor which increases the vulnerability to poverty and exclusion as well as poor health. Given the accumulation of multiple components increasing the vulnerability to ill-health of people with disabilities, both mental and physical, comprehensive policy measures are required to effectively meet their needs. In 2017, the risk of poverty and social exclusion faced by disabled people was almost two times higher than the general population across the European Union - 36.0 % of disabled people aged 16 or more compared with 19.9 % of those with no activity limitations (Eurostat).

Another socio-economic category at particular risk are single parents: 47.0 % of them are experiencing poverty or social exclusion and the risk of deprivation for them is two times higher. Other factors such as gender, employment, ethnicity and disability can further rise their vulnerability and have long-term consequences on single parents' physical and mental health.

The correlation between health and poverty is even stronger for people with lower educational levels. According to EU data, 34.3 % of people with secondary education or less are at risk of poverty or social exclusion compared to only 11.0 % of those with university degrees. Access to quality education is therefore a decisive factor in combating poverty, empowering vulnerable groups and reducing inequalities they face in health and employment.

Levels of poverty, and thus good health are also influenced by living areas and access to decent housing, with great disparities between regions. On average, people living in isolated and rural areas are more likely to experience both poverty and ill-health compared with residents living in urban zones. The European Commission has identified four major categories of factors defining the risk of poverty or social exclusion in rural areas - demography (population ageing), lack of infrastructure and services, insufficient educational facilities and economic opportunities. Precarity of employment amongst seasonal workers is another reason for the greater exposure to both poverty and ill-health in rural areas. Nonetheless, this trend can be reversed in some Northern, Central and Western European countries, by better opportunities for on-farm consumption and lower housing costs. At the same time, while urban areas present more economic opportunities and greater availability of social and health services, they are also characterised by a wide range of inequalities in living and working conditions responsible for poor health.

¹⁴ Eurostat, People at risk of poverty or social exclusion, 2019

2. Investing in early childhood development to combat health inequalities from the earliest age of life

Health inequalities have deep roots reaching back to the earliest years of life. Many children, especially those at risk of poverty, social exclusion or those in a vulnerable situation are deprived of equal opportunities to grow and develop in a safe and healthy environment.

Early childhood has been recognised as both a driver for disparities and a crucial period for interventions aiming to combat existing inequalities and prevent their impact in adulthood. In 2010 the Marmot Review addressed early childhood development as an integral part of a sustainable strategy for reducing health inequalities linking it to social injustice.

A common approach to tackle health inequalities affecting certain socio-economic groups, communities, regions and countries is necessary for ensuring social cohesion within the European Union, requiring greater commitment of Member States, which play a crucial role for achieving a durable impact on health disparities. In its recommendations issued in 2013 the European Commission emphasised the need for joint efforts of Member States to end inequalities existing in society.¹⁵ The European Commission called on Member States to implement integrated policies against child poverty and social exclusion to achieve positive results in child's health and thus, lessen inequalities between different socio-economic groups and take a step forward towards social cohesion. However, the social and economic situation of vulnerable children across Europe has not enjoyed a significant improvement. Child poverty remains an obstacle for many children to grow in a healthy environment, preventing their optimal development and impacting other social outcomes during their life course.

The second and most recent Marmot Review clearly shows the failure of policy makers in England to reduce the gap in health affecting vulnerable children, which reflects the failure to realize health equity in wider society. The report highlights the impact of English austerity measures on early childhood development, increasing still further levels of child poverty, homelessness and exacerbating the existing housing crisis. Similar measures were taken in many Member States following the 2008 economic and financial crisis, leaving many communities living in poor social and economic conditions, with less opportunities to maintain good physical and mental health. Worsened social and economic conditions across Europe produced direct effects on early childhood development creating multiple disadvantages for children from vulnerable families.

The Marmot Review highlights the lack of positive results in child poverty reduction and its effects on early childhood development, rising the vulnerability of certain socio-economic groups to poverty and social exclusion. In England, since 2010 the highest rates of child poverty are experienced by children in single parent households - with 47% of children at risk of poverty facing higher risk of poor health. Moreover, 43% of children living in families with three or more children were living in poverty in the UK in 2018. Children from ethnic minorities are particularly affected by inequalities in income and health, raising further questions about equal opportunities for optimal early childhood development.

The figures¹⁶ illustrating child poverty and deprivation in EU Member States are

¹⁵ Investing in children: breaking the cycle of disadvantage, EC recommendations, 20 February 2013: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013H0112&from=EN>

¹⁶ Eurostat, Children at risk of poverty or social exclusion: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Children_at_risk_of_poverty_or_social_exclusion#-General_overview

also alarming. In 2018, 23.4 % of Europe's children were at risk of poverty or social exclusion, with the highest rate (38, 1%) recorded in Romania, followed by Bulgaria and Greece.¹⁷ Household structure has also notable effects on poverty in the EU, with single parent households and those with large families the most hit. According to Eurostat, such households are almost three times more exposed to the risk of poverty (42.8 %) or social exclusion, compared with 15.6 % of households with two adults.

Child poverty is also closely linked to parents' educational attainment, their employment status and income and follows social gradients. In general, a person with a lower educational degree has less opportunities to access better positions and regular income. Also, the risk of poverty tends to increase when educational attainment decreases. According to European data, in 2018, 51.5 % of children at risk of poverty were living in households with lower secondary levels whilst only 7.4 % of children whose parents had higher levels of education were at risk of poverty. In some countries such as Romania, Lithuania and Slovakia this gap reaches 70 points. One child in two (51.5 %) whose parents have lower educational levels experience poverty, material or monetary deprivation.

Lower educational attainment has further consequences on parents' capacity to maintain employment, which can be a decisive factor for early childhood development and the child's life as a whole. Parents' labour market participation defines their capacity to meet child's needs in terms of healthy nutrition, learning activities, access to quality healthcare and prevention, decent housing and a safe and healthy living environment. According to the Marmot Review findings child poverty is highest for children living in workless families - in excess of 70 percent of children in these families are in poverty, up from over 60 percent in 2010, affecting 1.3 million children. Children continue to face poverty when one of the parents is not working or working part time, and 1.6 million children are living in such a situation in England.

A child whose parents have higher levels of education can also be at risk of poverty as long as discrimination in accessing employment continues to exist in society. This has been confirmed by European statistics¹⁸ comparing employment rates of native-born populations and those with migrant background, both groups having tertiary education. In most of the European countries the native-born population has greater employment rates than people with migrant background. According to the annual report on intra EU Labour Mobility published by the European Commission in 2018, people with migrant background are more often represented in sectors where they are overqualified for their jobs. Frequently, people with migrant background with high educational levels get access to positions that require upper secondary education, such as clerks, crafts, elementary occupations, machine operators etc. The rate of overqualified workers with migrant background is highest among clerical support workers, where around 55% of the people with migrant background hold an university degree, compared to approximately 30% of nationals. Disparities between native-born people and those with migrant background having tertiary education raise issues of inequalities in access to employment. Consequently, children with migrant background face two times higher risk of poverty than children with native-born parents (Eurostat). Children with at least one foreign-born parent were at higher risk of poverty (17.5 pp higher), the greatest disparities have been observed in Belgium (+ 28.5 pp), Spain (+ 29.5 pp), Sweden (+ 29.9 pp) and France (+ 30.3 pp). Disparities are even wider when it refers to Roma children. Evidence shows that 90% of them live in households below the national poverty threshold and approximately 40 % of Roma children experience malnutrition or hunger having severe consequences

¹⁷ Eurostat

¹⁸ Eurostat, Migrant integration statistics – labour market indicators

on child's health and development, as well as educational attainment and employment competitiveness in adulthood.¹⁹

Child poverty is a major social concern preventing optimal early childhood development, which remains challenging for children from vulnerable groups such as ethnic minorities, migrants, children with disabilities. Deep and generational poverty experienced in the earliest years of life, results in higher exposure to hunger, malnutrition, poor health, both physical and mental. Moreover, it raises the issue of adequate child protection against human rights violation strengthening their vulnerability to poverty and social exclusion.

The 2020 Marmot Review highlights the effects of poverty and material deprivation on early childhood development, providing evidence about the poor conditions in which many children live and grow, and the growing rates of child poverty and the social and economic disparities they are facing since 2010. Widening health inequalities have long-term negative consequences for these children, their families and communities. Therefore, reducing child poverty is an imperative for promoting equal opportunities and achieving equity in society.

“Child poverty is not an inevitability, but largely the result of political and policy choices in areas including social protection, taxation rates, housing and income and minimum wage policies.” (Marmot Review: 10 Years On)

Living at risk of poverty and deprivation is not without consequences for child health and well-being, especially in the first years of life characterised by intensive physical growth and cognitive development. The 2020 Marmot Review sends an alarming message to policy makers and society about child abuse, neglect and domestic violence under different forms or placement in childcare institutions, which can lead to severe chronic illness, such as heart and lung disease, hypertension, diabetes or even cancer. Mental health disorders can also be due to adverse childhood experiences, highly influenced by poverty, job insecurity, deprivation and social exclusion.

Wherefore, early childhood development requires strong child protection systems and social and family support services, which is fundamental for preventing further disadvantage in adulthood. Providing children with better opportunities to grow in a safe and healthy environment needs a number of actions to eradicate poverty and offer better support to families living in deprivation. Single parent households, migrants, ethnic minorities and other vulnerable groups must be offered specific measures proportionate to the risks and challenges they face.

Reducing funding for social services targeting vulnerable groups and families has adverse effects on the process: the Marmot Review has shown that decreasing funding for family services also generates increases in child poverty. Raising children in poverty and deprivation is not only harmful for early childhood development and child's health but also influences other social outcomes, harming our wider societies and economies. Furthermore, leaving behind entire communities of people with migrant background, ethnic minorities, and disabilities should not be tolerated across the European Union which promotes values of equality and social fairness. Europe should better protect its children to ensure they grow up in the best conditions for realizing their full potential.

The Marmot Review recommendations are valid not only for England but also for EU Member States where many children live in disadvantage:

¹⁹ Poverty and employment: the situation of Roma in 11 EU Member States, FRA 2014: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-roma-survey-dif-employment-1_en.pdf

“Comprehensive whole-systems approaches that take effective and sustained action on the causes, prevalence and impacts of ACEs [adverse childhood experiences] and impacts of deprivation across all of children’s frontline services is necessary to improve health, reduce inequalities in health, prevent the transmission of disadvantage and inequality across generations and improve the quality of life of children, young people and adults”.

Increasing social investment in early childhood development is a crucial and indispensable phase of a process for preventing further human and financial costs generated by health inequalities across Europe.

3. Access to quality education - a strong factor for reducing inequalities in society

Access to education is a fundamental right guaranteed by European and national legislations aiming to insure better protection of children's rights across the European Union. Article 14 of the European Union Charter of Fundamental Rights stipulates that "everyone has the right to education and to have access to vocational and continuing training. This right includes the possibility to receive free compulsory education."²⁰

Equal access to quality education is essential for building sustainable, inclusive and equitable societies and economies and is a major driver for combating poverty and social exclusion across Europe. This human right is indispensable for the empowerment of population groups pushed at the margins of society. It has a vital role to play in ensuring women's rights protection, protection against discrimination as well as the realization of multiple social and economic rights which are particularly relevant for achieving a positive change in health inequalities.

Despite existing national policies and legally binding instruments aiming to ensure equal access to quality education for all, many children still face barriers in access to education and cannot fully enjoy their rights. Certain social and economic groups often experience less access to education, which is both a driver and a result of their vulnerability. Some face particular vulnerabilities within national education systems which correlates with other social and economic disadvantages.

The Marmot Review emphasises the relationships between socio-economic factors and educational attainment and their impact on health. Social and economic disparities experienced by pupils and students have long-term effects in terms of quality of work, income, health and can lead to generational poverty and material deprivation. They affect parents and children from the earliest age of their life and define children's access to quality education and educational achievement. Social and economic disparities generate a gap in education which, according to the 2020 Marmot Review, tends to widen in primary and secondary school leaving the affected pupils with less opportunities to achieve tertiary education. In parallel, school drop-out can be observed, which is also a result and a driver of inequalities. Children from socially disadvantaged families are more likely to leave school prematurely and face school exclusion. The findings of the Marmot review have demonstrated, since 2010, a significant rise in school exclusions in both primary and secondary schools affecting children in disadvantaged socio-economic situations, in particular, resulting in poor social outcomes. Children with disabilities, ethnic minorities, and migrants are more likely to be affected by educational disparities, school drop-out and school exclusion compared with those in better social and economic situations. Ethnic groups such as Bangladeshi, Chinese and Indian children face two times greater risk to leave school because of exclusion than "white British children". Pupils from other ethnic groups are also concerned by such disparities, in particular Black Caribbean, Gypsies, Roma and Travellers and those having a mixed background.

In the EU-27, Roma are particularly disadvantaged in accessing quality education and enjoy less protection of their right to education. Roma pupils experience more often generational and deep poverty and social exclusion which manifests itself in different forms, including ethnic segregation in schools, preventing equal access to quality education. Furthermore, the placement of Roma children in schools for mentally disabled students is a common practice in many Europe-

20 <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:12012P/TXT&from=EN>

an countries, depriving them of the opportunity to realize their full potential through adequate learning opportunities and improve their social and economic conditions. Despite having been declared illegal by the European Court of Human Rights, which concluded that ethnic segregation in schools is discriminatory and violates Roma children's right to education, ethnic discrimination in school persists in many European countries. It causes severe consequences for the social and economic rights of Roma and further contributes to their higher vulnerability to poor health.²¹ The European Commission has initiated infringement procedures against Czech Republic (2014), Slovakia (2015) and Hungary (2016) for ethnic segregation to which Roma children are subjected in these countries.²² Nevertheless, there is not a significant progress in combating ethnic segregation widening the gap in education between Roma and non-Roma.

Children with disabilities are another category experiencing higher exposure to inequalities in education. Access to quality education remains a major concern and the persistent lack of adequate learning opportunities provided by highly qualified staff is widening across Europe. A recent European Commission report revealed that children with special needs in education have less opportunities to secure high-level education, and consequently are more vulnerable to employment precariousness, poverty and exclusion. Approximately half of disabled persons in the European Union experience unemployment - this is particularly concerning in Hungary where only 24% of people with disabilities are legally employed.²³

Children with disabilities face different challenges in accessing quality education because of the accessibility and availability of adapted settings and qualified staff. Although inclusive education is greatly promoted by the European Institutions, it requires higher costs compared to mainstream educational settings, including investment in infrastructure, facilities and learning opportunities. Effective in-school support for children with disabilities is needed to provide them with quality education and learning, which rises the costs for mainstream schools, including provision of specialised staff, as well as additional educational and psychological support for disabled children, who are often exposed to discrimination and harassment in school.

Access to education of disabled children has been fully integrated into the European Disability Strategy²⁴ 2010-2020 establishing a policy framework for inclusive education aiming to increase the protection of children with disabilities and safeguard that they have equal access to education and training. However, as education is a Member State competence, the outcomes in inclusive education vary considerably due to the differences in national educational policies and systems. Therefore, inclusive education providing equal opportunities for all, regardless of ethnic, social, economic and health status remains an unreached goal across Europe.

21 Case of Lavidia and others v. Greece (Application n°7973/10)

22 Roma and the enforcement of anti-discrimination law, EC, DG Just, 2017

23 Access to quality education for children with special educational needs, European Commission 2018

24 European Disability Strategy (2010-2020): <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=LEGISSUM%3Aem0047>

4. Ensure a healthy standard of living for all

Income and financial resources are essential conditions for maintaining good health status because they define an individual's capacity to afford decent housing, healthy nutrition, and to some extent - access to timely and quality healthcare and prevention services. Those on low incomes are more likely to be confronted by barriers in health, housing or education. Uneven distribution of resources increases still further the level of inequalities between socio-economic categories, exacerbating individuals and communities' vulnerability to ill-health.

The 2020 Marmot Review clearly shows that England is no exception. Between 2010 and 2020 levels of in-work poverty have risen, mainly due to low salaries, inflation, higher housing costs and cuts in social benefits provoked by austerity measures. The Marmot Review demonstrates that the most deprived households are those who suffered the most from austerity during the last decade. Similar trends have also been observed across EU Member States.

While inequalities between and within countries have been identified as a serious impediment to sustainable development, and are an essential goal of the 2030 UN Agenda for Sustainable Development, disparities in wealth distribution continue to widen across European countries. The poor results from policies to reduce poverty across Europe have led to a growing divide between European countries and upper and middle classes within countries. The process of impoverishment is highly influenced by unemployment and employment precariousness, the in-work poverty observed across the EU due to low wages, increased housing and accommodation costs and austerity measures affecting social protection systems and family benefits.

While many EU countries have introduced a minimum wage as a measure of employee protection, a guaranteed minimum salary remains impossible for Europeans living in Denmark, Italy, Cyprus, Austria, Finland and Sweden. Also, significant disparities can be observed between countries - national minimum wage rates vary between EUR 312 in Bulgaria to EUR 2 142 in Luxembourg.

In Latvia, Romania and Hungary national monthly minimum wages are lower than EUR 500 per month, reflecting the higher poverty rates recorded in these countries.²⁵ Often, the minimum wage does not provide sufficient resources to meet people's needs, especially for families with children, single parents or large families. To be efficient, the minimum wage should not only be guaranteed by national legislation but also fulfil certain conditions such as adequacy, price levels in the respective countries and provide sufficient resources to enable people to meet their needs in health, housing, education and lead healthy lives. Adequate minimum wage rates strongly depend on social and economic factors such as labour market participation, the economic situation of the country, but also on household composition. According to a report²⁶ commissioned by the European Commission the sectors with high concentration of minimum salaries are accommodation and food services (16%) followed by agriculture (15%), a sector where inequalities are frequently observed, including higher risk of employment precariousness.

Principle 6 of the European Pillar for Social Rights stipulates that "workers have the right to fair wages that provide for a decent standard of living." Adequacy of minimum wages should correlate with workers' needs according to economic and social situations in each respective country. Adequacy of minimum wage must

²⁵ https://ec.europa.eu/eurostat/statistics-explained/index.php/Minimum_wage_statistics#General_overview

²⁶ Minimum wages in 2020: Annual Review, Eurofound 2020: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20005en.pdf

also prevent in-work poverty, which has increased from 8.3% in 2010 to 9.6% in 2016 with highest rates observed in Romania (18.9%), Greece (14.1%) and Spain (13.1%).²⁷ Nevertheless, the lack of common provisions for a fair, sufficient and adequate minimum wage makes it difficult to set common EU framework for defining national minimum wage which can contribute to prevent further growth of socio-economic divide across the European Union.

The need for an adequate minimum income has also been acknowledged at European level as a minimum guarantee for a decent life and protection against poverty and deprivation for all. Its universal character provides a concrete measure to reduce inequalities caused by the lack of, or low, income, so that people can cover their basic living costs related to food, accommodation, clothes etc. Guaranteed basic income schemes have been introduced in France and Spain, for example, as an important tool to combat poverty and social exclusion, providing financial security and stronger social protection for those in need. A basic income plays a crucial role in redistributing wealth and resources promoting solidarity between socio-economic groups and is a step towards social justice. It has direct effects on macro-economy mitigating the impact of economic and social crises on the most vulnerable. A basic income provides economic stability by generating additional financial resources allowing people to meet their basic needs.

Despite their proven positive economic and social effects, some Member States have not taken actions to introduce a basic income into national social protection systems. Furthermore, in countries where a basic income exists, some social categories can still be excluded from this measure. Despite its universal character, a basic income requires people to fulfil some administrative procedures and reply to some conditions such as having a postal address, which in practice prevents those with no fixed abode or postal address from benefitting from this social safety net.

Consequently, such solidarity instruments should be structured in a way to be inclusive and accessible for all, in order to reach all beneficiaries at risk of social exclusion. Improving the accessibility of basic income schemes automatically increases their effectiveness and the positive benefits for societies and economies as well as for many communities particularly affected by inequalities in wealth.

²⁷ Eurostat, In-work poverty in the EU

5 Create and develop healthy and sustainable places and communities

Inequalities in income provoked by social and economic factors have implications on access to housing and housing conditions as a whole and, at the same time, they contribute to further increase such gaps. Disparities in housing are profound and persistent regardless of an individual Member State's economic and social progress. People with lower financial resources, especially those at risk of poverty have less opportunities to access and maintain quality housing corresponding to the composition of their households and needs.

Widening disparities in income lead to issues concerning the accessibility and affordability of quality housing and accommodation for certain socio-economic and population groups. Gaps in housing disproportionately affect ethnic minorities, including Roma; homeless people; people with disabilities; single parents and women demonstrating a clear link between access to housing and risk of poverty and social exclusion.

At the same time, the systemic character of inequalities both in income and housing impacting communities' health raises issues from a human rights perspective, related to adequate protection of those in vulnerable situations. The correlation between disparities in housing and some social factors, such as age, sex, ethnicity, and disability etc. push further the reflection about persistent discrimination against certain population groups. It also shows that reducing gaps in housing requires strong political measures targeting vulnerable population groups and policy solutions aiming to guarantee their protection against discrimination in access to quality housing.

A new report released by FEANTSA and Fondation Abbé Pierre shows that 700,000 people in the European Union experience homelessness - a 70% increase compared to 2010²⁸ demonstrating the severity of the housing crisis across Europe. This is one of the most extreme forms of deprivation and exclusion where for many reasons, securing housing is not possible for entire households and communities.

The reasons for this social and economic issue are complex and go beyond poverty itself. The loss of housing may be caused by the loss of income but also can be provoked by ill-health. Often, poor physical and mental health is a factor exacerbating individuals' vulnerabilities to unemployment and employment precariousness and result in less opportunities to maintain and afford decent housing. Moreover, discrimination in access to housing becomes more and more frequent across Europe amongst ethnic and religious minorities, people with migrant background, those with disabilities, single parents. Spatial segregation as a form of ethnic discrimination also prevents individuals and communities from accessing quality housing. Consequently, housing becomes a crucial social determinant of health and a component of health inequalities and vulnerability to poor health.

As stated in the FEANTSA report, homelessness affects certain vulnerable groups and takes different forms according to physical, social and legal dimensions of the issue. FEANTSA proposes a classification including four main forms: "rooflessness, houselessness, living in insecure housing" and the lack of decent housing and identifies four main categories of people that can be affected: roofless people with no access to housing at all; homeless people who have access to temporary and emergency shelters; people in insecure housing - those facing a threat of immediate eviction. The fourth social category concerns people experiencing substandard housing conditions provoking multiple health risks and

²⁸ Fifth overview of housing exclusion in Europe, FEANTSA and Fondation Abbé Pierre, 2020

environmental burdens. Common characteristics of all the mentioned categories are obstacles concerning the accessibility, availability and affordability of housing and accommodation.

According to the European Committee of Social Rights defines affordability of housing depends on the capacity of concerned households to cover the related living costs (monthly rent, bills and charges) without being deprived of minimum standards of living. However, this is not achievable for many Europeans, who face disproportionate housing costs compared to their income. Increased housing costs have been recorded in European countries, resulting in lower accessibility and affordability of decent housing. This issue concerns two out of five people in Greece, one in five in Bulgaria, and one in six in Denmark and Germany, according to Eurostat. In 2018, 17.1 % of the European population lived in overcrowded dwellings with 4.3 % exposed to severe housing deprivation,²⁹ which is a result of affordability and accessibility of adequate housing corresponding to the households' compositions. The highest rate was recorded in Romania (46.3 %) illustrating the barriers in access to decent housing - having a sufficient space for living being a key indicator for assessing its quality. As stated in the 2020 Marmot Review a similar situation has been observed in England where housing costs have notably risen since 2010, with a greater impact on the most vulnerable and disadvantaged households and communities.

Although the overburden caused by housing costs concerns many social and economic groups, they have severe consequences for those who already experience deprivation, including in-work poverty.³⁰ Housing cost overburdens affecting households at risk of poverty have increased in most of the Member States in the last ten years reaching 90% in Greece, 75% in Denmark and 50% in Bulgaria.³¹ As a result, the poorest households are those most concerned by overcrowded housing, with the highest rates being recorded in Romania (56.4 %), Slovakia (54.9 %), Bulgaria (48.7 %) and Poland (47.7 %).

The Marmot review shows that ethnic minorities are those most concerned by overcrowded housing in England reaching 30% of Bangladeshi households and 15% of Black Africans compared with only two percent of "White British households" affected by the lack of enough space for living.

In Europe, Roma are also disproportionately affected by non-decent housing, including poor housing conditions, spatial segregation, severe material deprivation and overcrowded housing, accommodating several generations and large families. Poor infrastructure, including access to clean water and sanitation, lack of paved streets, pavements and traffic regulation in segregated areas deprive Roma of adequate living conditions. Roma settlements often lack basic public services such as regular rubbish collections, safe connection to electricity power grids, or public transportation, leading to severe risks of domestic accidents, epidemic outbreaks and communicable diseases. The lack of adequate and safe living conditions makes them greatly vulnerable to poor physical and mental health, contributing to 10-15 years shorter life expectancy compared to the non-Roma population.³²

Poor housing conditions have a direct influence on an individual's access to

²⁹ Eurostat, Housing statistics, 2018: https://ec.europa.eu/eurostat/statistics-explained/index.php/Housing_statistics

³⁰ Housing inequality in Europe Tackling inequalities in Europe: the role of social investment, Council of Europe Development Bank, 2017

³¹ European Index for housing exclusion, FEANTSA, 2019

³² Health status of the Roma population Data collection in the Member States of the European Union, EC, 2014: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/2014_roma_health_report_es_en.pdf

healthcare, prevention services, childcare and education, job opportunities – pivotal factors for reducing health inequalities. The 2020 Marmot Review has shown a clear relationship between poor housing, including substandard living conditions and poor health. If some improvements have been noticed in England over the last decade, there are still a large proportion of households living in poor housing conditions, mainly in the private sector, with overcrowded housing, damp, condensation or mould responsible for multiple chronic diseases, with long-term effects on individuals' and communities' health. Moreover, poor and overcrowded housing creates favourable conditions for the transmission of communicable diseases and infections and is associated with higher mortality rates.³³ Poor housing conditions, including damp and overcrowded housing also contributes to mental health conditions such as stress, depression and anxiety as well as the feeling of powerlessness and loss of control over life.

Non-decent housing has devastating effects on children, especially in the first years of life when physical growth and mental development are particularly intensive. Children living in overcrowded homes are deprived of adequate space for living, playing and learning activities; they become more vulnerable to poor physical and mental health and have less chances to achieve their full potential at school.

Efficient policy measures for making quality housing affordable and accessible for the most disadvantaged groups are therefore an imperative for both reversing the trends of poor health of vulnerable groups and reducing social inequalities. The EU does not have legislative competences in the field of housing; national governments are responsible for the design and implementation of their respective housing policies. However, the similarity of challenges faced across Member States require a common approach and joint efforts to resolve the housing crisis, including improving the availability, accessibility and affordability of decent and adequate housing, with a specific focus on socially-disadvantaged and vulnerable groups susceptible to housing inequalities, housing insecurity and homelessness. The European Union can provide significant support to Member States through an inclusive and comprehensive policy framework and programmes to address common challenges faced by European countries.

Social housing, greatly promoted by the EU policy makers appears to be an adequate solution to the housing crisis. Article 34 of the Charter of Fundamental Rights of the European Union recognises the major role of social housing in eradicating poverty and social exclusion and such measures can further contribute to reduce inequalities within and between European countries. However, it still raises questions of availability and accessibility, especially for those in vulnerable situations as well as the limited role of the European institutions in this area.

Tackling health inequalities through decent housing requires also actions aiming to address environmental burdens and pollution which worsen individuals' and communities' health. In 2010 the Marmot Review called on policy makers to implement actions to mitigate the effects of climate change due to their proven links with health and social inequalities. The most disadvantaged communities are the most exposed to environmental burdens, such as air, ground and water pollution, often associated with poor living areas and housing conditions. Less capacity to afford quality housing pushes socially-disadvantaged groups and people with low incomes to areas with unfavourable conditions, closer to industrial zones or farms where the inhabitants are more frequently exposed to multiple types of pollution, harming child and adult health.

According to the World Health Organization increased global air pollution levels are leading to the premature death of approximately 7 million people each year,

³³ Ministry of Housing, Communities and Local Government. English Housing Survey Headline Report, 2016 to 2017. MHCLG; 2018

from pulmonary and cardiovascular disease, cancer, and other chronic diseases, respiratory infections, including pneumonia.³⁴ Reduced access to quality housing, health and prevention services, as well as the more harmful living conditions experienced by vulnerable groups, environmental burdens such as air, ground and water pollution have stronger effects on disadvantaged communities, further increasing the health risks they face. Acknowledging their specific vulnerability to environmental burdens will contribute to effectively addressing the level of inequalities they face in terms of health, housing conditions and living environment and mitigate the impact of climate change on them.

6. COVID-19 and health inequalities across Europe

The Marmot Review was released a few weeks before the COVID-19 pandemic was declared in Europe. The report showed that low commitment to reduce health disparities by addressing holistically social determinants of health leads to increased vulnerability of societies and economies. The unprecedented pandemic and its stronger social and economic effects on the most vulnerable have perfectly illustrated the consequences of poor policy commitment to tackle public health, and the social, economic and human rights issues causing health inequalities.

Vulnerability to ill-health, including non-communicable diseases, access to health and social protection services, substandard living conditions, greater exposure to pollution are pre-existing conditions increasing the particular vulnerability of certain population groups to the health, social and economic impact of COVID-19. Those already experiencing different forms of inequalities such as poverty and social exclusion, reduced access to education, ill-health, or worse housing and living conditions, enjoyed lower protection against COVID-19 and have been hit the hardest by the pandemic's socio-economic effects.

A review³⁵ released in June 2020 by Public Health England showed significant disparities in the risk and outcomes from COVID-19, which reflect health inequalities as a whole. The review revealed that those living in deprived areas in England faced higher risks of fatalities from COVID-19 compared to those living in better conditions, or from higher socio-economic groups. The pandemic caused more fatalities in the most deprived regions where the recorded death rates were two times higher compared to the least deprived areas, and this trend is observed in both genders. Public Health England's analysis also demonstrated that COVID-19 mortality rates were highest among people from Black and Asian ethnic groups; people with a Bangladeshi ethnic background faced risk of death two times greater than people of "White British ethnicity". People of Chinese, Indian, Pakistani, other Asian, Caribbean and other Black ethnicity face between 10% and 50% higher risk of death compared with "White British". The greater mortality rates observed among "Black, Asian and Minority Ethnic groups" compared to "White" ethnic groups is a result of existing health inequalities experienced by such groups, underlined in the 2020 Marmot Review.

In the same way, in EU Member States population groups already vulnerable to ill-health faced higher vulnerability to COVID-19 in terms of public health, and the social and economic consequences of the pandemic. The report released by the Fundamental Rights Agency addressing the fundamental rights implications of COVID-19 in EU Member States, confirmed that vulnerable groups were the

³⁴ <https://epha.org/wp-content/uploads/2018/07/Clean-air-briefing.pdf>

³⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

most severely hit by the public health crisis.

Roma people have been particularly at risk due to substandard living conditions and overcrowded housing, accommodating large families increasing the risk of proliferation of the virus. The lack of clean water and sanitation in a high number of Roma households was a major barrier for many seeking to protect themselves against COVID-19, with the highly recommended measure of washing to control the virus spread, being difficult to implement. Lockdowns of Roma settlements, with police checkpoints at their entrance have been reported in many Eastern and Central European countries, raising issues in terms of equality and human rights protection. Such measures, adopted by national authorities as an action to prevent the virus spread, restrict access to and from Roma settlements and limited access to quality and timely healthcare during the pandemic. Roma continue to face poor housing conditions, environmental discrimination, poor or lack of public services such as regular rubbish collections, clean water and sanitation, raising the question of adequate protection against COVID-19 and equal access to preventive measures. In a joint statement, the EU Commissioner for Equality, Helena Dalli and Marija Pejčinović Burić, Council of Europe Secretary General stressed the particular vulnerability of Roma communities in Member States and the need for urgent measures to ensure their protection in COVID-19.³⁶ The Council of Europe Secretary General expressed her deep concerns about some of the measures adopted by many EU Member States “that could result in further compromising the human rights of Roma and hampering their equitable access to the provision of basic public services, most importantly health care, sanitation and even fresh water.” Commissioner Dalli called for stronger efforts to ensure “equal access to the basic needs” to protect Roma against the COVID-19 outbreak and tackle the additional challenges that Roma can face.

Experiencing greater vulnerability to poor health, housing, poverty and exclusion, people with disabilities have also been deeply impacted by the pandemic because of the significant disruption of health and social services, limiting the access to the specific support on which they rely. Their greater exposure to ill-health increases the effects of reduced accessibility of health and prevention services as health systems concentrated on their response to COVID-19. Pre-existing health conditions, reduced access to healthcare, higher risk of poverty and exclusion further increase the risk of complications and mortality caused by COVID-19 among people with disabilities. Poor accessibility of public health information and mainstream public health protection measures, as well as the capacity of public health authorities to adapt such measures to the needs of people with disabilities and implement specific actions targeting this vulnerable group is another example of the way in which people with disabilities have been adversely affected.

Homeless people, already experiencing less protection against communicable diseases due to the lack of decent living conditions, access to clean water, hygiene products etc. are another group facing particular risks of contracting the virus. FEANTSA criticised the reduced opportunities for homeless people to protect themselves as “staying at home was not an option for homeless people.”³⁷ Many of the mainstream protection measures aiming to control the epidemic’s spread such as confinement and self-isolation, hand-washing, increased hygiene

³⁶ 8 April, International Roma Day: “Step up human rights protection for Roma and guarantee their access to vital services during COVID-19 pandemic” - statement, Council of Europe, 7 April 2020: https://www.coe.int/en/web/portal/-/8-april-international-roma-day-step-up-human-rights-protection-for-roma-and-guarantee-their-access-to-vital-services-during-covid-19-pandemic-?fbclid=IwAR0zznGjlsLsEoTEDish6Lh8hoCr8CaXmNZ-rU-L4sw-GrlcE3vOI_F8oQuQ0

³⁷ COVID-19: “Staying Home” Not an Option for People Experiencing Homelessness, FEANTSA, 18 March 2020: <https://www.feantsa.org/en/news/2020/03/18/covid19-staying-home-not-an-option-for-people-experiencing-homelessness?bcParent=26>

and physical distancing were not achievable for homeless people. Sleeping rough or staying/living in temporary or emergency shelters increased their exposure to the risk of transmission. Homeless people are one of the groups facing disproportionate health inequalities, including disabilities making them a high-risk category requiring stronger protection against COVID-19.

Children have also been deeply affected by the social and economic consequences of the pandemic, limiting the access to education and early childhood development services for many vulnerable children. Attending online classes was not possible for thousands of children at risk of poverty, whose parents were unable to afford the equipment necessary to have lessons at home. This issue exacerbated the inequalities faced by vulnerable children and will have long-term implications on their access to quality education and employment opportunities in adulthood. The Alliance for Investing in Children³⁸ underlined the specific social and economic consequences for children, especially those in vulnerable situations and called for immediate measures to protect them and mitigate the increased risk of poverty and social exclusion they face during the pandemic, and in the long-term. In addition to the social and economic effects, children and women have been exposed to increased risk of domestic violence and lower access to measures aiming to ensure adequate and timely child protection, which will have specific long-term mental health impact on children.

The pandemic influenced many of the social determinants of health, exacerbating existing inequalities between and within Member States. COVID-19 has greatly impacted the lives of numerous people across Europe, but has had disproportionate effects on vulnerable groups, when it comes to health and social protection, labour market participation and human rights as a whole. It has threatened the emergence of economic recessions in Member States through loss of income, reduced labour market participation in many sectors, increasing unemployment and employment precariousness for many due to the reduction in economic activities. Consequently, increased poverty rates will impact individuals' and communities' capacity to access and afford timely and quality healthcare and prevention, afford quality housing and maintain good living standards.

Conclusion

The "Marmot Review: 10 Years On" demonstrates that health inequalities persist in England and concern mainly socially-disadvantaged groups. The report confirms the growing divide between population groups in England, which remains far from reaching the recommendations to advance social justice and health equity made in the original review 10 years earlier. Declining population health and widening health inequalities in England provide evidence of major issues existing in society failing to ensure the social and economic protection of its poorest and most vulnerable members.

Similar issues have been observed in EU Member States where the most disadvantaged members of society remain greatly exposed to health inequalities. Disparities between different socio-economic and population groups continue to rise, which is a worrying sign of worsening population health and the little progress achieved in social fairness.

³⁸ <https://epha.org/wp-content/uploads/2020/04/eu-alliance-statement-covid19-crisis-16-april-2020.pdf>

In England, as well as in EU Member States vulnerable groups, including ethnic minorities have been particularly hit. Poor policy commitment to combat inequalities in health through national policies, have resulted in increased social and economic disparities, including increased child poverty. Austerity measures adopted in the last decade in England, but also in many European countries, poor investment in vulnerable groups and lower social protection have prevented people's needs in health, housing and employment being met, and their protection against poverty ensured. High child poverty rates, employment precariousness and in-work poverty, lower housing affordability leading to rise of homelessness of individuals and families, or lack of sufficient resources are severe obstacles to reducing disparities in health. Consequently, vulnerable groups have been deprived of equal opportunities to improve their living standards and lead healthy lives.

Disparities in health are “avoidable and preventable” as it has been demonstrated in Professor Marmot's initial review and the worsened health situation in England proves that policy makers have not been committed enough to close the gap between population groups in society leading to greater financial and human costs for the most deprived. Health equity has not been prioritised, health gaps have been poorly addressed and the situation of those who already experienced inequalities in health has got worse compared to 2010, which has been confirmed by the decline in life expectancy of women living in the most deprived areas.

According to the 2010 Marmot Review reducing health inequalities requires actions in pivotal policy areas, including good cooperation and coordination between policy makers. It proposed a strategy based on six pillars aiming to achieve a positive change in health by influencing its social determinants and putting equity and social justice at the heart of policy and decision making. Health equity has been identified as a crucial indicator of societal well-being and social progress but also as a prerequisite for creating sustainable societies and economies. It depends on many factors beyond the health sector and can be achieved through stronger policy commitment addressing social determinants of health, including improved access to healthcare. Strengthening the health system with a specific focus on those who are disproportionately affected by health inequalities is a critical step towards better health protection but actions to less health inequalities should not only be focused on improving public health systems.

The 2020 Review reiterates the earlier recommendations calling on policy makers to create an “ambitious and world-leading health inequalities strategy” that can positively impact people's lives, which could equally apply to EU Member States. Developing a strategy and concrete action plan, including qualitative and quantitative indicators for social determinants of health, monitoring mechanisms and accountability is a required measure for achieving a real impact on health equity and social fairness across Europe. Such measures will improve the results in economy, environment and social cohesion but also resolve many social issues such as child poverty and deprivation through stronger investment in vulnerable population groups from the earliest years of life.

Reducing inequalities in early childhood development diminishes the exposure to adverse child experiences, having a direct influence on physical and mental health in adulthood. Furthermore, early interventions work towards reducing child poverty, reaching fairness in employment and housing which will increase opportunities for people to lead healthy lives. Closing the gap in education will

also lead to improvements in employment, poverty reduction, workforce and the economy as a whole.

Creating healthy environments will mitigate the effects of climate change which also disproportionately affect the most vulnerable members of society. Furthermore, the strategy for reducing health disparities must include actions in housing, housing conditions being a major factor for maintaining good health status. Specific measures must be taken concerning those who already experience disadvantages in access to affordable quality housing proportionate to their household compositions and needs.

Making health equity and social fairness core principles of all relevant European and national policies contributes to boosting social progress and economic growth as well as supporting the creation of sustainable societies and economies where everyone can enjoy good health and well-being, regardless of their social status. In the context of the economic recession and public health concerns provoked by the COVID-19 pandemic, a common European strategy and action plan addressing social determinants of health, focusing on the health, economic and social protection of vulnerable groups, is particularly required to prevent a further increase of inequalities as well as building the resilience of Member States against new social and economic crises.



EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA)

Rue de Trèves 49-51 • 1040 Brussels (BELGIUM) • +32 (0) 2 230 30 56 • <https://epha.org/> • epha@epha.org