

The European Pillar of Social Rights:

A key vehicle to improving health for all



"I believe it is high time that we reconcile the social and the market in today's modern economy. This is why I will put forward an action plan to fully implement the European Pillar of Social Rights."

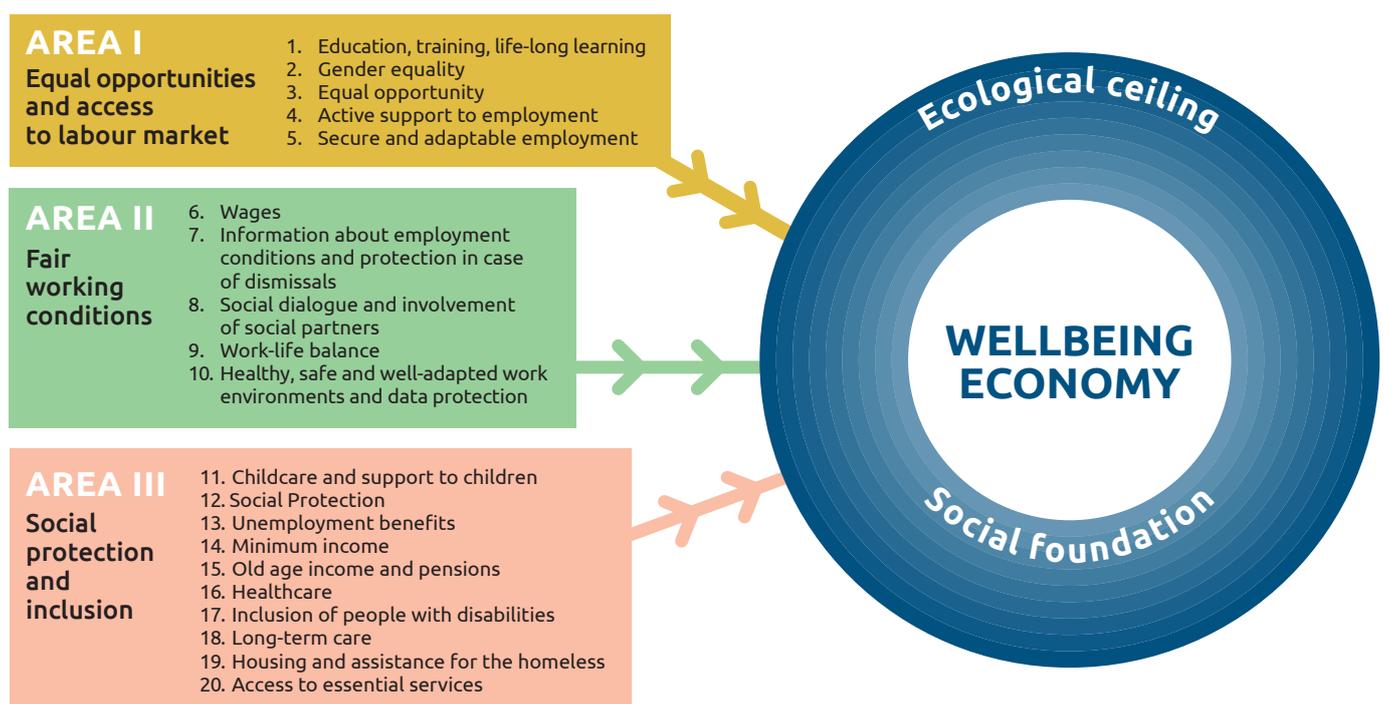
EC President von der Leyen, Political Guidelines for the Next European Commission 2019-2024¹

What is the European Pillar of Social Rights?

The European Pillar of Social Rights (EPSR) sets out numerous key principles and rights to support fair and well-functioning labour markets and welfare systems, and more resilient economic structures across the EU, its Member States, and regions. It is accompanied by a 'Social Scoreboard' that tracks trends in Member States' performance and allows for cross-country comparison across 12 key indicators linked to the principles, on e.g., formal childcare, at-risk-of-poverty or social exclusion rate, and self-reported unmet need for medical care².

The European Commission (EC) has committed to launching an Action Plan that will set out essential policy actions and initiatives needed to implement the EPSR. This has the potential to lead not just to a more social and sustainable Europe, it can also reduce health inequalities, and contribute to a stronger European Health Union that promotes and protects the health of everyone.

The 20 key principles in the Pillar are structured around three areas: (1) Equal opportunities and access to the labour market; (2) Fair working conditions; and (3) Social protection and inclusion.



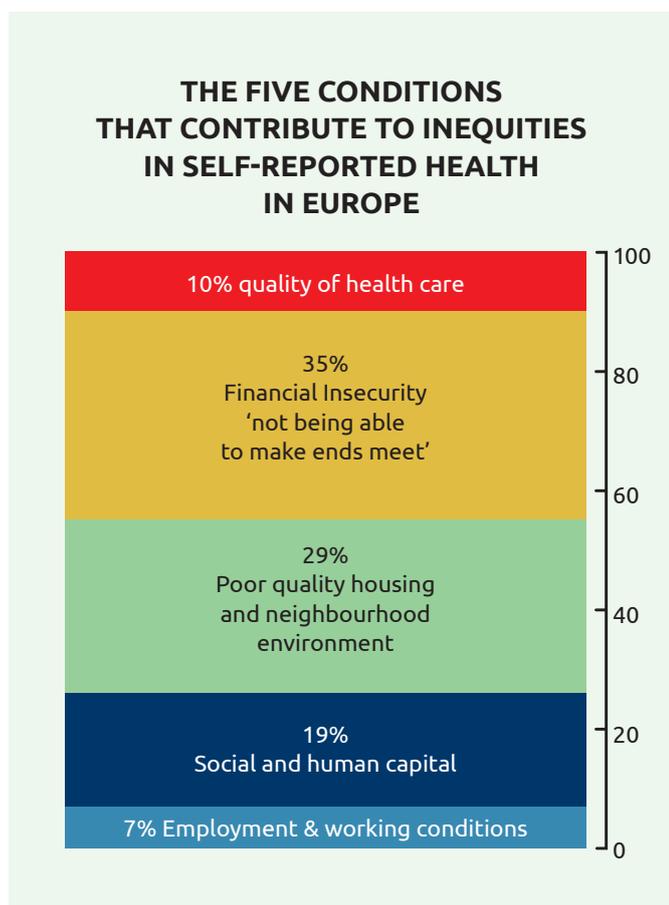
The EPSR and the Action Plan are linked to the European Semester process, which is the EU’s annual cycle of economic and social policy coordination³. This process is in turn connected to the EU’s attainment of the Sustainable Development Goals (SDGs), and post-pandemic recovery plans and funds. EU Institutions are increasingly recognising the interplay between social, health and economic policy, and encouraging Member States to reform their social and healthcare systems, and to invest in people and in fairer societies. Such reforms are essential for a ‘just’ or fair recovery and transition towards greener, more sustainable and resilient economies⁴.

The Social Scoreboard will help to detect key problems emerging and where action is most needed.

... AND WHAT DOES IT MEAN FOR HEALTH AND HEALTH INEQUALITIES?

The EPSR is a crucial tool to address health inequalities - the unjust and avoidable differences in health between population groups. WHO Europe⁵ has calculated that 90% of health inequalities can be explained by financial insecurity, poor quality housing, social exclusion, and lack of decent work and poor working conditions. These are the exact areas that are also covered by the EPSR. Access to quality health care is key, but only accounts for about 10% of differences in health status across different socio-economic groups.

Health inequalities reflect how large numbers of people are being denied their right to good health, and to more quality years of life. They also come at a great cost to the EU, estimated at €980 billion per year in lost productivity and social costs⁶. While inequalities in health exists in all countries, gaps vary depending on the social and economic policies and measures put in place. This shows that it is possible to reduce health inequalities by reasonable means⁷.



A PILLAR FOR HEALTH

Health and social policy are strongly interlinked. The EPSR can therefore also be considered a Pillar for Health. All principles, including but also going beyond principle 16 on access to health care, affect health equity and ensure more resilient and healthy societies. This is in line with Article 168 of the Treaty on the Functioning of the European Union, that ensures a “high level of human health protection (...) in the definition and implementation of all Union policies⁸”.

How can the principles in the Social Pillar be implemented in ways that also improve health outcomes, particularly of those being left behind?

AREA I: Equal opportunities and access to the labour market

More action is needed to ensure societies are structured in fairer ways that enable everyone to achieve their full health potential and to participate in an economy of wellbeing⁹.

PRINCIPLE 1: EDUCATION, TRAINING AND LIFE-LONG LEARNING

There are large differences in equity in education between and within EU Member States¹⁰. These differences impact people's capacities to acquire information and act on it in ways that improve their physical and mental health, and to have rewarding work. Prioritising quality early childhood education and care, and improving teaching quality in schools –and doing so in ways that benefit disadvantaged populations in particular– are key to achieving more equal opportunities. Action is also needed to integrate more physical and mental health related initiatives in school curricula, to enhance concentration and learning outcomes.

PRINCIPLE 2: GENDER EQUALITY

While women live longer, they spend fewer of those years in good health¹¹. Women are more financially vulnerable than men. This is in part due to structural discrimination, social norms where women are primary carers, the undervaluation of caring professions, and pay and pension gaps¹². These factors in turn affect child health and development outcomes. Actions are also needed to address structural discrimination so that women have more influence on the factors that shape their lives, in ways more aligned to their values and experiences.

AREA II: Fair working conditions

For most individuals, work is not just a source of income, it also shapes their identity and their lives. Investments are needed to ensure work is financially and psychologically rewarding, and that workplaces support people's physical and mental health.

PRINCIPLE 9: WORK-LIFE BALANCE

The right to adequate, paid family leave, flexible working arrangements and access to childcare services benefit health and wellbeing of employees as well as their family members. There's a positive correlation between the right to and uptake of paid family leave on maternal health (e.g., reduced risk of post-partum depression) and child health (increased breastfeeding rate, reduced infant mortality¹³). Measures that enable mothers to work, and their children to attend good quality day care, can lead to better child development¹⁴. Improving work-life balance also leads to higher productivity and less sick leave amongst working parents.

PRINCIPLE 10: HEALTHY, SAFE AND WELL-ADAPTED WORK ENVIRONMENTS AND DATA PROTECTION

Poor working conditions lead to ill mental and physical health, and reduce employment and productivity levels. Some 200,000 deaths per year relate to work-related illnesses in the EU¹⁵. Work is changing due to technological and digital innovations which bring new opportunities but also risks. The quality and security of many occupations is declining, while many in the workforce experience higher levels of mental strain. Those in low-paid, low-quality yet essential jobs, and certain disadvantaged groups (women, young people, migrants, older workers, those with pre-existing health problems) are at particular risk. Less than 10% of the European workforce has access to occupational health services in many states¹⁶. Common indicators to monitor the situation and invest in this area are important entry points to improve health and wellbeing.

AREA III: Social protection and inclusion

Being able to meet basic needs related to food, clothing, shelter, as well as access to preventative and curative health and social care when in need, are pre-conditions to health and wellbeing. Actions need to reflect this.

PRINCIPLE 12: SOCIAL PROTECTION

Social protection policies like unemployment benefits are key to keeping people out of poverty, which is devastating to health and wellbeing. Countries providing higher levels of minimum income benefits exhibit lower mortality rates¹⁷. Citizens of countries that spend more on social protection and investment policies also have better employment rates¹⁸. Social protection measures seem to improve everyone's quality of life since they generate a sense of safety and reduce income gaps between rich and poor, which has been linked to better outcomes for societies as a whole¹⁹.

PRINCIPLE 16: HEALTH CARE

Overall, people have good access to health care, but there are big differences between countries and between different groups of people in the extent of access²⁰. Those who are more vulnerable, like undocumented migrants, have more difficulties in accessing care, including health promoting services, in receiving good quality care, and in making co-payments²¹. Better indicators and more regular monitoring are needed to capture realities on access and quality of health care across the EU, and the extent of coverage. This will also enable countries to learn from each other on how best to structure health systems to promote health, and prevent and treat disease as effectively and efficiently as possible. Actions are needed i.e. on community health services, workforce shortages, including in public health, digital skills and health literacy.

PRINCIPLE 20: ACCESS TO ESSENTIAL SERVICES

Too often, essential services like housing, long-term care, pensions and childcare are underfunded and difficult to access. In addition, while such essential services address interlinked needs, they are poorly connected, rendering them inaccessible to those who need them most and reflecting a poor use of available resources²². More action is needed to design and implement people-centred approaches, that apply digital advancements to link services together to best address specific needs, including food, environmental, as well as active mobility and leisure.

Action Plan on the implementation of the European Pillar of Social Rights

People's health status, their social situation and economic conditions are closely interconnected. Investing in the realisation of people's existing social rights across the EU is the best way to ensure individual and economic resilience. An Action Plan on the Social Pillar's implementation must above all ensure a principle of proportionate universalism, which means implementing actions that are universal, at a scale and intensity that is proportionate to the level of disadvantage²³.

While the Pillar is 'Social', efforts to ensure its implementation provide crucial opportunities to also achieve health for all. The EPSR can therefore contribute to achieving economies centred more around people and their wellbeing²⁴.



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Building a healthier future for all by addressing the determinants of health and reducing inequalities
EuroHealthNet is the leading partnership for improving health, equity and wellbeing in Europe. It is a not-for profit association of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. EuroHealthNet's work focuses on policy, practice, and research. Its unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems. This document was published in November 2020

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