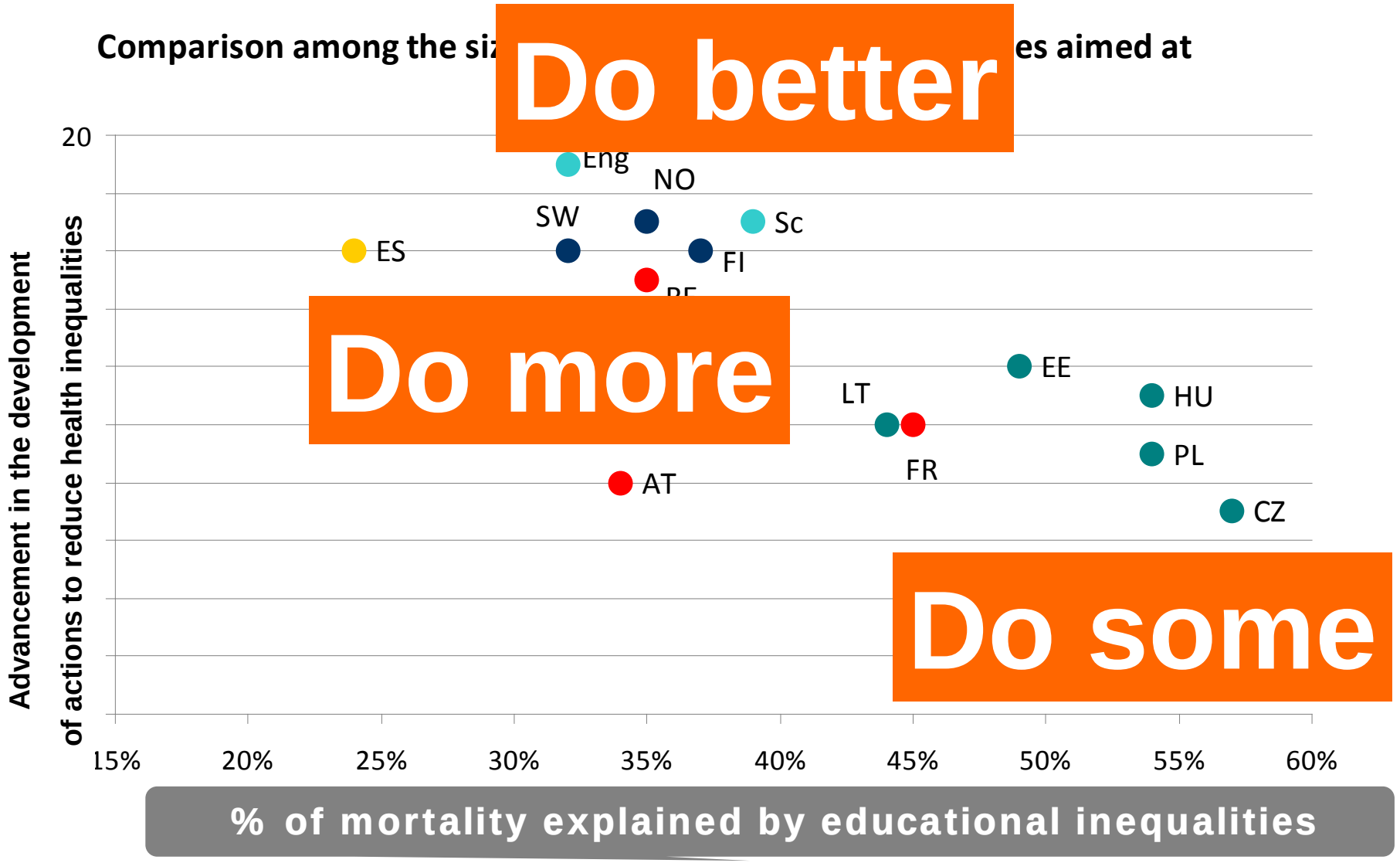
Proposal for the Joint Action on Health Inequalities (and Migration)

Giuseppe Costa

on behalf of the Italian consortium of the Joint Action

lead by the National Institute of Health (ISS)

The impact of health inequalities and the performance in tackling them in 21 European populations during the 2000s



http://www.euro-gbd-se.eu/fileadmin/euro-gbd-se/public-files/EURO-GBD-SE_Final_report.pdf

Background

- Persisting health inequalities (between and within countries)
- New challenges (recession and migration…)
- Available evidence on (distal and proximal) mechanisms and their avoidability
- Wide gap in Europe in terms of political response

Background

- The new Joint Action: joint effort of EC and MSs (resources, tool, expertise) (existing alliances and partnerships: global work, SDG, EU pillar of social rights…)
- Bringing together the available knowledge on what works and what does not to address both the distal (socio-economic) and proximal (lifestyle) determinants (even knowledge gaps)
- MS need to make an analysis of their capacity in tackling health inequalities, which the gaps are and what further action can be taken
- JA flexibly designed to enable MS with strong expertise in a specific area to support weaker MS that have chosen to work on that same topic

Aims

- help halting or moderating the rise of health inequalities in Europe (relative everywhere and absolute in the Eastern regions)
- encouraging decision makers to make the issue of health inequalities a priority in the public agenda
- implementing concrete local/national actions through practical guidance/examples for more experienced MSs

Needs for assistance (and how substantive WP will contribute)

- **Its not our concern** (evidence, description)
- **We don’t know what to do** (evidence, links)
- **We don’t know how to do it** (delivery, networks)
- **We don’t want to** (levers, incentives, regulations)
- **We really don’t want to** (ideology, no pressure)
- **We cant afford to** (cost efficacy, cross sectoral, prevention and other things matter more)

Target groups

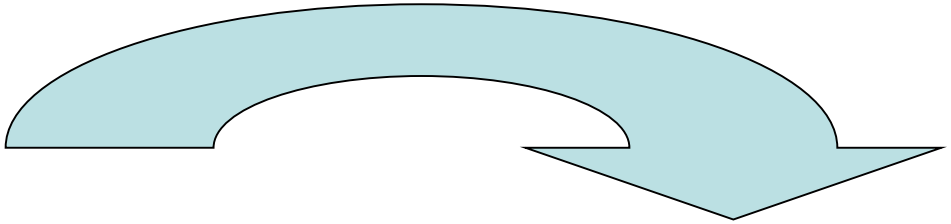
- improving the health of those that are worse or worst off at a faster rate than those who already have better health
- a combination of universal and targeted measures (*proportionate universalism*)
- that meets proportionally with greater intensity the growing needs of vulnerable groups (children in poverty, rural areas, phys/mental disabled, unemployed, in-work poor, older, victim of violence, homeless, prisoners)
- a specific focus on migrants

Deliverables and desired outcomes

- Policy framework for Action on reducing Health Inequalities in EU and Member States.
- Country assessments and country specific recommendations to reduce health inequalities in the participating Member States
- Report with learning from case studies on actions to tackle health inequalities and on actions overcoming challenges for health equity – reports per WP and one final summary report
- Material useful to policy makers and politicians and stakeholders, such as effective policy briefs, info-graphics, video's and communication of evidence from EU to local levels, in all EU languages

	Title and WP leader (Co-leaders to be decided) Red mandatory Green substantive	
1	Coordination	ITALY (National Inst. Health)
2	Dissemination	EUROHEALTHNET (TBC)
3	Evaluation	WP LEADER TO BE DECIDED
4	Integration and sustainability	ITALY (TBC)
4	Health and Equity in All Policies – Governance	FINLAND (National Inst Health)
5	Monitoring	SWEDEN (Public Health Ag.)
6	Healthy Living Environments	GERMANY (Health promotion)
7	Migration and health	NORWAY (Centre for Migrat)
8	Improving equality in access to health services	SPAIN (TBC)

Clustering actions/countries for substantive WPs



WP4-8

Specific policy framework

Specific menu of EB actions

Specific country assessment

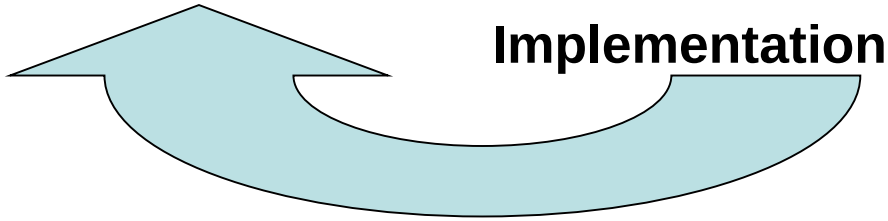
Choice of actions to prioritize

Implementation: feasible/complex

WP1-4

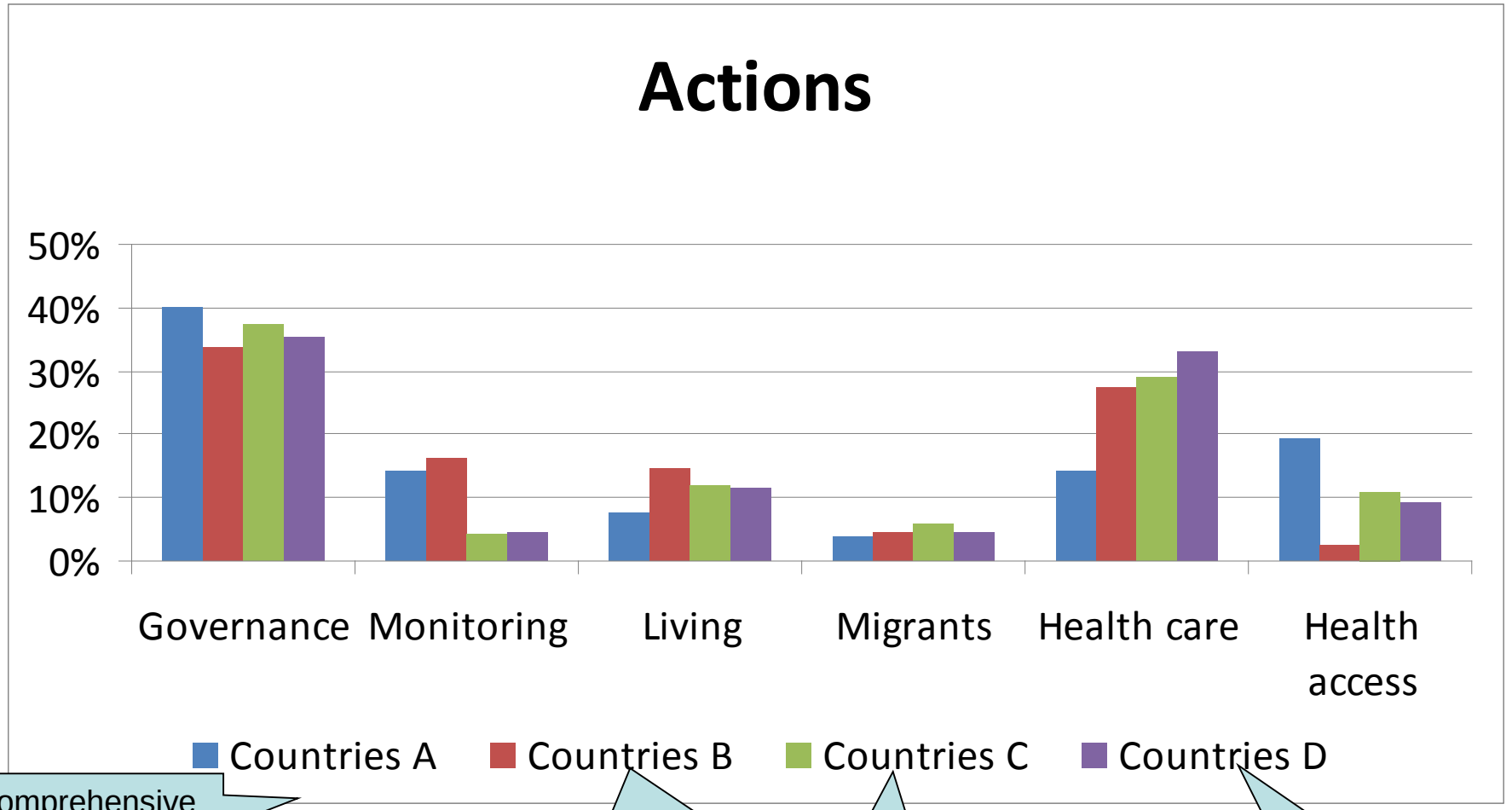
General country assessment

Policy framework for actions

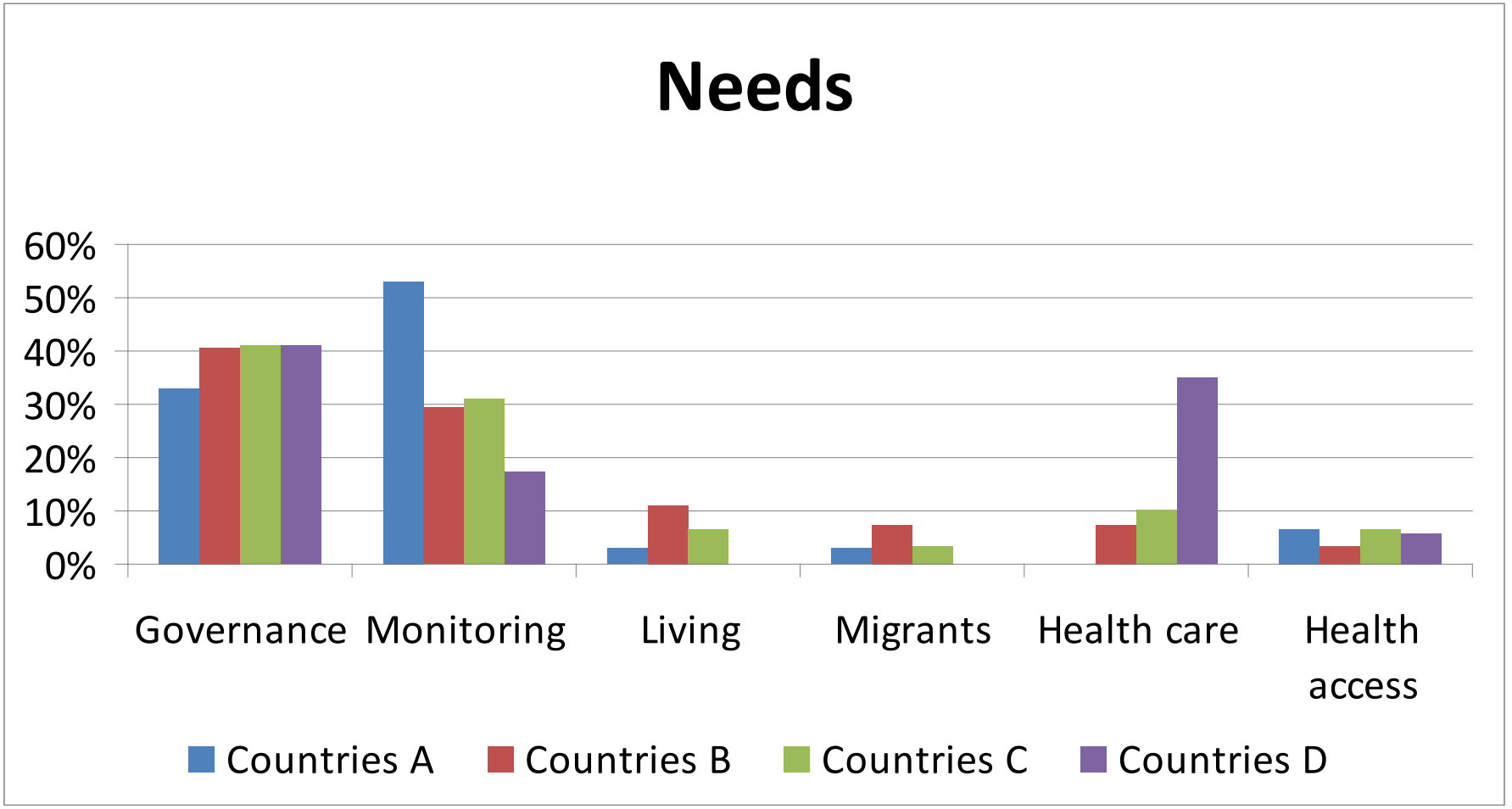


Lessons learned and recommendations

A preliminary country assessment : actions and WP



A preliminary country assessment : challenges and WP



28 Countries	Organisation's Full Name (red: ministerial body; grey: public health institute, green: regions)
Belgium	Federal Public Service Health, Food Chain Safety and Environment
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina
Bulgaria	National Center of Public Health and Analyses
Croatia	Croatian Institute of Public Health
Cyprus	Ministry of health
Czech Republic	The National Institute of Public Health
Denmark	Bridge to Better Health - Region Zealand
Estonia	The National Institute for Health Development
Finland	National Institute for Health and Welfare
France	Santé Publique France
Germany	Bundeszentrale für gesundheitliche Aufklaerung / Federal Centre for Health Education
Greece	6th health region of Peloponnese, Ionian Islands, Epirus and Western Greece
Italy	The National Health Institute

28 Countries	Organisation's Full Name (red: ministerial body; grey: public health institute, green: regions)
Latvia	The National Health Service
Lithuania	Sveikatos apsaugos ministerija
Malta	Department Health Information and Research
Moldova	Institute of Mother and Child
Netherlands	Dutch Ministry of Health, Welfare and Sport
Norway	The Norwegian Centre for Migration and Minority Health
Poland	Ministry of Health
Portugal	Directorate-General of Health
Romania	National school of public health, management and professional development
Serbia	Institute of Public Health of Republic of Serbia "Dr Milan Jovanović Batut"
Slovakia	Ministry of Health of the Slovak republic
Slovenia	National Institute of Public Health of the Republic of Slovenia
Spain	Escuela Andaluza de Salud Pública
Sweden	Folkhälsomyndigheten, The Public Health Agency of Sweden
United Kingdom	Welsh Government

Preliminary exercise of country assessment

for helping WP leaders in clustering actions issues and countries for priority setting

COUNTRIES ACCORDING TO THEIR ADVANCEMENT IN TACKLING HEALTH INEQUALITIES AS REPORTED IN SOME COUNTRY ASSESSMENTS AVAILABLE IN THE EU EXPERT GROUP WORK (2015-16)

7 June, 2017

Action/country clusters for WP4 governance

- Cooperation and participation enabling HI to be raised in public agenda (stakeholder, supportive culture, comunication, leadership):
  - bottom up (Italy, Finland),
  - top down (Croatia),
  - advocacy (Cyprus), from health professional (Italy, UK)
  - policy framework: creating and sharing (Croatia, Cyprus, Slovakia)
  - intervention networks and communities of practice (Austria, Germany, Italy)
- How to keep HI in the agenda (accountability…):
  - Role of health targeting and evaluation (Austria)
  - Role of legal duty for ensuring equity in essential level of care in NHS (Italy)
  - structural funds at regional level (Bulgaria)
- Decentralization to local authorities and communities (Finland, Estonia, Sweeden, Italy, Netherlands)
- Capacity building
  - availability and dissemination of best practices (Hungary)
  - how to put HiAP in practice (Estonia)
  - Governance processes (Cyprus)

Action/country clusters for WP5 monitoring

- Preliminary essential equity monitoring (Bulgaria, Cyprus, Poland, Slovakia)
- Profiling health inequalities (Croatia, Poland)

- Integrating social and health data in health information systems for equity audit at any level (Austria, Italy, Estonia)
- Best indicators: evaluation (Germany, Italy), unexplored health determinants (Ireland, Italy), material deprivation (Netherlands)
- Developing longitudinal studies for impact evaluation (Austria, Italy)
- HEIA tools: quality criteria for project funding (Austria), in practice (Cyprus, France)

- Knowledge gaps: a) evidence for effectiveness of actions and policies in the area of health systems and welfare (Norway, Finland, Sweedish commission?), b) assessing impact of actions on HI (relative, absolute…) (Belgium, Italy)

Action/country clusters for WP6 living conditions

- Health equity audit in
  - Housing for vulnerable: housing first (Belgium) (Norway)
  - School setting: whole of school (Hungary, Italy), school meals (Czech)
  - Workplace: workability and HP (Estonia, Italy), role of occupational safety (Italy)
  - GP setting HP (Italy)
  - Early life HP (Italy)
  - Environmental justice (Italy)
  - Obesity (Italy, UK, Ireland)
  - Mental health HP (Hungary, Italy, Denmark)

- HP among vulnerables
  - Excluded areas HP(Czech)
  - Hard to reach: men violence, HIV, sexual health (Sweeden)
  - Disabled HP (Czech, Estonia)

- Capacity building
  - Evidence on good practices: HP in general (Estonia), care, work, housing, living conditions (Norway, Finland, Ireland)
  - Training health equity audit in HP (Spain)

- Knowledge gaps: a) lone parenthood and children (Czech), b) southern resilience to inequalities in nutrition, alcool.. (Italy), c) interaction of income education and work with proximal risk factors and implication for actions (Sweeden) d) good practice in EU facilitating collaboration on structural funds and social policies

Action/country clusters for WP7 immigration

- Health literacy in front of health care access and health promotion (Austria, Norway, Italy, Portugal)
- Health mediators (Belgium, Bulgaria, Romania, Italy)
- Health examination guidelines for refugees , and training for professionals and frontline workers (Croatia, Greece, Sweeden)

Action/country clusters for WP8 universal access to care for vulnerables

- Targeting vulnerable groups
  - tailor made in: dementia, cancer, nutrition, earlylife (Austria), rare diseases (Croatia), pregnancy (Belgium), diabetes, cancer screening, mental health, occupational injuries (Italy)
  - Affordability and inclusion in: sex workers, prisoners … (Belgium, Croatia, Cyprus), ethnic minorities (Bulgaria), disabled, victim of violence, Roma, (Croatia) (Denmark)
  - Health literacy in health care access (Austria)

- Targeting remote areas (Italy)

- NHS reform:
  - coverage (Estonia) (France, Portugal)
  - capitation in allocation formula (Italy)
  - Equal access to GP (Denmark)
  - Use of structural funds (Slovenia)

- Knowledge gaps: a) cost effectiveness of actions on health literacy (Austria), b) EB actions on unemployment and precarious jobs(Belgium) and on income and education and work and interaction with proximal factors (Sweeden)

EU COUNTRIES ACCORDING TO THEIR ADVANCEMENT IN TACKLING HEALTH INEQUALITIES ACCORDING TO THE E.G. COUNTRY TEMPLATE (2015-16)

	Agenda	Type	Evaluation	Target	Deaths attributable to education	Countries
A	High	Comprehensive cross-government strategies	High	Social gradient	**30-35% M 30% F**	Finland ● Ireland ● Norway ● Sweden ● Austria ● Germany ● (UK)
B	Medium/High	Public health and Isolated Cross-government	Medium/High	Mostly vulnerable	**25-30%M 15-25% F a part FR/ES males 45%**	Belgium ● Denmark Spain ●Netherlands ● Italy ● France ● Estonia
C	Medium	Health sector	Low/medium	Vulnerable Regional	**45-55% M 35-45% F but CY 20-30**	Croatia ● Cyprus ● Czech ● Hungary
D	Low	Health sector direct/indirect	Low	Society as whole	**45-55% M 35-45% F**	Poland ● Romania ● Slovakia
E	Missing				**20-50% M 15-45% F**	Latvia● Greece ● Portugal ● UK

Graph 16

Health inequalities actions (2003–13) presented in three clusters

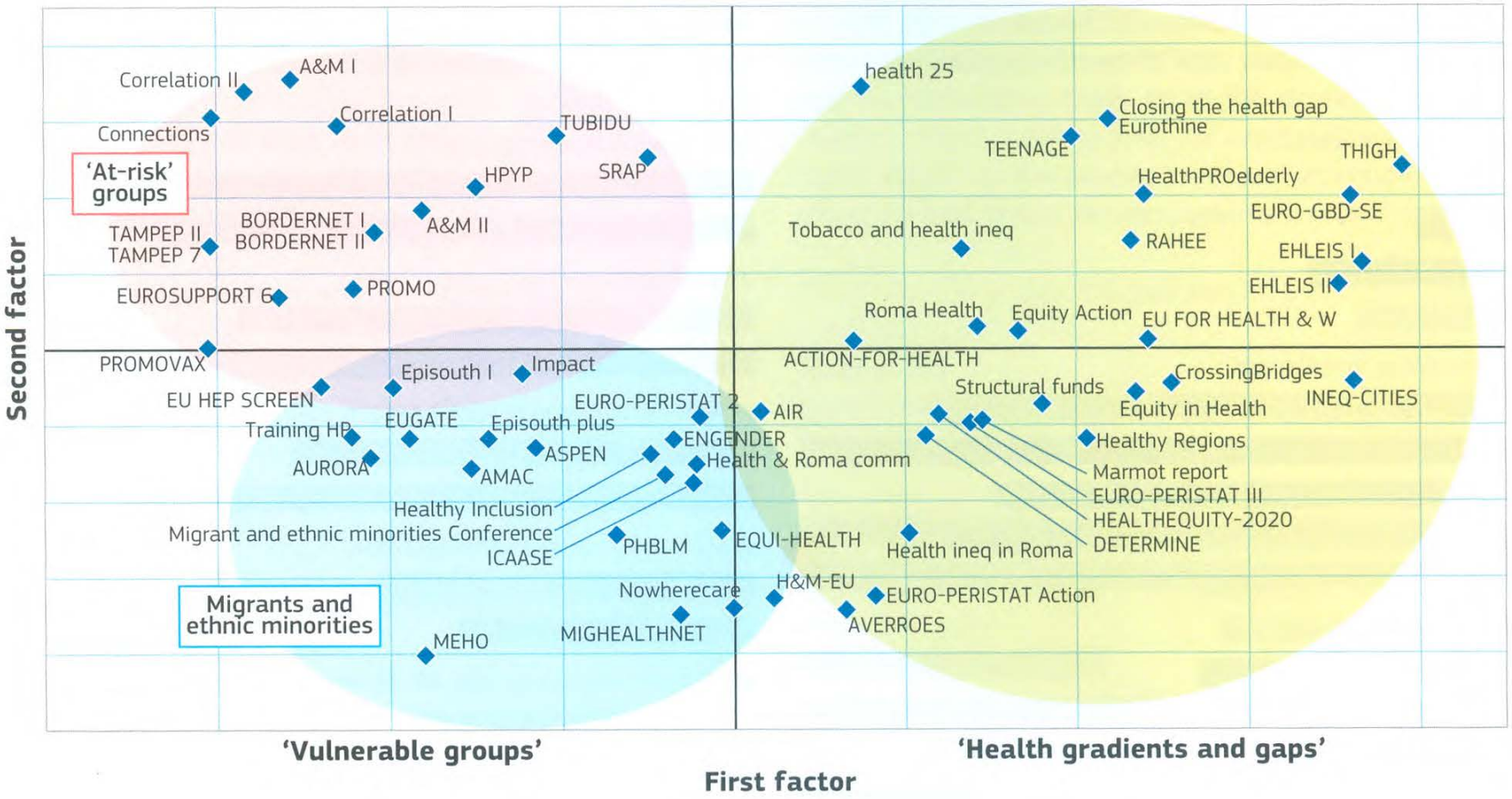


Table 7

Differences of emphasis between the two main clusters

Type	'Vulnerable groups' cluster	'Health gradients and gaps' cluster
Inequalities targeted	Health problems of migrants, ethnic groups and 'at-risk' groups	Socio-economic differences and effects of sex, age and country of residence
Health problems addressed	Infectious diseases Addictions Non-communicable diseases (for ethnic groups)	Life expectancy Healthy life years Non-communicable diseases
Interventions undertaken or proposed	Improving health care (access, quality, training) Health promotion, harm reduction and prevention via health services	Collecting and analysing data Intersectoral action on social determinants of health

Widening of policy response on HI between member states since EC Communication on solidarity

- Do some
  - Greece: little (crisis)
  - Eastern and Baltic countries plus Turkey: prevention programs on lifestyles, and vulnerable groups (roma)
  - Slovenia: structural funds
  - Slovachia: NHS reform

Widening of policy response between member states since EC Communication on solidarity

- Do more
  - Germany: new prevention law
  - Italy: equity focus in national prevention plan and legal duty in health protection
  - Sweeden: whole of government, municipalities
  - Austria: whole of government
  - France: national strategy, regional responsibilities
  - Spain: systematic training program
  - Belgium: health in all policies, inclusion
  - Portugal: NHS reform, lifestyles, migrants

Widening of policy response on HI between member states since EC Communication on solidarity

- Do better
  - Denmark: less visible
  - Netherlands: municipalities
  - Norvay: new strategy
  - Sweeden: new strategy, whole of governmewnt, municipalities
  - Finland: health in all policies
  - UK: strategy still in place, targeting obesity and child poverty
  - Ireland: strategy still in place, targeting tobacco, nutrition and crisis

Needs for assistance and how

- **Its not our concern** (evidence, description)
- **We don’t know what to do** (evidence, links)
- **We don’t know how to do it** (delivery, networks)
- **We don’t want to –** (levers, incentives, regulations)
- **We really don’t want to** - ideology, no pressure
  - so public pressure
- **We cant afford to –** (cost efficacy, cross sectoral, prevention and other things matter more)

1. Putting (health) Equity 'on' the Agenda

How are other countries doing it….?

- as a matter of fairness and social justice
- as a human right
- for achieving Social Cohesion
- as an approach for managing / reducing social and economic costs
- as an approach to social and economic sustainability
- as an *enabler* of inclusive growth & development

Current European agendas supporting joint investment in health equity

- Inclusive Growth agendas

  EU Targets
  - Poverty Reduction
  - Participation of Older People in the Workforce
  - CAP Inclusive growth through education & employment
  - EU Social Investment Package
- Costs associated with preventable disease and Inequities
- Well being & Resilience
- Social Sustainability
- WHO Health 2020 Policy Framework

2. Keeping (health) Equity 'in' Policies

A Question of Governance . . . .

How do we make joint investments
for equity in Health work in practice ?

Co Production

ACCOUNTABILITY

PARTICIPATION

COOPERATION

Joint Responsibility

Shared Benefits

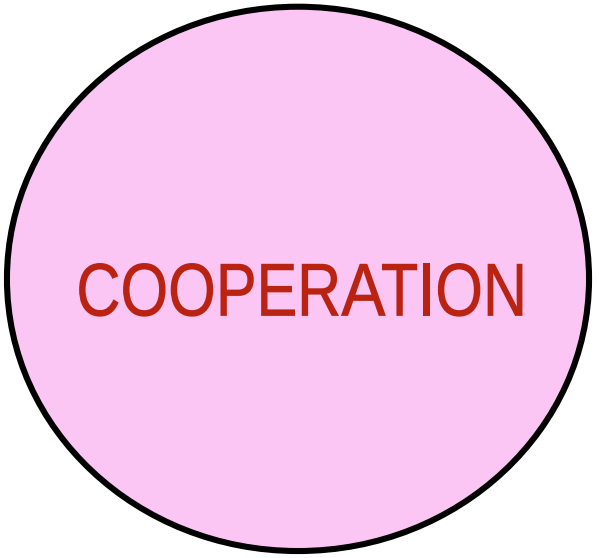
Chris Brown, 2016

Incentivizing cooperation across sectors and stakeholders

Partnership Platforms Formal Intersectoral & Inter-ministerial Working Groups & Task Forces *Slovenia, Estonia, Denmark, Finland,*

Financial & reward systems linked to team results Shared/ Pooled Budgets, common Performance Indicators. *England, Spain, Norway,*

Joint Review of policies and interventions ensure shared understanding of problems & solutions e.g. Impact Assessments, Cross Sectoral Spending Reviews *Slovakia, Lithuania, Latvia, Scotland, EU OMC;*



Hold decision makers to account for health & equity results

Laws, MoUs, Contracts make responsibilities explicit & hold decision makers to account for results.

Guidance, Audit and Regulation support systematic action & remedy poor performance

Rewards & Incentives make pro health action the easy option.

Common Targets Health & Equity as key indicators

Systematic & Transparent Monitoring

use a mix of *hard* and *soft* instruments

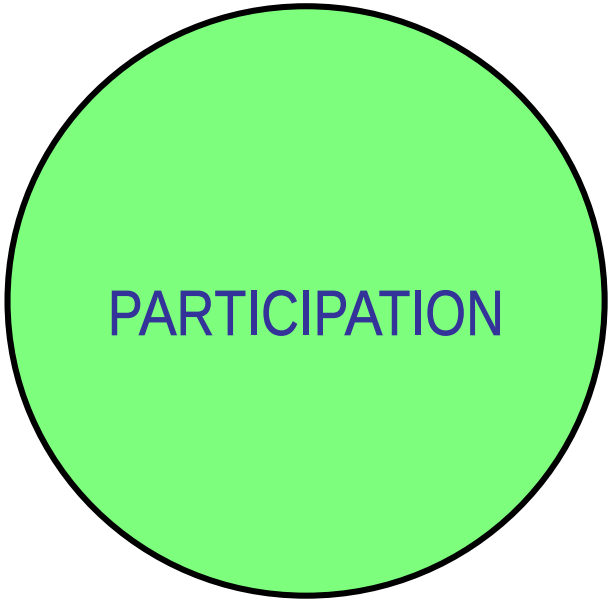
Chris Brown, 2016

Diversity of voices in decision making and implementation

Bottom Up Planning

Capacity Building for Communities to Participate

Public Reporting of actions and engagement in review of progress e.g *citizens juries, community panels,* social networks and media)



Warnings for Lifepath
(Exworthy, Health Policy&Planning, 2008)

- Features of SDHs making it resistant to policy translation
  - Multiple causes ~ coordination barrier
  - Life-course perspective ~ misfit policy timetables
  - Inter-sectoral collaboration ~ misfit “modus operandi”
  - Complex causality ~ attribution problems
  - Conflicting priority
  - Globalization ~ multi-level stakeholders hampers governance
  - Data availability

Warning to Lifepath: attribution matters in agenda setting

(Causal stories and the formation of policy agendas. Stone PSQ, 1989)

“Complex causal explanations are not very useful in politics, precisely because they do not offer a single locus of control” (ibid pp289)

“Complex cause is sometimes used as a strategy to avoid blames and the burden of reform” (ibid pp 292)

Attribution “to push a problem into the realm of human purpose” = scientific presentation of risk and causality?

EU COUNTRIES ACCORDING TO THEIR ADVANCEMENT IN TACKLING HEALTH INEQUALITIES ACCORDING TO THE E.G. COUNTRY TEMPLATE (2015-16)

	Agenda	Type	Evaluation	Target	Deaths attributable to education	Countries
A	High	Comprehensive cross-government strategies	High	Social gradient	**30-35% M 30% F**	Finland ● Ireland ● Norway ● Sweden ● Austria ● Germany ● (UK)
B	Medium/High	Public health and Isolated Cross-government	Medium/High	Mostly vulnerable	**25-30%M 15-25% F a part FR/ES males 45%**	Belgium ● Denmark Spain ●Netherlands ● Italy ● France ● Estonia
C	Medium	Health sector	Low/medium	Vulnerable Regional	**45-55% M 35-45% F but CY 20-30**	Croatia ● Cyprus ● Czech ● Hungary
D	Low	Health sector direct/indirect	Low	Society as whole	**45-55% M 35-45% F**	Poland ● Romania ● Slovakia
E	Missing				**20-50% M 15-45% F**	Latvia● Greece ● Portugal ● UK