

The implementation of a Health in All Policies approach in Belgium in order to tackle health inequalities

Pol Gerits

Advisor to the DG, DG Health Care, FPS Health, Belgium

Mental health in all policies

Expert Group on Social Determinants and HI

Luxembourg, 15 June 2015



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Increase capacity building and stakeholders involvement

- Inform key stakeholders about health inequalities at different governmental levels and across all sectors
- Secure commitment of key sectors to join a working group to develop a national action program on health inequalities
- Identify key messages and results to support this plan



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Three outcomes

- The six key messages of the first part
- The results of the survey
- The conclusions of the policy dialogue



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



The results of the policy dialogue

1. Implementing a HiAP policy regarding health inequalities is necessary (agreement : 97.5 %)
2. Creating a working group on health inequalities within the framework of Sustainable Development (agreement: 92.5%)
3. Mandating the working group to develop an national action program on "health inequalities" (agreement: 85%)



EQUITY*ACTION*

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Outcome 3: The results of the policy dialogue

4. Using the WHO report “Report on social determinants of health and the health divide in the WHO European Region” as framework and translate it to the Belgian context (agreement: 97.5%)
5. Securing political commitment of the Interministerial Health Conference (agreement: 95%)
6. Creating synergies between the future working group "health inequalities" with the existing intersectoral working groups (agreement: 95%)



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Outcome 3: The results of the policy dialogue

7. Avoiding unnecessary duplication, the various governmental levels must reflect on how HIA can integrate within the existing impact assessments (agreement: 92.5%)
8. Increasing "capacity building", "awareness" and stakeholders involvement. Single point of contacts regarding "health inequalities" at the different administrations should be designated. (agreement: 83,8%)



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Political committment

1. The political commitment of the Interministeral Conference of Health (June 2013) to start with the intersectoral working group.
2. The political commitment of the government. One of the targets of the long term vision of sustainable development is The reduction of health inequalities with 50 % in 2050 is one of the targets of the long term vision of sustainable development
3. The intersectoral working group “health inequalities” was starting in October 2013



EQUITY*ACTION*

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



)

The activities of the Intersectoral working group

HIA training

Drafting a proposition of a national action plan

This proposition consists out two parts:

Part 1: 3 actions to further stimulate a HIAP approach

Part 2: 6 actions related to increase the assessibility to health care and to sensibilize health professionals



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Part 1

Action 1: awareness, capacity building and intersectoral cooperation

- workshop for the middle management in each non-related health administration;
- HIA training with an equity focus



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Part 1

Action 2: Sensibilisation of the presidents of the existing interkabinet working groups

- Workshop for the presidents
- FU meeting



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Part 1

Action 3: Feasibility study for better use the different existing administrative data collections

- Workshop how increase the quality of the monitoring of HI in Belgium



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Part 2

- Action 1: To increase the awareness of the health professionals for the problematic of HI
- Action 2: To increase the access to health care for these persons whose are not including in the social security system (prisoners, illegal,...) by simplifying the existing system
- Action 3: To generalise the third payment regulation



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Part 2

- Action 4: To increase the investment in prevention and health promotion in pregnant women and risk groups (sexworkers, drugsusers,...)
- Action 5: To create an intermediate structure in order to include these persons who are now excluding from health care (0,5 line)
- Action 6: To increase the capacity of intercultural mediators and “experts by experience in poverty and in social exclusion” in the ambulant care in order to increase the health literacy of riskgroups



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS



Future

This proposition will now be discussed in a new Intercabinet working group on health inequalities



EQUITY *ACTION*

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •

