Proposal for the Joint Action on Health Inequalities HI (and Migration) after the preliminary country assessments (EG template for actions)

Giuseppe Costa

15 March, 2017

Legal and strategic frameworks

- NHS reform
- PH plan
- Welfare reform
- Inclusion
- Sustainability
- Minorities strategy (Roma)
- Child protection

Challenges from the context

- Recession and austerity
- Asylum seekers inflow
- Prevailing decisions widening inequalities
- Polarization
  - Income (children)
  - Authoritarian movements
  - Trust in institutions
  - Less human capital (migration)
- HiAP left standing
- No data no problem
- Variations in “political season”

Action 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 maintain 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 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 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 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 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

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 (*do something, do more, do better*)
- Specific care of the needs of migrants ???

Background

- The new Joint Action: joint effort of EC and MSs (resources, tool, expertise) (existing alliances and partnerships) (global work, SDG, WHO, EU)
- Bringing together the available knowledge on what works and what does not to address both the distal (socio-economic) and proximal (lifestyle) determinants 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!!!
- Flexibly designed to enable MS with strong expertise in a specific area to support weaker Member States that have chosen to work on that same topic !!!

Aims

- help halting the rise ??? of health inequalities in Europe (during recession…)
- 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 !!!

Combined type of projects

- +/- ? research (filling knowledge gaps through literature/expert review)
- + ! development/pre-test of new actions to be assessed
- ++ ?! implementation of *low hanging fruits* (EB) concrete actions
- ++ !! initiation of complex actions

Partnerships

- leading partnership (responsibility of WP)
- associated partnership (responsibility of implementation of concrete action, including capacity building in each MS), eventually assisted by affiliated partners
- collaborative partnership (participating to dissemination)

Target groups

- improving the health of those that are worse or worst off at a faster rate than those who already have better health implies
- 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

Methods and means as for WP lead (1)

A number of thematic WP will be responsible for the collection of evidence about the effectiveness of actions aimed at reducing health inequalities in a selection of policy fields (according to priorities in the agenda of MS)

- Thematic WP
  - **Living environment and conditions**
  - **Health access for vulnerable groups (health care) (also employment, welfare ?)**
  - **Immigration**
- Instrumental WP
  - **Monitoring**
  - **Health in All Policies, governance, sustainability**

Methods and means as for WP lead (2)

- Each WP, with its specific work plan and method, will end up with a list of actions distinguishing between
  - *Low-hanging fruit* actions (i.e. feasible to implement during the course of the Joint Action period)
  - more complex actions (requiring a more complicated and long-term approach, but for which a start could be made during the Joint Action)
- WP will support MS in the country assessment?: main gaps, barriers and strengths characterizing the national approach to health inequalities, as well as on a specific analysis of which are the most promising entry points and priorities to focus on
- WP will enable MS with strong expertise in a specific action to support weaker Member States that have chosen to work on that same action
- WP will elaborate the main lessons learned from the actions developed in the WP

Methods and means as for participating MS

- Apart from participating to mandatory WP (coordination/evaluation/dissemination/sustainability)
- Build a consensus on policy framework for actions (mechanisms and proposed solutions)
- Country assessment
- Put in practice at least
  - one feasible action (*Low-hanging fruit):* pilots or concrete actions where the process for implementation will be closely monitored and reported on
  - one more complex action: HEA of policy options, study visit, capacity building exercises and training exercises, case studies
  - at the partner's convenience, depending on the results of specific country assessments within the competent WP
- Participate elaboration of the main lessons from WP

Questions

- MS decision to join the JA?
- Who will be the associated and affiliated partner(s)?
- **Which actions are likely to be important for equity in health in the country in the next 5 years, that the JA may help to develop? (a JA *à la carte* ensuring final impact)**
- Option in cofinancing 20 or 40%
- Criticalities in two WP
  - Universal health access: missing leader, health systems vs other policies and actions
  - Immigration: crossectoral target vs specific
  - Coordination:
    - policy framework
    - cluster by actions or by regions?
    - city networks?

WP on immigration: two strands of work

- **Different integration policy models across Europe appear to make a difference on immigrants' health. Legal and organizational barriers to integration have been extensively studied by previous EU projects providing evidence of effective solutions and appropriate tools. WP7 will collect them into a menu of recommended actions to be implemented .**
- **At the same time universal health coverage among migrants is hampered also by the limited knowledge, competences and ability of migrants in using opportunities and avoiding threats, the so called health literacy. WP7 will start by gathering information on existing communication strategies (including health mediators), map communications models with respect to migrants and health, and assess, describe and document these experiences, incorporating them into the menu of recommended actions.**

WP on universal health coverage for vulnerABLE groups

- Aim and objectives: improving universal access to health care and to health promotion and preventative services, including health literacy,
  - By identifying and helping implementation of effective actions
  - For linking primary care services with social and other services,
  - Giving priority to reach vulnerable groups and encourage them to make use of preventive/care services.

WP on universal health coverage for vulnerABLE groups

- Elaboration of menu of actions: revise and update the evidence collected by the previous projects
  - the last FP 7th call (DEMETRIQ, DRIVERS, SOPHIE, SILNE)
  - pilot projects (VulnerABLE)
  - focusing on evaluation of effectiveness and impact of several actions in the main policy areas of the health and social systems
- Identify the actions that deserve more attention because of their expected impact on health inequalities in the following target groups (VunerABLE):

WP on universal health coverage for vulnerABLE groups

Target groups

- children in poverty,
- remote areas,
- phys/mental disabled,
- longterm unemployed,
- in-work poor,
- older,
- victim of violence,
- homeless,
- prisoners
- vulnerable migrants

WP on universal health coverage for vulnerABLE groups

Activities for MS joining the WP

- Menu of “evidence-based” actions for overcoming barriers to health access (building on earlier projects on what works and what does not in reducing health inequalities, i.e. VulnerABLE, the last FP 7th call (DEMETRIQ, DRIVERS, SOPHIE, SILNE) and on experience of partners)
- Country assessment (gaps, opportunities, priorities)
- Implementation of actions
  - Running *low hanging fruits*
  - Initiating complex ones
- Learning lessons from actions and elaborating and incorporating recommendations in the general policy framework for actions