JAHEE

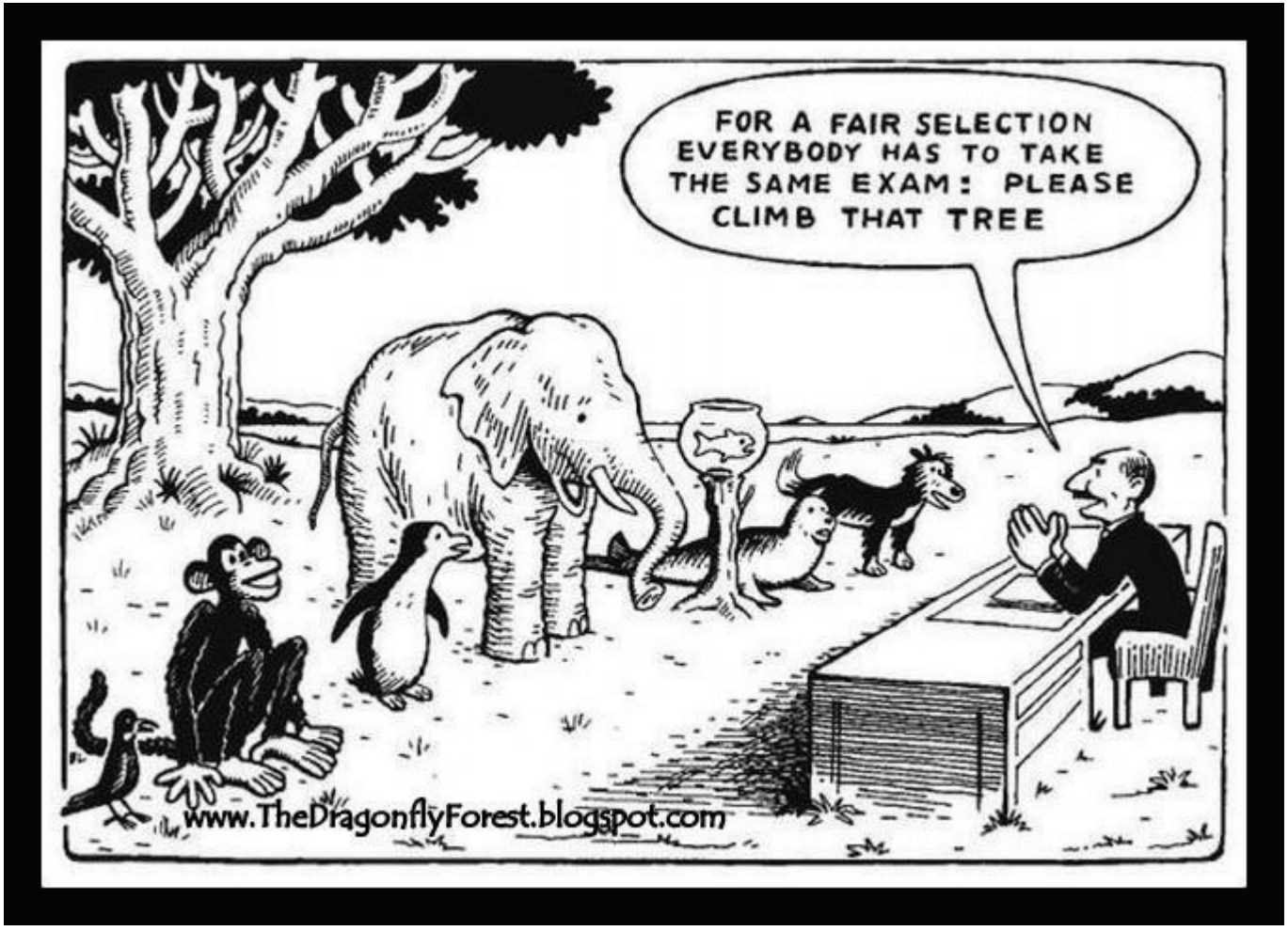
JOINT ACTION HEALTH EQUITY EUROPE

Health Equity in all Policies – Activities and good practices in the frame of the EU Joint Action Health Equity Europe

Congress „Poverty and Health“
14 – 15 March 2019, Berlin

Tuulia Rotko

Is this fair?


FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM: PLEASE CLIMB THAT TREE
www.TheDragonflyForest.blogspot.com

Similar opportunities?

Now you all have a same opportunity to throw a rubbish into the wastepaper basket.

Please crumple the newspaper sheet up into a ball and throw it into this basket.

How was it?

Did you hit the target?
Or did you miss? Why?
How did it feel? What do you think about this?
Any comments?

JOINT ACTION HEALTH EQUITY EUROPE

Project Acronym: JAHEE

Starting Date: 01/06/2018 **Project duration:** 36 months

Co-Funding: 3rd European Union Health Programme (2014-2020)

25 participating Countries:

Belgium, Bosnia Erzegovina, Bulgaria, Czech Republic, Croatia, Cyprus, Denmark, Estonia, Finland, France, Germany, United Kingdom, Greece, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden

https://jahee.iss.it/

JAHEE: GENERAL OBJECTIVE

JAHEE represents an important **opportunity for Member States to work jointly**.

The general objective of JAHEE is to contribute to:

- the achievement of greater **equity** in health outcomes across all groups of society in all participating countries and in Europe at large
- the reduction the inter-country **heterogeneity** in tackling health inequalities

JAHEE will also include a specific focus on **migrants** and **vulnerable** groups

JAHEE: SPECIFIC OBJECTIVES

JAHEE aims to contribute to:

- the improvement of the planning and development of **policies** to tackle health inequalities at the European, national, regional and local level
- the implementation of the **actions** that provide the best opportunity to tackle health inequalities in each participating countries
- the strengthening of a **cooperative approach** among participating countries
- the facilitation of the **transferability** of good practices

JAHEE STRUCTURE

JAHEE consists of **9 Work Packages (WPs)**
4 mandatory and 5 thematic WPs

Mandatory

- **WP 1 – Management of the action**
- **WP 2 – Dissemination**
- **WP 3 – Evaluation**
- **WP 4 – Integration in National Policies and Sustainability**

Thematic

- **WP 5 - Monitoring**
- **WP 6 – Healthy living environments**
- **WP 7 – Migration and health**
- **WP 8 – Improving access to health and related social services for those left behind**
- **WP 9 – Health and Equity in All Policies - Governance**

JAHEE APPROACH

JAHEE will follow a **three-step approach**

1

In the **first step**, based on the best available knowledge, the five thematic WPs will develop a **Specific Domain Policy Framework**, the WP4 will develop a **General Policy Framework**. At Member State level, an individual **Country profile template** and five **Specific country assessments** (for each thematic WP) will be elaborated.

2

In the **second step**, the participating Member States will implement a selection of **actions** to tackle health inequalities.

3

In the **third step**, **recommendations** based on the best results achieved will be produced and disseminated.

WP9 HEALTH EQUITY IN ALL POLICIES - GOVERNANCE

- 17 participating countries
- to develop and apply a HEiAP approach and implement at least one action during the course of the JA

Some **intersectoral collaboration** (Implementation Action) will be started/continued in every country

- increase understanding
- learn terminology of other sectors and argumentation
- make observations about with whom we need to collaborate, how this can be done, what benefits, etc.

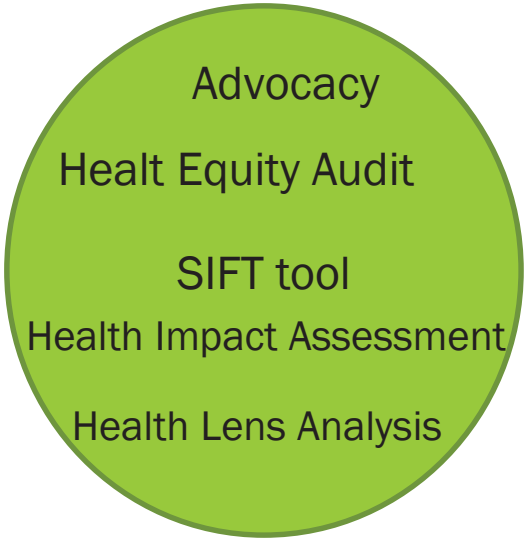
The main point is to show that healthy people/inhabitants/labour is a benefit to other sectors' own goals and they can influence that too.

WP9 IMPLEMENTATION, HOW

HEIAP key components

- The need/priorities for action across sectors
- Supportive structures/processes
- Planned actions
- Assessment and engagement
- Institutional capacity
- Monitoring/ evaluation mechanism
- Action across sectors into practice

Tools



Governance actions

- Evidence support
- Setting goals & targets
- Coordination
- Advocacy
- Monitoring & evaluation
- Policy guidance
- Financial support
- Providing legal mandates
- Implementation & management

WP9 IMPLEMENTATION ACTIONS

Level of implementation: National=12, Regional=10, Local=4

Assess structures and mechanism of HEIAP

Develop a municipal **Action plan** on HEIAP

Strengthen capacity and ability to develop concrete policy actions to tackle HI

Assess governance for HEIAP at regional level

Coach regions, how they tackle health inequalities multisectorally

Bring HEIAP more **on the political agenda** and implement more systematically

Assess the impact of the open **health equity access** for low income persons

Improve abilities and competences in governance to develop health equity strategies and plans

Clarify the possibilities of occupational **health care provision**

Making HI policy without political agenda

Analyse governance mechanisms, interministerial and intersectoral cooperation aimed at reducing inequalities

Develop a HEIAP proposal and **an action plan**

Promote and ensure shared responsibility for equity results across government

Evaluate the impact of the HIEA tool

Provide **examples of how legislation is having an impact** on HI

Assess the implementation of a National **Programme** for Mother and Child Health

Strengthen national **capacities to identify HEiAP elements** in different sectoral policies

→ Some learnings from Finland

Some learnings of HEIAP from Finland

- Reducing inequalities requires that the phenomenon of inequalities and its determinants are better understood and that **the costs and security risks of increasing inequalities are well-illustrated**.
- The national monitoring of programmes should be able to **highlight implementation success stories** and to **indicate the benefits different administrative branches gain** from the promotion of health and welfare and the reduction of inequalities.

Rotko & Kauppinen. Final evaluation of the Health 2015 public health programme. National Institute for Health and Welfare (THL). Discussionpaper 8/2016. 49 pages. Helsinki, Finland 2016

Experiences of intersectoral collaboration at national level on HI from Finland

- The used terminology is important
- Making health inequalities visible in priorities of each ministry
- The aim has to be incorporated into strategies and programmes of each ministry, in order to lead to actions
- Vertical and horizontal collaboration is needed, health sector has an important role as an advocate
- Understanding and focusing in causes and ways to reduce health inequalities
- Sometimes is better to start talking about “equity” and not “health”

Interviews in ministries in Finland 2011 and 2015

THL

TERVEYDEN JA HYVINVOINNIN LAITOS

Tackling health inequalities in municipalities: lessons learnt in Finnish joint projects

- Cities, municipalities and regions differ from each other, there is no uniform way to operate
- Information about health inequalities in the "own" population (municipal or regional, not only national) is needed to awaken decision-makers
- Simple and adapted terminology is necessary
- Arguments from decision-makers' and different sectors point of view (e.g. economic effects, sufficiency of labour force) are needed for motivation
- The aim has to be incorporated into local and regional strategies, not only in national plans, in order to legitimate and lead to actions

Reducing health inequalities in the future will require

- Long term and **broad-based commitment** and public health capacity and expertise for advocacy
- Intersectorial structures, processes and mechanisms and participation by various parties in society
- Legislative backing
- Data on wellbeing, health, health determinants and inequalities exist
- **Focusing of measures on the root causes** of health inequalities

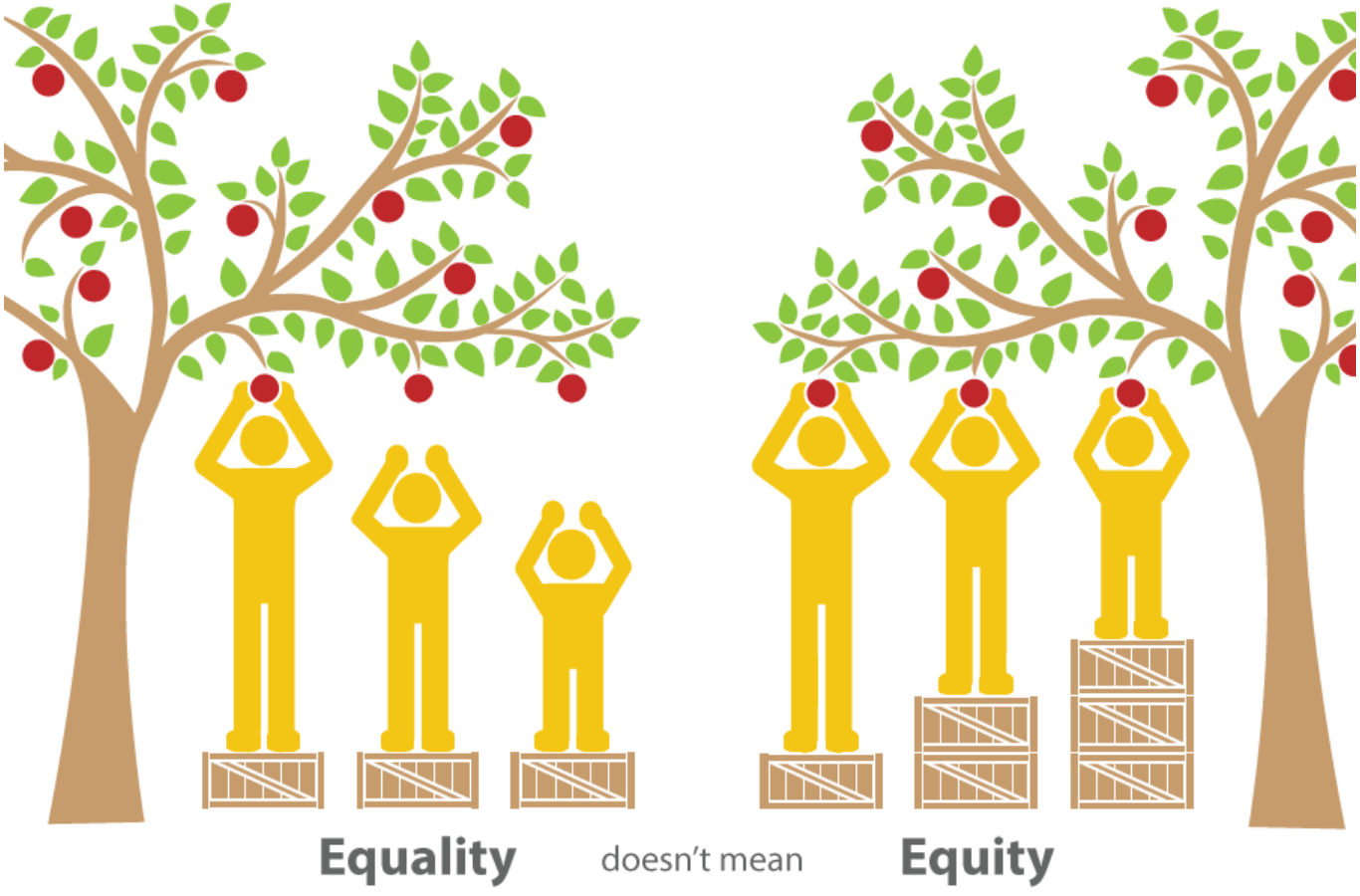
- Evaluation of implementation
  - to have a better understanding of **what measures are effective** and
  - to inform policy-making in all sectors, and building accountability

Be prepared to defend any gain that has been achieved!

THL

TERVEYDEN JA HYVINVOINNIN LAITOS

Thank you for your attention!



Source: Saskatoon Health Region Advancing Health Equity