



# JAHEE Newsletter



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The Newsletter is prepared by [WP2](#) and [EuroHealthNet](#), which is subcontracted by ISS. To add news about your work, or if you have comments or questions, please contact: [Paola De Castro](#) and [Vania Putatti](#)

**Welcome to the July 2021** issue of the internal Newsletter of JAHEE (Joint Action Health Equity Europe), a European initiative to contribute to achieving greater equity in health outcomes.

Should you wish to have your action be presented in upcoming edition, please contact us.

## General updates

### 4th JAHEE Policy Dialogue 23 June 2021 – 10:00 to 12:00 CEST

On 23 June, WP held its 4th Policy Dialogue on “*The role of Health Equity Impact Assessments and Audits in Building Back Better and Fairer*”. The meeting hosted representatives from the European Commission, the Italian Ministry of Health, Public Health Wales, and the Valencian Region.

The COVID-19 pandemic has shown a spotlight on the existence of, and exacerbated health inequalities in our societies. Health Equity Impact Assessments (HEIA) and Health Equity Audits (HEA) can be useful tools that address these issues by helping policy makers understand the different impact of policies and interventions. Moreover, the need to apply an equity lens in all policies goes even beyond pandemic, especially in consideration of the challenges ahead: green and digital transition, demographics, migration, etc.

With these premises, speakers described characteristics and real-life applications of implementing H(E)IA and HEA. The discussion focused on issues of terminology, how to overcome challenges of implementation and what are the benefits between EU and national level impact assessments.

The talk confirmed the premise outlined in the introduction: health equity lens should be applied wherever and whenever possible. JAHEE will keep working toward fostering the introduction of equity impact assessment.

The meeting report will be available shortly to all participants.

## 2nd Government Advisory Board meeting on 22 June 2021 – 11:00-13:00 CEST

On 22 June, WP4 organised its 2nd Government Advisory Board (GAB) meeting. GAB members were consulted on the elaboration of the Integration and Sustainability Plan (ISP), which aims at showing how the results of JAHEE can be introduced and kept in EU and national policy agendas. The meeting offered the opportunity to:

- Share further details on the 83 actions that are being implemented and their expected outcomes
- Discuss and agree on the format of the ISP, and on how GAB members will be involved in the elaboration of commitments for their own countries

## Implementation Actions

### Work Package 5 – Monitoring

#### ***Italy – A measure of individual social position in health information systems that may facilitate Health Equity Audit***

*Nicolas Zengarini, Giuseppe Costa*

In mid-2010s, Italy was a partner in the Joint Action on Equity Action. It promoted the use of Health Equity Audits as a tool to identify and address inequalities, focusing on how fairly resources and interventions are distributed in relation to the health needs.

In 2017 the Italian Ministry of Health published a national review on health inequalities (“*L’Italia per l’equità nella salute*<sup>1</sup>”), suggesting different actions to reduce health inequalities that could be carried out in the health sector as well as in the non health sectors. Collecting new data that could facilitate each actor to “*wear the equity lens*” and scrutinise equity in policies and interventions was one of the priorities. This is why the Italian action in WP5 monitoring was dedicated to make available a new measure of social position at the individual level in each health information system collecting data on health outcomes, risk factors and access to services.

Four Italian regions (Piedmont, Emilia-Romagna, Lazio, Puglia) agreed to test the feasibility and results of a new linkage procedure to interconnect two types of individual data: from the population census and from the health information systems. Two social indicators have been collected for each individual so far: educational level (low, medium and high) and area-based deprivation index at census tract level of residence.

The procedure is authorised by the National Program of Statistics and approved by the Privacy Authority. The resulting linkage of the data allows each organisational level of the Regional Health Service to systematically scrutinise needs, risks, access to care and interventions, and outcomes according to the individual social position (eg.: by the level of individual education and of area deprivation). This allows to identify possible social inequalities in need, risk, access, use, outcome of interventions, and to initiate the cycle of Health Equity Audit if needed.

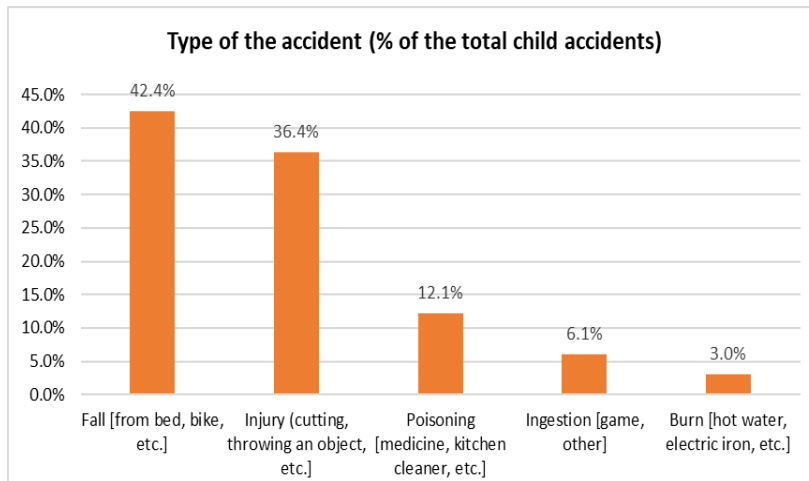
The model can be adopted in other Regions but it requires a special regulation to be scaled up to the national level.

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<sup>1</sup> <https://www.inmp.it/ita/Pubblicazioni/Libri/L-Italia-per-l-equita-nella-salute-Scarica-il-documento-tecnico>

## Cyprus – "Monitoring of the socioeconomic inequalities in the family and how they related to injuries and poisoning in children aged 3 to 5 years old and 10 months old"

*Olga Kalakouta (coordinator), Chief Health Officer, Ministry of Health, Theopisti Kyprianou, Statistical Officer, Health Monitoring Unit, Ministry of Health, Irene Georgiou, Health Services Officer A', Ministry of Health*



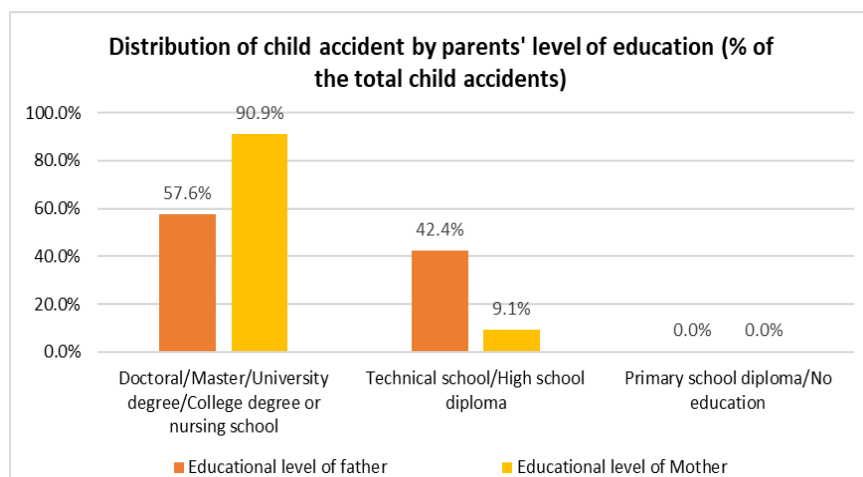
As a part of WP5, the Ministry of Health of Cyprus conducted a survey that studies the socio-economic inequalities that exist in Cyprus in terms of the main types of accidents for children between 3 to 5 years and 10 months old. Cyprus presents similar percentages to those of other European countries, where one in three child deaths is due to injury.

The results of the research can be used to improve monitoring of health inequalities, and play an important role for decisions and actions that can be taken in the near future regarding the formulation of a policy for the reduction of inequalities.

The results showed that most accidents occurred in the child's home, under the care of the parents. They were due to a fall and affected mostly the head of the child. A large percentage of the children received medical care after the accident and no child had to be admitted and hospitalised for medical treatment. Most cases of child accidents concern Greek Cypriot parents, over 30 years old, with a high level of education, employees with relatively good financial situation. Most child accidents occur to boys rather than girls, as well as to the first-born child in the family.

The response rate was very low, probably due to the COVID 19 pandemic. The indicators selected for the survey are meant to identify the possible inequalities between the socio-economic factors of the family of the child being evaluated.

The indicators describe: the characteristics of the

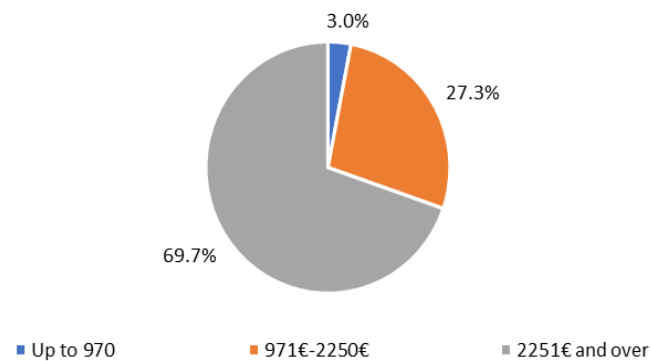


child accident (location and type of the accident, part of the body of the child affected, how the child was treated after the accident); the correlation of the accident with the characteristics of the parents and the family (age, level of education, professional status of the parents, monthly family income, type and size of their house, origin and district of residence of the parents, number of children in the family); and the correlation of the accident with the characteristics of the child who had the accident (sex of the child, order of birth of the child in the family, whether the child had an underlying disease).

The survey was also compared with a previous corresponding survey conducted in 2006.

Regarding the characteristics of the child the results coincides with the survey of 2006 including the impact of the accident in relation to the characteristics of the parents and the family. Regarding the impact of the accident in relation to the characteristics of the child, it is observed in both studies that boys have more frequent accidents than girls of this age.

**Distribution of child accident by family monthly income (% of the total child accidents)**



Existing legislation compares favourably with other EU countries and there are effective interventions to reduce child deaths and serious injuries.

Forthcoming link for the survey at the website of Ministry of Health:

<https://www.moh.gov.cy/moh/moh.nsf/All/5FCD0A023647C0F2C22586FD00286A7D?OpenDocument>

### **Romania – “Development of a reproductive health inequality monitoring system”**

*Marius Ciutan, Silvia Gabriela Scintee, Michaela Nanu*

The National School of Public Health, Management and Professional Development Bucharest and its affiliated partner National Institute for Mother and Child Health "Alessandrescu - Rusescu" (NIMCH), implemented a complex action during the period of this JA under WP5 activities.

The main aim of the action is to put the development a health inequality monitoring system (HIMS) in the field of reproductive health (RH) on the political agenda. This action builds on the annual implementation of national health programs (including the program dedicated to maternal and child health for which NIMCH is the national coordinator) and the existence of a ministerial working group for the elaboration of the new health strategy 2021-2027.

The political agreement had to be supported by evidence-based information. However, identifying ideal indicators resulted was challenging. Related activities included:

- The elaboration of a profile of Reproductive Health in Romania;
- Building an image on “Reproductive Health Profile in Romania”;
- Lifting the relevant indicators in the field of RH;
- Selection of a set of indicators that could be collected periodically within the Annual Maternal and Child Health Program, and adapted to the Romanian context

The ongoing activity consisted of drafting a Proposal for a ministerial order regarding the implementation of an inequality monitoring system in the field of RH in Romania.

Following the feasibility analysis, it will be possible to kick off the action by adopting a short set of monitoring indicators in the field of RH to assess inequality levels:

- Maternal mortality ratio;
- Prevalence of low birth weight;

- Percentage of obstetric and gynaecological admissions owing to abortion;
- Incidence of complications of pregnancy, delivery and after delivery;
- Share of type of delivery (caesarean/vaginal); Percentage of pregnant women with high obstetric risk;
- Prevalence of HIV infection in pregnant women;
- Number and share of women with positive Babes-Papanicolau (cervical smear/pap test) results out of the total (southern area);
- Prevalence of breast cancer; Prevalence of uterine cancer.

Reproductive health is a key priority in Romania, with the aim of developing a strategic plan for the next period 2021-2027. The results of this complex action could underpin future policies and strategic measures, and could help developing a framework for monitoring health status in the field of RH with dedicated structures, plans, set of indicators and could provide evidence for supporting decision-making process.

Additional links:

- [National Women's and Child Health Program](#)
- [The reproductive health in Romania - current status](#)

For more information contact Marius Ciutan at [mciutan@snspsms.ro](mailto:mciutan@snspsms.ro)



## **Work package 9 - Health and Equity in All Policies – Governance**

### **Belgium - “Social inequalities in relation to health and the environment “**

*Pol Gerits*

The Belgian Federal Public Service of Health has opted for a complex and long term action in order to develop and implement Health in All Policies (HiAP) approaches to addressing Health Inequalities while addressing environmental concerns at the federal level.

Therefore, we have developed and tested tools and mechanisms for intersectoral work in our organisation. The Federal Public Service of Health exists is divided out into 5 departments: (1) Services of the President; (2) Directorate General (DG) Environment; (3) DG Animal, Plant and Food; (4) DG Medex (occupational health and well-being for federal civil servants) and finally (5) DG Healthcare.

We have started with the upgrading of our project to a ‘[One World One health’ project \(OWOH\)](#)’ (also known as the [One Health](#) concept) in order to get the commitment of the board of directors of our organisation. After the proposal of the project was selected as a OWOH project, we have launched a call for ambassadors for health inequalities in order to start a mechanism for intersectoral working. This call was open for to all the civil servants of our organisation. The role of the ambassadors is to act as a single point of contact within the DG and/or service: to “educate” colleagues about on health inequalities and to deal with the questions related this topic; to promote health equity impact assessments of future policies/projects that may have an impact on health inequalities; and to participate to the network of ambassadors. This network functions as a steering committee of the project. There were are at least 4 meetings per year. At this moment, the network is composed of out 16 ambassadors.

Three *lunch&learns* took place (13 February 2020: 38 participants; 18 February 2020: 49 participants; 20 February 2020 : 30 participants). The Power Point Presentation are in Dutch and French, you can

ask them to [pol.gerits@gezondheid.belgie.be](mailto:pol.gerits@gezondheid.belgie.be). To guarantee the sustainability of the action: this lunch and learn will also be given to the new recruited officials in our organisation at least once a year. The next step was the development of a Health Equity Impact Assessment (HEIA) checklist. The two kick-off meetings have taken places in April 2021 (in total we had 90 participants on the kick-offs). We expect that each DG of our organisation will do carry out a minimum of 5 HIA's with an equity focus during the period May – September 2021. In September – November 2021 we will evaluate the checklist and modify if necessary. In addition, we have launched the virtual platform on health inequalities.

This action is only one of the many actions in order to decrease health inequalities. A lot more actions are foreseen to increase the financial accessibility to quality health care for all. We have also stimulated research on health inequalities. Two research projects concerning on the impact of CovidCOVID-19 impacts have been started namely Epibel (EPidemics and Inequalities in BELgium from the Plague to COVID-19: what can we learn about societal resilience?) and Helicom (Unravelling the long-term and indirect health impact of the COVID-19 crisis in Belgium). We also have just opened a call for research for writing policy briefs in order to support HEIA's in our organisation.

### **Poland – inter-ministerial analysis and assessment of policy impact on ensuring health equity**

*Joanna Głazewska*

The potential for future development of legal and analytic framework to reduce health inequalities in Poland was identified even before implementation of JAHEE. The Act on Public Health of 11 September 2015, and its action plans in the form of National Health Programmes 2016-2020 and 2021-2025, are the strategic papers for public health policy in Poland. Their implementation involves virtually all ministries responsible for acting in particular relevant to health determinants related to, notably education, environment, labour, social and housing policy. The Act on Public Health highlights the health needs of different social groups, particularly children, adolescents, and the elderly. Some interventions have been already undertaken as a part of various governmental programmes within and beyond the health sector, in such the fields of social protection, housing, education, and agriculture), but without taking into account their impact on public health.

Since 2015, the Ministry of Health in Poland has been fulfilling a number of responsibilities imposed by the Act on Public Health, related to the coordination of the public health tasks, including monitoring of their provision, ensuring their cohesion, and communicating the need to undertake specific public health tasks to appropriate bodies and entities. Among these responsibilities is an organisational support for the mechanisms established by the Act on Public Health such as the Public Health Council and the National Health Programme Steering Committee. The Public Health Council is an inter-sectoral and interministerial scientific and advisory body that may establish its working teams to undertake further efforts in areas identified as priorities.

Taking into account these public health system solutions, JAHEE activities are considered as a part of broader strategic planning. As part of the Work Packages 4 and 9, the Working team for the analysis and assessment of the impact of policies on social inequities in health, has been established at the Public Health Council (by Resolution No. 13/2019 of 23rd September 2019, updated by the Res. No. 15/2021 of 7th April 2021). The tasks of the Working Team include developing the best solutions in the field of shaping and assessing public policies to support the implementation of the task set out in the Act on Public Health on reducing health inequalities and the strategic goal of the National Health Programmes 2016-2020 and 2021-2025, and disseminating recommendations based on the best results achieved.



The COVID-19 pandemic has impeded the implementation of these tasks. The government's main efforts have been directed to responding to health-related and socio-economic consequences of the crisis. At the same time, the pandemic highlighted the need of further coordination of public policies, not always seen as a part of the public health system. The interest in the topic of inequities is growing, and the composition of the Working Team was expanded in April 2021.

A guidance briefing supporting the developing and evaluating of public policies, including also non-health policies, was prepared the Public Health National Institute of Hygiene in early 2021 – in line with on-going work of JAHEE, especially Work Packages 5 and 9. The document provides brief guidelines on following areas: what are the health inequalities in Poland, what factors determine health inequalities and how, and methods of measuring health inequalities to plan and implement the National Health Programme tasks. The document also provides information on where institutions can obtain information on the scale of health inequalities in Poland. By June 2021, the short consultation with entities involved in the work of Working Group will be held, preceding wider dissemination of these guidance among public entities in Poland.

## Italy – Health Equity Audit in the pandemic and the lockdown

Giuseppe Costa, Rita Ferrelli, Michele Marra

Since the 2007 Rome Declaration on Health in All Policies of the Inter-ministerial Conference in Italy, more attention has been given to the practice of Health Impact Assessments, initially in the context of environmental issues, then also under 'Gaining Health: Making Healthy Choices Easier' (*Guadagnare salute: rendere facili le scelte salutari*) in the 'National Prevention Plan'. However, it was only with the Italian participation to 'Equity Action', the first European Joint Action on health inequalities, that the use of Health Inequalities Impact Assessment, and the following Audit, was introduced in some prevention programs in the middle- 2010s. In 2017, the Italian Ministry of Health published a national review on health inequalities (*"L'Italia per l'equità nella salute"*), in which it was recommended to use the health equity lens in all policies in order to address all the causes of generation of health inequalities, starting both inside and outside the health sector and then moving to those outside the health sector. Accordingly, the Italian JAHEE effort in the governance of Health in All Policies domain of WP9 has been devoted to firstly creating an inter-institutional group that was recognised by the Ministry of Health. The aim of the group is to coordinate the main ministerial departments and national health institutes in addressing health equity in all strategies and programs under the health sector, before asking the other policy sectors to be accountable for their health equity impact.



While the inter-institutional group was created, the COVID-19 pandemic landed in the policy agenda and forced the group to focus its mandate on Health Inequalities Impact Assessment of the pandemic and relevant policy responses during the lockdown. After the second wave of the virus, the assessment was concluded and reported to the Ministry of Health with the purpose to make the planning of the Resilience and Recovery Plan more informed at both national and regional level. The table of contents of the report describes the checklist of the Health Equity Audit, that investigates

<sup>2</sup> Ministero della Salute. L'Italia per l'equità nella salute. 2017, Italy. Available at: <https://www.inmp.it/ita/Pubblicazioni/Libri/L-Italia-per-l-equita-nella-salute-Scarica-il-documento-tecnico>

the main mechanisms, in and out of the health sector, through which the pandemic and the policy response may have unequally influenced health outcomes.

#### Recovery from the pandemic and return to more equal health

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## News from WP2/WP6

A new video was included in the JAHEE website.

It regards WP 6 webinar

**Health urban development in Europe: frameworks and practices.**

Enjoy the video at:

<https://jahee.iss.it/video/>



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