

HEALTH EQUITY 2020: REDUCING HEALTH INEQUALITIES - PREPARATION FOR ACTION PLANS AND STRUCTURAL FUNDS PROJECTS

JULY 2012 – JUNE 2015

www.healthequity2020.eu

HEALTH INEQUITIES

There are differences in population health resulting from unequal economic, social and environmental conditions, which are avoidable and inherently unfair and unjust. To address the human rights and economic consequences of health inequities means that current strategies need to be reinvigorated and combined with new strategies to directly tackle known social determinants. Promoting health equity is essential to ensure human and social development and economically productive societies.

Socioeconomic disadvantage is not only strongly associated with indicators of ill health in all, but also translate into a health disadvantage of socioeconomically marginalised regions within the European Union (EU). Thus action is not only about safeguarding human rights, it also has a strong economic rationale. Worse health among those with lower socioeconomic status leads to labour productivity losses, increased demands for health care & higher uptake of social security benefits.

Health inequity and economy

A recent European study estimated that health inequalities-related losses to labor productivity amount to €14.1 billion per year in the EU. If health is valued in its own right, health inequalities-related losses amount to a staggering €1 trillion per year (9.4% of GDP) (Mackebach, Meerding & Kunst, 2007).

THE REGIONAL PERSPECTIVE

The HealthEquity-2020 project (HE2020) takes a regional perspective in addressing the fundamental principles of Together for Health and the goals of Solidarity in Health. The potential for regional policy to help improve the population's health should be maximised. Under the "Promote Health" strand the 2011 work plan (3.3.2011) priority areas for action related to reduction of health inequalities between EU regions are identified. This proposal directly addresses the first priority action "Identifying the causes of, addressing and reducing health inequalities and promoting investment in health in cooperation with other EU policies and funds" (Point 2.1.2 in Annex to the Health Programme).

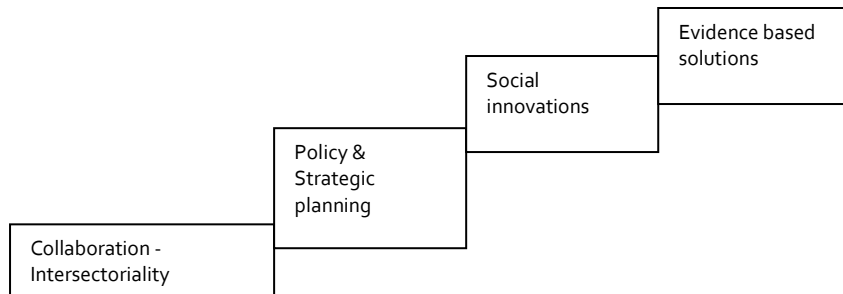
TAKING ACTION

Reduce these health disparities is essential. However, as initiatives emphasise, the key question is not: how to promote healthy lifestyle or healthy behaviour? Or, how can people protect themselves? Or, how to reduce the differences in the health status of the people?

Instead we need to address the risky, unsafe, hazardous conditions themselves as well as the necessary organisational and social changes to tackle inequalities. We have to protect our communities by building up social support and strengthening social cohesion, and ultimately we have to target the elimination of the unequal distribution of societal resources.

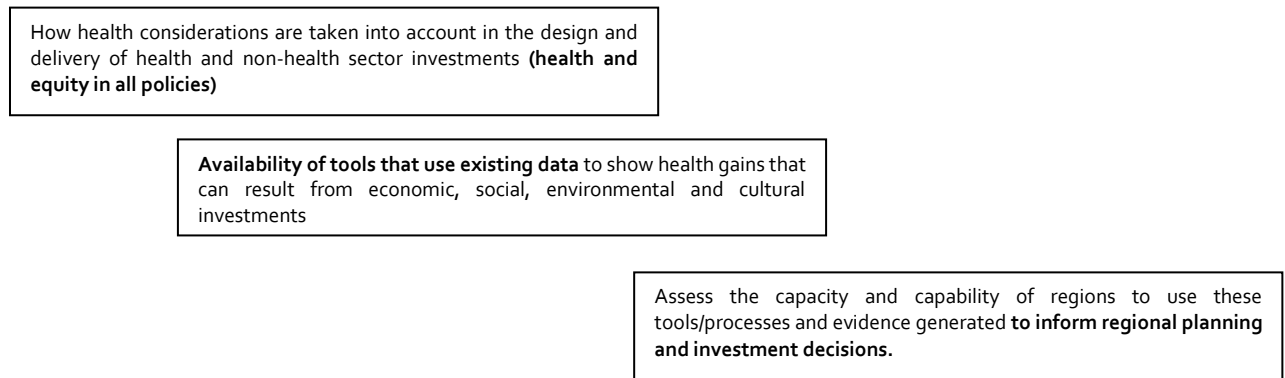
How?

More equitable societies and better health can be achieved only by effective policy & planning, and through operative alliances at different administrative levels, supported by evidence and innovations.



When targeting policy-makers and practitioners who make and shape policy and programmes that should enhance health equity, it is important to improve their health intelligence and build capacity and know-how on tackling socially determined health inequalities.

Where action is needed at regional level?



STRUCTURAL FUNDS AS AN IMPORTANT RESOURCE TO SUPPORT ACTIONS

Structural Funds (SF) offer a window of opportunity to secure funding for or affect the impacts of large-scale actions.

A key role of SF is to reduce regional economic and social disparities and – in line with Europe 2020 – to promote economic growth and employment. Activities addressed to influence economic and social conditions have relevant indirect influences on health.

As such, the HE2020 project supports the innovative approach of using Structural Funds for health gains and social innovation – and the emerging emphasis on achieving added value from EU investments as part of post-2013 Cohesion Policy.

OBJECTIVES

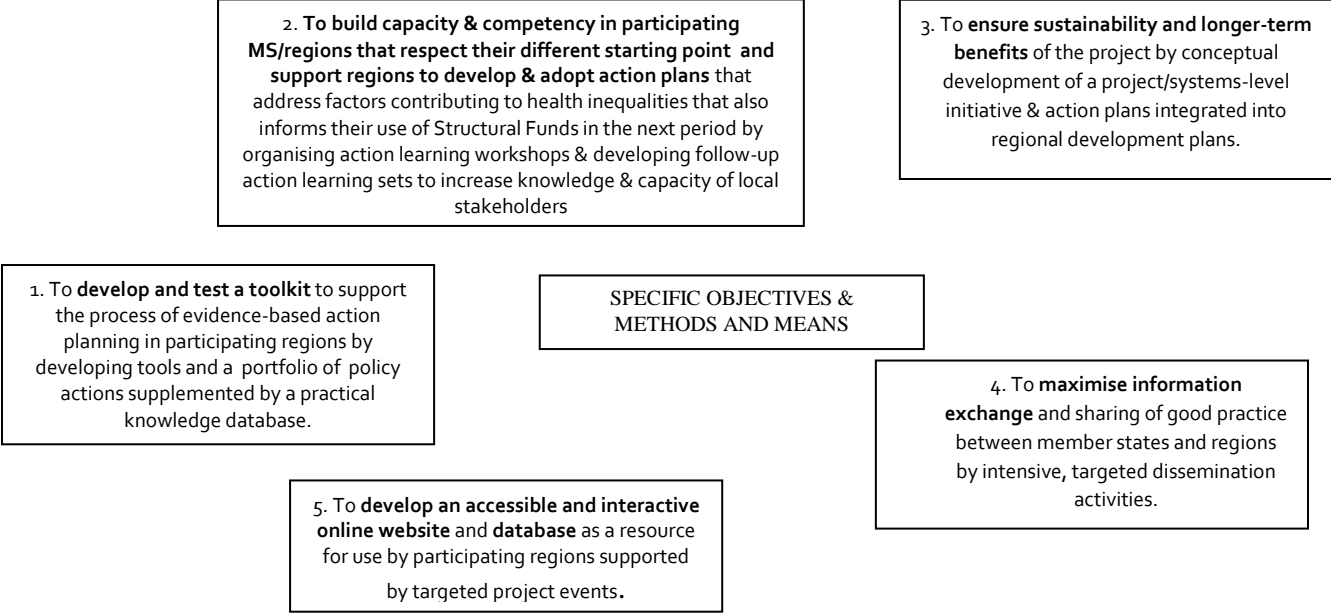
The general objective of the HE2020 project is to assist Member States/regions to develop evidence-based action plans on reducing health inequalities, which also informs the use of structural funds (SF) in the next programming period.

Overall, the project seeks to both (i) explore potential action areas & (ii) make the case (including economic evidence) for investments to reduce inequalities through actions within & beyond the health sector.

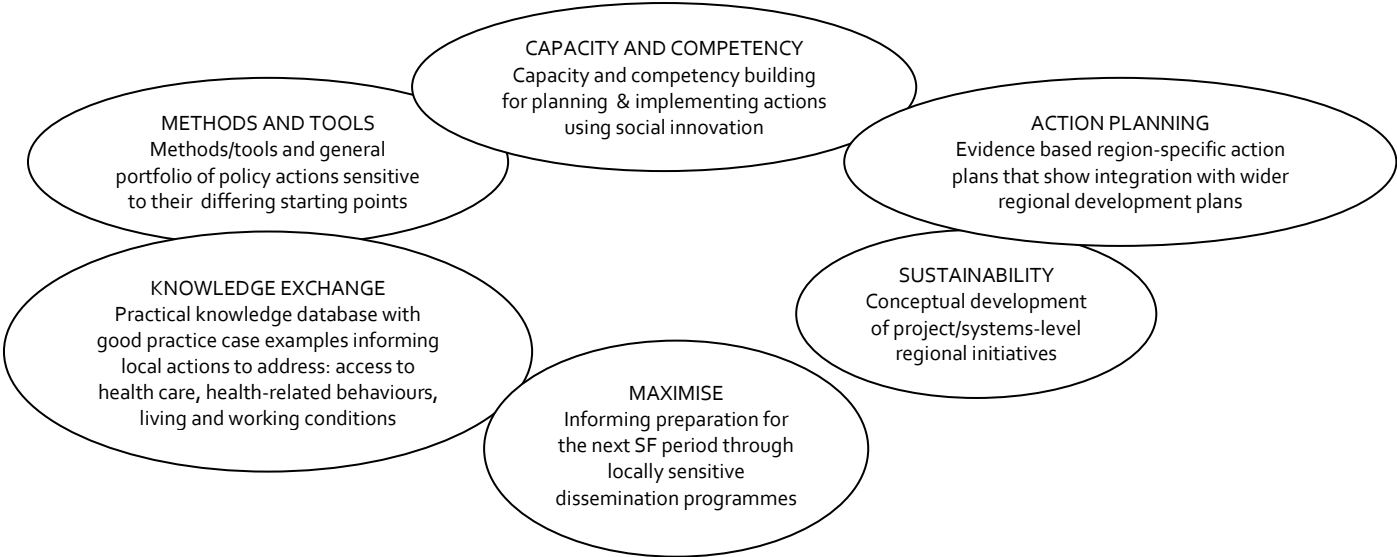
The project strongly builds on existing knowledge & lessons from EUREGIO III and a portfolio of other relevant second health programme projects to inform entry points to action including (i) health & Structural Funds, (ii) analysis of determinants of health inequalities using available data, (iii) views of what works in reducing health inequalities, and (iv) tools for health equity related impact assessment.

SPECIFIC OBJECTIVES & METHODS AND MEANS

Results will be achieved by combining evidence & learning on health inequalities, use of SF for health-related investments & social innovation to inform knowledge exchange & capacity building (See **Figure X**).



OUTCOMES OF THE PROJECT



STRATEGIC RELEVANCE - EU ADDED VALUE - INNOVATION

Relevance to regional & national policies and strategies

Added value is achieved by integrating action plans into regional development plans & national reform programmes: pathfinders for other EU10 regions & other EU regions. Through this, the EU principle of "Health in all Policy" reaches a new dimension systematically pursued by the project. In this, knowledge exchange & capacity building are informed by (i) the principles of added value & territorial coherence - post-2013 Cohesion Policy (ii) shaping use of SF through conditionality (connectivity, transformational change, affordability & sustainability) (iii) the differing needs & capacity of EU10 regions & MS.

Informing Structural Funds Policy

Project results will be used to inform the negotiations for the 2014-2020 SF period including finalization & implementation of new Strategic Guidelines & priorities for thematic/regional operational programs in the EU10 and mid-term review of EU10 national reform programs

Relevance to other key EU policies & strategies

The developed evidence-based & social innovation-informed action plans can be applied systematically through structural funds/other sources. This has relevance to key policies and strategies: Solidarity in health (EC 2009); Council conclusions on health & equity in all policies (2010); what emerges from the EU Polish Presidency in 2011; the EC/WHO Joint Declaration (2010); current Cohesion Policy and discussions about post-2013 Cohesion Policy, Europe 2020, the EU Charter of Fundamental Rights & the new Territorial Agenda of the European Union 2020 (TA2020).

Exploring the role of social innovation

Europe 2020 makes explicit reference to "promote social innovation for the most vulnerable, in particular by providing innovative education, training and employment opportunities for deprived communities". Building on this, we explore the role of social innovation in tackling inequalities. Also, the principle of territorial targeting is a key issue.

Contributing to relevant EC Communication

The action also contributes towards implementing the EC Communication on health inequalities COM(2009)567 which set out the intention to "review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities."

THE PROJECT IS RELEVANT FOR

- key stakeholders at regional & national levels
 - o governments, municipalities
 - o SF operational programme managing authorities
 - o Ministry of Health and Social Affairs
 - o development agencies
 - o actors of health systems
- European stakeholders (EC line directorates, EIB, CP)
- citizens to ensure that participating regions involve population groups & civil society organizations in regional/local action groups tasked with developing action plans

EVALUATION

An integrated *action research-based approach* to evaluation takes account of internal processes & the external impacts of the project in participating regions. The rationale for this is that it is usually participants (from the project partners and participating regions) who have to turn the evaluation into change.

The applied action research evaluation method uses an adapted model and three phases of the Snyder process: process evaluation, which seeks to understand the links between key elements; outcome evaluation, which uses this understanding to identify performance indicators; short cycle evaluation, which uses these indicators to set up feedback to monitor ongoing performance.

PROJECT PARTICIPANTS

Project partners

- University of Maastricht, Department of International Health (Lead)
- Health ClusterNET
- Erasmus MC, Department of Public Health
- Medical University of Lodz
- Centre for Health and Development Murska Sobotka

Pilot regions

The developed toolkit is initially tested in 2 pilot regions: Pomurje (a micro-region in Slovenia) & Lodzskie (a large region in Poland) & then shared/tested with 8 other EU10 regions recruited to take part in the action learning programme & capacity building support.

Selection criteria

Geographic distribution of social disadvantages is not uniform throughout the EU.

The activity prioritizes those MS & regions where premature mortality exceeds 20 per cent of the EU average (defined by under 65 years standardized mortality rates). In effect, the EU10. But, some regions in the EU15 experience significant health inequalities & so they will also be a target group for dissemination through e.g. cooperation with the EC Joint Action on Health Inequalities (2011-2014).

The participating regions/countries are:

- Pomurje region, Slovenia
- Lodzskie region, Poland
- Vysočina region, Czech Republic
- Northern Great Plain region, Hungary
- Trenčín region, Slovakia
- Klaipėda District Municipality, Lithuania
- Latvia tbc
- Bulgaria tbc
- Romania tbc

Map of Europe showing EU10

Advisory Group members

National decision makers from each EU10 and other relevant international organisations will join a Project Advisory Board (WP2) to inform & assess project implementation & outputs.

- OECD Centre for Entrepreneurship, SME and local Development, Paris, France
- EUROHEALTHNET, Brussels, Belgium
- European Centre for Health Assets and Architecture (ECHAA), Utrecht, The Netherlands
- Equity in Health Institute (EHI), Rome, Italy
- Public Health and Social Care Committee, Assembly of European Regions (AER), Brussels, Belgium
- European Funds Department, Ministry of Health, Poland
- EU Financing, Planning and Control Unit, Department of Budget and Investments, Ministry of Health, Latvia
- Institute of Public Health (IPH), Ireland

- Managing Authority for Human Resources Programme, National Development Agency (NDA), Hungary
- Local Urban Development European Network (LUDEN), Brussels, Belgium
- European Association of Development Agencies (EURADA), Brussels, Belgium
- EU Programmes Department, Health Operational Programme, Ministry of Health, Slovakia
- National Institute of Public Health, Czech Republic
- Healthcare Department, Ministry of Social Affairs, Estonia
- Center of Public Health Technologies Institute of Hygiene, Lithuania
- Public Health Directorate, Ministry of Health, Slovenia

CONTACT

Carole Maignan project Manager, Health ClusterNet (carole@healthclusternet.eu)
Prof Helmut Brand project leader, Maastricht University (helmut.brand@maastrichtuniversity.nl)
Prof Jonathan Watson, project director, Health ClusterNet (jonathan@healthclusternet.eu)
+ Partners' contact details

LOGOS OF PARTNERS + European Commission logo

To the bottom

This publication arises from the project HEALTH EQUITY - 2020 which has received funding from the European Union, in the framework of the Health Programme.

FIGURE

(as Flow charts)

