



JAHEE

JOINT ACTION HEALTH EQUITY EUROPE

Why, what, how and who?

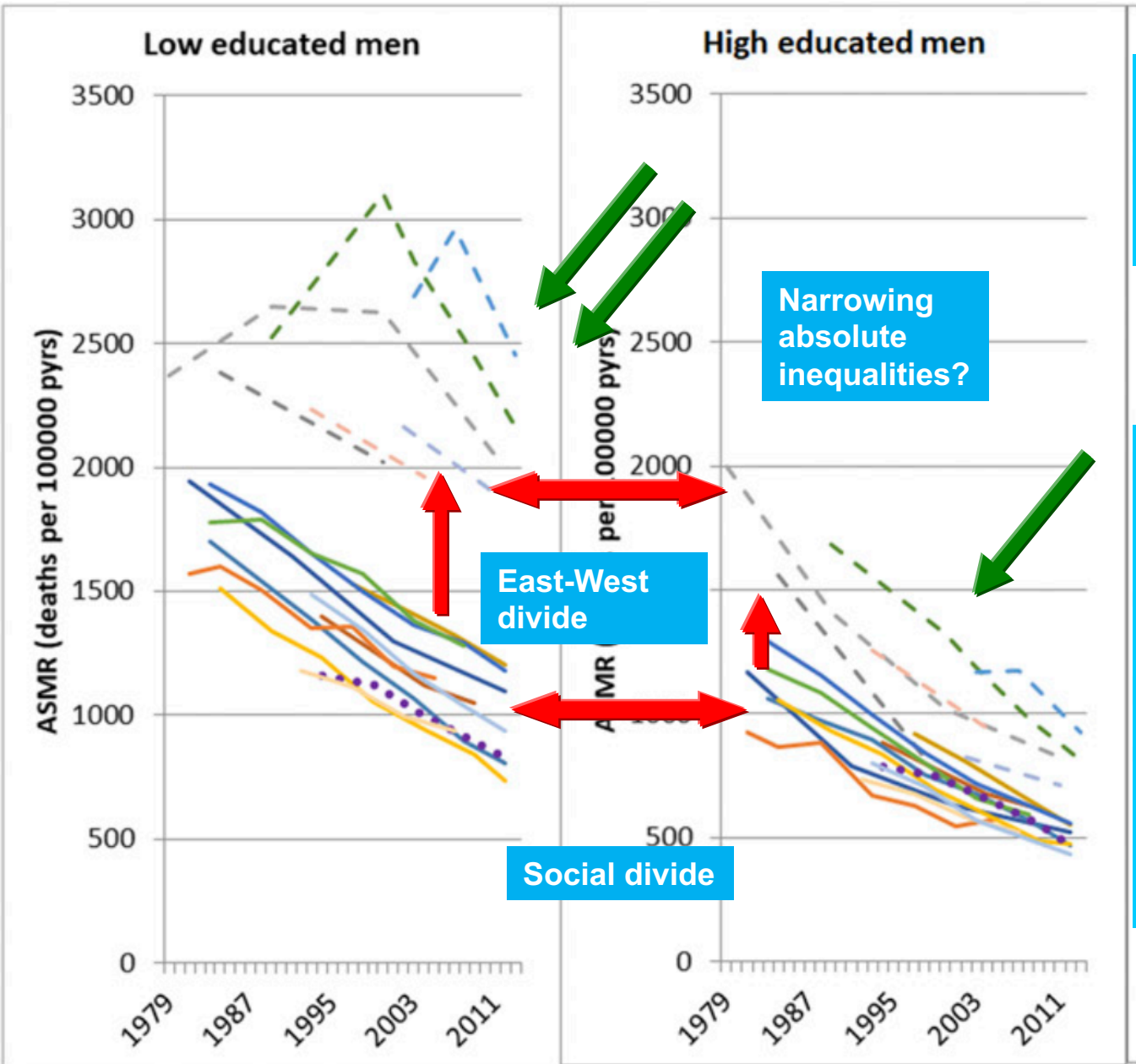
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ISS (Italian Health Institute), Rome



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EDUCATIONAL INEQUALITIES IN MORTALITY ACROSS 17 EU POPULATIONS, MEN 1980-2014 (Mackenbach, Pnas 2018)

Why?



Social inequalities in health are still there

Going the right way: favourable trends also in Eastern Europe and among lower educated, despite the recession

Fig 1. Key words of the EU projects aimed at tackling health inequalities during 2003-2009 (left) and 2010-2017 (right)



Note: The list of the projects surveyed is available in the Appendix 1.

EU COUNTRIES ACCORDING TO THEIR ADVANCEMENT IN TACKLING HEALTH INEQUALITIES (DG SANTE Expert Group, country assessment survey 2015-16)

Why?

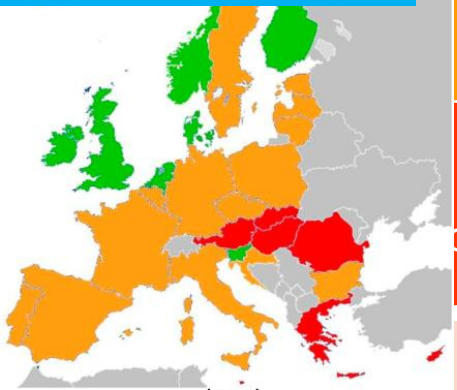
	Agenda	Type	Evaluation	Target	Deaths attributable to lower education	Countries
A	High	Comprehensive cross-government strategies				Finland • Ireland • Norway • Sweden • Austria • Germany • UK
B	Medium/High	Public health and Isolated Cross-government	Medium		25-30% M	Belgium • Denmark • Spain • Netherlands • Italy • France • Estonia
	Health sector		Low/medium	Vulnerable Regional	40-55% M 35-45% F but CY 20-30	Croatia • Cyprus • Czech • Hungary
	Health sector direct/indirect			Society as		Poland • Romania • Slovakia
					20-50% M 15-45% F	Latvia • Greece • Portugal

Do better

Do more

Do some

EU review 2013



**IN SPITE OF THIS PROGRESS TWO IMPORTANT GAPS
REMAIN TO BE FILLED IN BY JOINT EUROPEAN EFFORTS**

What?

**HEALTH INEQUALITIES ARE STILL THE LARGER RESERVOIR OF
HEALTH BENEFITS THAT COULD BE GAINED IN EVERY
EUROPEAN COUNTRY**

- large attributable risks to social determinants of health
- adequate evidence on mechanisms generating health inequalities
- adequate evidence on effective solutions and good practices

**LARGE HETEROGENEITY IN THE DEVELOPMENT OF
POLICIES AND INTERVENTIONS REDUCING HEALTH
INEQUALITIES ACROSS EUROPE**

- lack of integration btw more and less experienced countries
- lack of integration btw EC inputs and member states



Two main goals of JAHEE

- better cooperation (**JOINT**)
- concrete actions (**ACTION**)

JA-01-2017

Joint Action on Health inequalities (€2,5 million EU co-funding) KICK OFF 21-22 JUNE 2018



JA-02-2017

Joint Action - Innovative Partnership on Action against Cancer (€4,5 million EU co-funding)

JA-03-2017

Joint Action on Vaccination (€3 million EU co-funding)

JA-04-2017

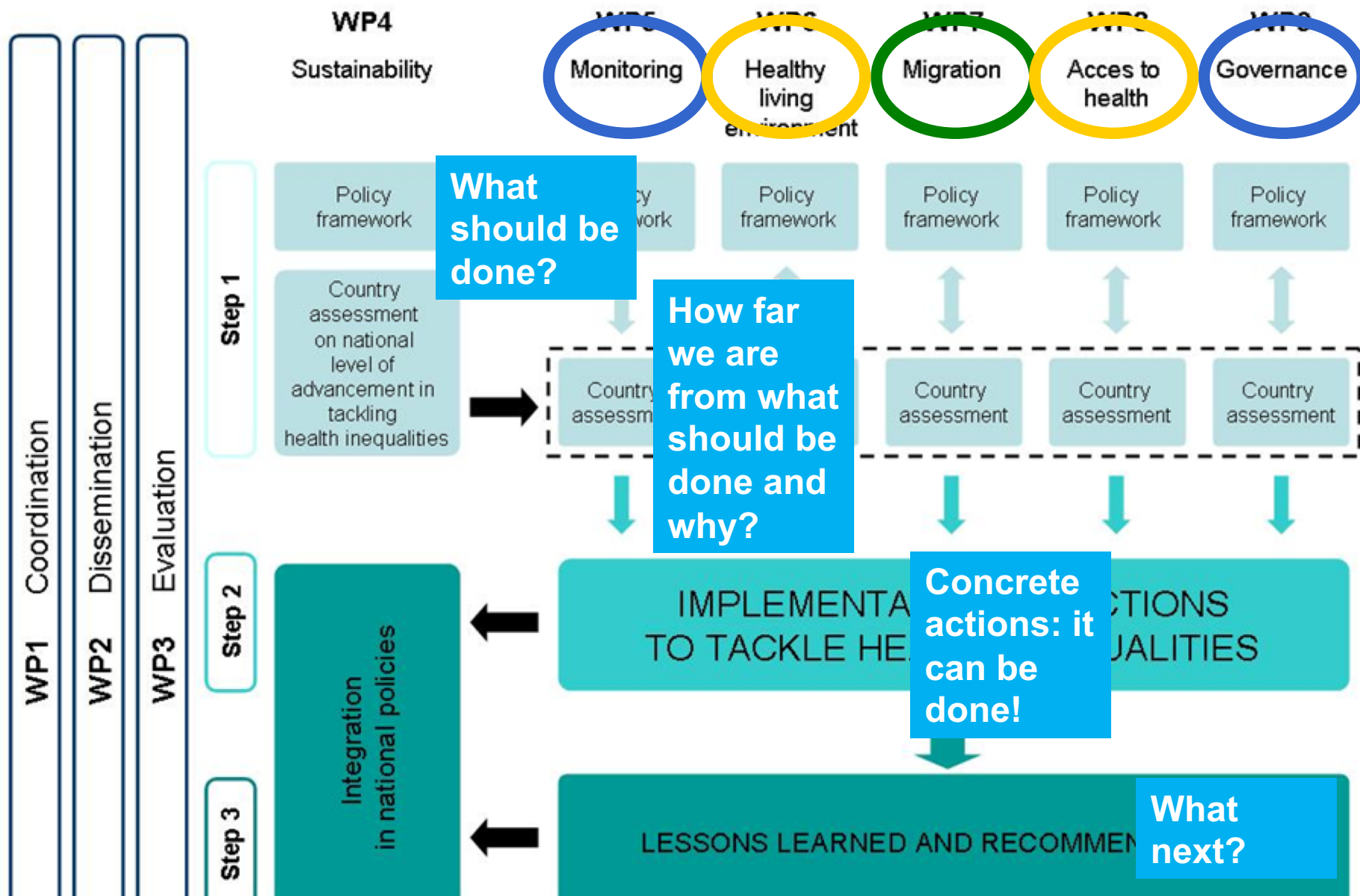
Joint Action on preparedness and action at points of entry (air, maritime and ground crossing) (€3 million EU co-funding)

JA-05-2017

Joint Action supporting the eHealth Network (€2,7 million EU co-funding)

JA-06-2017

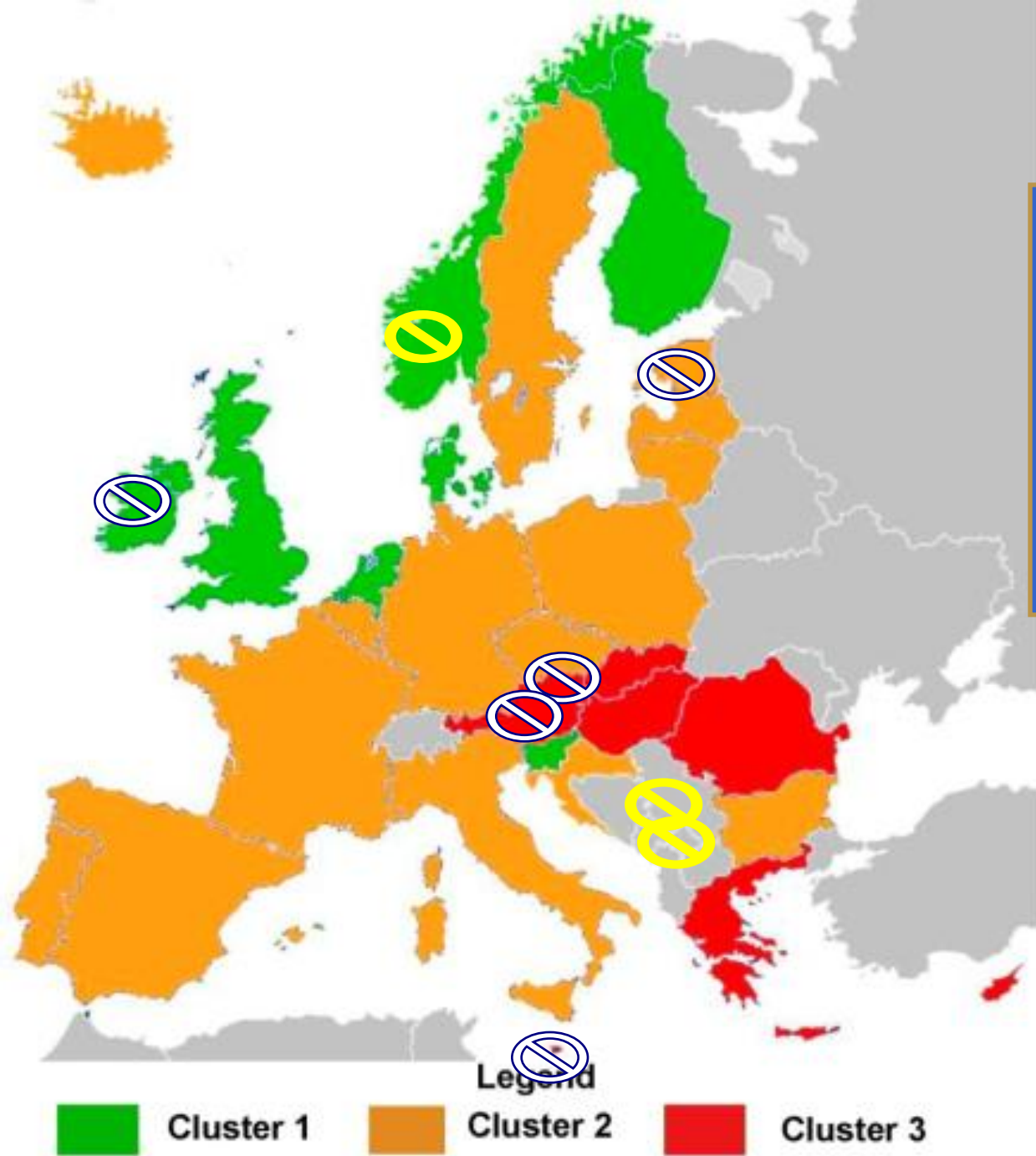
Joint Action on Health Information towards a sustainable EU health information system that supports country knowledge, health research and policymaking (€4 million EU co-funding)



Who?

25 PARTICIPANTS
3 non MS

5 MS NOT PARTICIPATING
collaborative partners

25 Countries	Organisation's Full Name (red: ministerial body; grey: public health institute, green: regions)	Who?
Belgium	Federal Public Service Health, Food Chain Safety and Environment	
Bosnia and Herzegovina	Ministry of Civil Affairs of Bosnia and Herzegovina	
Bulgaria	National Center of Public Health and Analyses	
Croatia	Croatian Institute of Public Health	
Cyprus	Ministry of health	
Czech Republic	The National Institute of Public Health	
Denmark	Bridge to Better Health - Region Zealand	
Estonia	The National Institute for Health Development	
Finland	National Institute for Health and Welfare	
France	Santé Publique France	
Germany	Bundeszentrale für gesundheitliche Aufklärung / Federal Centre for Health Education	
Greece	6th health region of Peloponnese, Ionian Islands, Epirus and Western Greece	
Italy	The National Health Institute	

25 Countries	Organisation's Full Name (red: ministerial body; grey: public health institute, green: regions)
Latvia	The National Health Service (observer)
Lithuania	Sveikatos apsaugos ministerija
Malta	Department Health Information and Research (observer)
Moldova	Institute of Mother and Child (observer)
Netherlands	Dutch Ministry of Health, Welfare and Sport
Norway	The Norwegian Centre for Migration and Minority Health
Poland	Ministry of Health
Portugal	Directorate-General of Health
Romania	National school of public health, management and professional development
Serbia	Institute of Public Health of Republic of Serbia "Dr Milan Jovanović Batut"
Slovakia	Ministry of Health of the Slovak republic
Slovenia	National Institute of Public Health of the Republic of Slovenia
Spain	Escuela Andaluza de Salud Pública
Sweden	Folkhälsomyndigheten, The Public Health Agency of Sweden
United Kingdom	Welsh Government

Who?

	Title and WP leader Red mandatory Green substantive	Who?
1	Coordination	ITALY (National Inst. Health)
2	Dissemination	ITALY (plus subcontractor)
3	Evaluation	GREECE
4	Integration and sustainability	ITALY (plus subcontractor)
9	Health and Equity in All Policies – Governance	FINLAND (National Inst Health)
5	Monitoring	SWEDEN (Public Health Ag.)
6	Healthy Living Environments	GERMANY (Health promotion)
7	Migration and health	NORWAY (Centre for Migrat)
8	Improving equality in access to health services	SPAIN (Public Health School)

Barriers in engaging policy makers/stakeholders (in reducing health inequalities):

where evidence matters

where governance matters

**With
whom?**

- **It is not our concern** (evidence, description)
- **We don't know what to do** (evidence, links)
- **We don't know how to do it** (delivery, networks)
- **We don't want to** – (levers, incentives, regulations)
- **We really don't want to** - ideology, no pressure
– so public pressure
- **We cant afford to** – (cost efficacy, cross sectoral, prevention and other things matter more)

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Disuguaglianze di salute

Ridurre le disuguaglianze con azioni
di contrasto sui determinanti sociali

<http://www.disuguaglianzedisalute.it/>