



Health inequalities: health and non-health policies

organised by

ISTITUTO SUPERIORE DI SANITÀ
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and

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In the field of health inequalities, health sector policies have only a partial responsibility in determining inequalities (about one third), while the rest is related to the role of other non-health sector policies (development and employment, poverty, environment, school and education, social protection and security).

Health depends only in part on the availability of health services for the prevention and treatment of diseases. The role of the economic, social and political context was recognized since the earliest statements on health.

Declaration of Alma-Ata

Declaration of Alma-Ata

**International Conference on Primary Health Care, Alma-Ata, USSR, 6-12
September 1978**

The International Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following

Declaration:

I

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

The Ottawa Charter for Health Promotion

First International Conference on Health Promotion, Ottawa, 21 November 1986

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond.

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health in All Policies

Seizing opportunities,
implementing policies

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Finland's EU Presidency 2006

The Tallinn Charter



WHO European Ministerial
Conference on Health Systems:
"HEALTH SYSTEMS,
HEALTH AND WEALTH"
Tallinn, Estonia, 25–27 June 2008



The Tallinn Charter: Health Systems for Health and Wealth

Stewardship

Health ministries should promote inclusion of health considerations in all policies and advocate their effective implementation across sectors to maximize health gains.

HEALTH 2020

A European policy framework
and strategy for the
21st century



Health 2020

The 53 countries of the European Region approved a new value- and evidence-based health policy framework for the Region, Health 2020, at the session of the WHO Regional Committee for Europe in September 2012. Health 2020 focuses on improving health for all and reducing health inequalities, through improved leadership and governance for health.

http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1

Health 2020: policy framework and strategy

Box 5. Regional targets for Health 2020			
Health 2020 broad target area	Target	Link with Health 2020 strategic objective	Link with Health 2020 policy priority
1. Burden of disease and risk factors	1. Reduce premature mortality in Europe by 2020	1. Improving health for all and reducing the health divide	2. Tackling Europe's major health challenges of noncommunicable and communicable diseases
2. Healthy people, well-being and determinants	2. Increase life expectancy in Europe	1. Improving health for all and reducing the health divide	1. Investing in health through a life-course approach and empowering people 4. Creating resilient communities and supportive environments
	3. Reduce inequities in health in Europe (social determinants target)	1. Improving health for all and reducing the health divide	1. Investing in health through a life-course approach and empowering people 4. Creating resilient communities and supportive environments
	4. Enhance well-being of the European population	1. Improving health for all and reducing the health divide	1. Investing in health through a life-course approach and empowering people 4. Creating resilient communities and supportive environments
3. Processes, governance and health systems	5. Universal coverage and the "right to health"	2. Improving leadership and participatory governance for health	3. Strengthening people-centred health systems, public health capacity and emergency preparedness
	6. Member States set national targets	2. Improving leadership and participatory governance for health	3. Strengthening people-centred health systems, public health capacity and emergency preparedness

EUROPEAN
HEALTH REPORT

2018

More than numbers – evidence for all



The 2018 European Health Report is an essential resource for the 53 Member States to report on progress towards the Health 2020 targets

Target 3.

Reduce inequalities in health in Europe
(social determinants target)

Box 2.9. Health 2020 Target 3 and indicators

All citizens have the right to good health, well-being, education and equal opportunities to prosper where they live.

Target 3 “Reduce inequalities in health in Europe (social determinants target)” is linked to Health 2020 policy area 2 “Healthy people, well-being and determinants”. The target is to achieve a reduction in the gaps in health status associated with social determinants in Europe (1). This target has five key indicators:

- Infant mortality per 1000 live births
- Proportion of children of official primary school age not enrolled
- Unemployment rate
- National and/or subnational policy addressing the reduction of health inequality established and documented
- Gini coefficient (income distribution).

Intersections between SDGs and Health 2020



SDG INDEX AND DASHBOARDS REPORT 2018

GLOBAL RESPONSIBILITIES

IMPLEMENTING THE GOALS



| BertelsmannStiftung



Figure 23 | Graphic representation of the SDG Trends methodology



Italy, index score 74,2



- Project Coordinator:*** Istituto Superiore di Sanità, Italy
- Project Full Title:*** Joint Action Health Equity Europe
- Project Acronym:*** JAHEE
- Starting Date:*** 01/06/2018
- Project duration:*** 36 months
- Project language:*** English
- Co-Funding:*** 3rd European Union Health Programme (2014-2020)

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

In addition to coordination, Italy participates in the activities of the Joint Action in the context of different work packages:

- **WP9 - "Health in all policies and governance", whose objective is to generate interest and greater commitment in tackling HI and their causes**
- **WP4 - "Sustainability", aimed at ensuring the integration of policies and their long-term sustainability.**



ISS **Health Inequalities Unit** is a cross disciplinary Unit involving researchers from different backgrounds.

The general objective to orient research towards closing knowledge gaps on health inequalities.

It also aims to strengthen awareness by producing and disseminating accurate documentation and finally promote effective actions to drive policies to health inequalities reduction.

This unit promotes a collaborative approach between ISS and other national and international stakeholders operating in the field of health equity.

THANK YOU !

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