About JAHEE

**JAHEE represents an important opportunity for Member States to work jointly to address health inequalities and achieve greater equity in health outcomes across all groups in society, in all participating countries and in Europe at large.**

**The effects of health inequalities** within and between European countries are widely recognized, and reducing health inequalities is on the agenda of many countries. Despite an increasing concern and awareness on health inequalities, a wide gap exists in Europe in terms of political response.

**The general objective of JAHEE** is to improve health and well-being of  European citizens and achieve greater equity in health outcomes across all groups in society in all participants countries and in Europe at large. In addition JAHEE will also include a specific focus on both vulnerable groups and migrants.

## **WP 1 – Management of the action**

**Objectives**
The general objectives of this Work package (WP) are: (i) to ensure well-coordinated governance and management of the Joint Action (JA) according to the contractual agreement with the Executive Agency, as well as (ii) to guide the work of the different WP.

WP1 aims at ensuring:

* legal, financial and administrative management of the JA according to the Multi-Beneficiary Grant agreement;
* regular communication with the all the WP leaders in order to assess the implementation of the JA and to identify any deviation in a timely way;
* scientific coordination of the JA, including systematic monitoring of the appropriateness and effectiveness of all planned activities, ensuring a quality check and timely completion of JA deliverables, according to the work plan;
* smooth flow of information among the partners of the JA.

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## **WP 2 – Dissemination**

**Objectives**
The general objective of this Work package (WP) is to guarantee a well-coordinated communication in each stage of the Joint Action (JA)  and to maximise the dissemination of the JA’s efforts and results.

WP2 aims at ensuring:

* timely communication to all stakeholders;
* timely communication to EU;
* stakeholders awareness on the JA information.

**Contacts**Paola De Castro (e-mail: paola.decastro@iss.it)

## **WP 3 – Evaluation**

**Objectives**
The general objective of this Work package (WP)  is to assure and verify that the Joint Action (JA) is implemented as planned and that it accomplishes the objectives defined. This WP also intends to assure that the produced knowledge and outcomes meet high quality standards, are visible and have a relevant impact on the countries.

The project evaluation will be based on two different components:

1. A systematic and continuous monitoring of processes, outputs, outcomes and context.
2. A final evaluation of outcomes.

A systematic monitoring aims at ensuring:

* a timely reporting of issues/criticalities in the process and implementation of appropriated measures;
* production of the project outputs according to the planned activities;
* production of the benefits described in the specific objectives;
* sustainability of the Joint Action  during its execution.

A final evaluation of outcomes aims at ensuring:

* an evaluation of the impact provided by the actions implemented at the country and European level;
* elaboration of the recommendations that will be elaborated at the end of the JA to help improving the programs and policies aiming to address Health Inequalities  in EU countries after the JA.

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## **WP 4 – Integration in National Policies and Sustainability**

**Objectives**
The main objective of this Work package (WP)  is to frame the implementing efforts of all WPs into a bigger picture of integration and sustainability for strengthening national efforts to tackle Health Inequalities. Integration in national policies and sustainability are core objectives of the whole Joint Action (JA) that will contribute to develop effective policies as part of a wider strategy for EU and Member States’  action.
WP4 aims to:

* analyse the level of inclusion of Health Inequalities  in the political agenda of Member States;
* identify political, institutional and practical success factors and barriers for the implementation of policies and actions for health equity;
* support Member States  to integrate the results and conclusions from the JA into national and European policy initiatives to fill identified policy gaps;
* engage EU-level and national decision makers in the discussions on outcomes of the JA.

This WP provides an added value in the policy making process at EU and national level, through the following points:
1. to use the JA results to support the drafting of a proposal for new Council Conclusions on Health Inequalities  (following on the 2009 Communication on Solidarity in Health);

2. to ensure the development of guidance by each specific WP on how existing EU policies and tools can support MSs in improving health equity in the respective fields (e.g. EU Semester, Social Pillar, ESIF and investment funds, State of Health in the EU process).

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## **WP 5 – Monitoring**

**Objectives**
The general objective of this Work package (WP)  is to support MSs to develop a monitoring system on HI adapted to the national contexts, well suited to policy requirements and sustainable over time.
The specific objectives of this WP are:

* to support MSs to develop monitoring of Health Inequalities, well adapted to the national context, and sustainable over time;
* to support the development as well as the use of Health Inequalities indicators for health policy evaluation and prioritization;
* to avoid parallel information systems by aligning the WP-process with ongoing EU initiatives on synchronizing health information systems and where applicable, to suggest to include Health Inequalities  indicators in existing systems.

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## **WP 6 – Healthy living environments**

**Objectives**
The thematic Work package (WP)  “Healthy living environments” deals with the concrete living environment in which people are born, grow up, work and age. They include social and community networks as well as settings of different social and living conditions (adequate housing conditions, health services, education, urban planning etc.). This WP focuses on factors, actions and strategies at EU, national, regional and community level, which aim at contributing to the creation and upkeep of healthy living environments. The goal is to reduce HIs and promote the population’s health and well-being. This will be done taking into account results of the previous Joint Actions and Projects, among others “Closing the Health Gap”, “DETERMINE”, “Crossing bridges”, “Gradient”, “Equity Action”, “CHRODIS” on the one hand and recent developments in different European countries like Welsh Well-Being of Future Generation Act and the German Preventive Health Care Act on the other hand.
The specific objectives of this WP are:

* to support the MSs in identifying national strategies and policies as well as promising models of good practice to better understand assets and impacts of living environments on healthy life styles, risk and resilience factors;
* to support developing implementation guidelines for urban planning, taking into account factors that favor or hinder the creation of healthy living environments, and approaches to tackle the challenges;
* to support the development of an advocacy guidance for decision makers and stakeholders.

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## **WP 7 – Migration and health**

**Objectives**
The overall objective of this Work package (WP)  is to bridge the policy practice gaps, in order to reduce inequalities in the health of international migrants (in the European context we are not addressing internally displaced populations hence the term international) in the short, medium and long term. While there is no single agreed upon legally binding definition of an international migrant, the widely accepted definition is someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status. Generally, a distinction is made between short-term or temporary migration, covering movements with a duration between three and 12 months, and long-term or permanent migration, referring to a change of country of residence for a duration of one year or more. Migrants are a heterogeneous and comprise of several subgroups with very different entitlements and health presuppositions.

These groups include ‘people of concern’ (resettlement refugees, asylum seekers, those who cannot be returned and migrants in irregular situations, internally displaced persons) migrant workers, international students, au pairs, family reunification and those granted settlement on humanitarian grounds to name a few. Within the framework of the JAoint Action , each Member State will have a different composition of these subgroups and therefore it is appropriate that the subgroups showing the highest potential benefit from the JA in the local context. It is important however to state that in this WP all groups will be included not only refugees and asylum seekers.
The specific objectives of this WP are:

* to support the Member States in the identification of policy practice gaps that contribute to inequalities in the health of migrants at the national level;
* to support Member States in engaging cross-sectorial stakeholders, decision makers and communities in promoting practices based on the best available evidence related to migrant health at all stretches of the migration pathways, also by selecting and using relevant existing EU tools;
* to support Member States in improving the skills and competence of the health workforce (doctors, psychologists, nurses etc.) related to migrants’ health (especially related to the health of women, children and young migrants that lack family support and parental guidance), also by selecting and using relevant existing EU tools, such as materials developed in the previous and on-going EU funded projects and studies.

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## **WP 8 – Improving access to health and social services for those left behind**

**Objectives**
The main objective of this Work Package (WP)  is to contribute to the goal of “leaving no one behind” in terms of access to health services and related social services in the EU. This will be done through the formulation and implementation of regional, national and local strategies, policies and programs for reducing inequalities in access to health and social services and through building MSs’ capacity to effectively advance action.
The WP8 concentrates on addressing the health needs of vulnerable groups lagging in access to health and related social services. Therefore when it refers to ”leaving no one behind” it refers, as it has been defined by the EU funded Vulnerable Project, to ensuring equitable access to those families who are in vulnerable situation (e.g.lone parents with young children), people who have a physical, mental or learning disability, or poor mental health, the inwork poor, the older people who are in vulnerable situations, people in unstable housing situations (e.g. the homeless), prisoners (or ex-prisoners in vulnerable situations), people living in rural/isolated areas in vulnerabe situations, the long-term unemployed/inactive (not in education, training or employment), survivors of domestic and intimate partner violence, among others. The irregular migrant’s, asyllum seekers, and refugees are also a vulnerable group experiencing serious inequities in access to health and related social services, lagging with respect to the rest of the populations, but this is dealt by in WP7.

Specific objectives:

* identify, in the Member States participating in the WP8, the main challenges in securing access to health and related social services to vulnerable populations and to those marginalized from the effective access to certain types of services;
* generate case-studies of good practices and/or review of evidence based interventions (e.g. policies, programs, projects) for sharing with the rest of Member States;
* generate Policy Briefs on the main challenges identified;
* implement actions for the reduction of inequities in access to health and related social services;
* support the development of national and regional policies, strategies and programs for reducing HI in access to health and related social services;
* foster inclusive policy development processes with the engagement of all relevant stakeholders.

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## **WP 9 – Health and Equity in All Policies – Governance**

**Objectives**
The general objective of this WP is to focus on governance and systems, that is on Health and Equity in All Policies
at local, regional, national and EU levels, taking into account the wider society.
The specific objectives of this WP are:

* to generate more vigorous interest and commitment in tackling HI and their causes in MSs;
* to strengthen MSs capacity, abilities and commitment to develop and implement effective and concrete policy actions to tackle HI;
* to develop and apply a HiAP approach and implement at least one action during the course of the JA.

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## **Documents**

**Policy Briefing**

* [Policy Briefing 1](https://jahee.iss.it/wp-content/uploads/2020/10/PolicyBriefing_JAHEEbriefCombatingthedualchallengesofCOVID.pdf)
* [Policy Briefing 2](https://jahee.iss.it/wp-content/uploads/2020/12/Policy-Briefing_JAHEE-brief-Recovering-from-COVID-final.pdf)

**News about JAHEE​:**

* [Recovering from COVID-19. The role of the European Semester (just published)](https://jahee.iss.it/wp-content/uploads/2020/12/Recovering-from-the-COVID-19_The-role-of-the-European-Semester_Report-final.pdf)
* [JAHEE statement on the COVID-19 pandemic](https://jahee.iss.it/wp-content/uploads/2020/05/JAHEE-Statement-COVID.pdf)
* [Eurohealthnet (in English)
https://eurohealthnet.eu/newsletter-article-hh/may-2019/main-news-stories](https://eurohealthnet.eu/newsletter-article-hh/may-2019/main-news-stories)
* [Eurohealthnet (in English)
https://eurohealthnet.eu/media/events/health-inequalities-jahee-joint-action-bringing-knowledge-practice-pre-conference-eph](https://eurohealthnet.eu/media/events/health-inequalities-jahee-joint-action-bringing-knowledge-practice-pre-conference-eph)
* [European Commission (in English)](https://ec.europa.eu/newsroom/sante/newsletter-specific-archive-issue.cfm?archtype=specific&newsletter_service_id=327&newsletter_issue_id=9439&page=1&fullDate=Thu%2021%20Jun%202018&lang=default)
* [Istituto Superiore di Sanità – Quotidiano Sanità (in Italian)](http://www.quotidianosanita.it/cronache/articolo.php?articolo_id=63061)
* [Istituto Superiore di Sanità – Lazionauta (in Italian)](https://lazionauta.it/2018/06/al-via-la-join-action-europea-per-lequita-in-salute-dei-cittadini/)
* [Escuela Andaluza de Salud Pùblica (in Spanish)](http://www.easp.es/la-easp-participa-en-una-accion-conjunta-europea-que-busca-promover-la-equidad-en-salud/)
* [HaDEA](https://hadea.ec.europa.eu/index_en)
* [Europe joins forces to promote health equity (in Finnish)](https://thl.fi/fi/web/hyvinvointi-ja-terveyserot/-/terveyden-tasa-arvoa-yhteiseurooppalaisin-voimin)

**Promotion material:**

* [JAHEE Leaflet](https://jahee.iss.it/wp-content/uploads/2020/04/JAHEEleaflet1042020.pdf)
* [JAHEE Bookmark](https://jahee.iss.it/wp-content/uploads/2018/10/6-JAHEE-contacts-bookmark.pdf)
* [JAHEE Brochure (in Italian)](https://jahee.iss.it/wp-content/uploads/2020/05/JAHEE-opuscolo-italiano-2020.pdf)

**Policy Framework for Action:**

* [WP5 PFA](https://jahee.iss.it/wp-content/uploads/2021/12/WP5PFA_final.pdf)
* [WP6 PFA](https://jahee.iss.it/wp-content/uploads/2020/12/D6.1-WP6-PFA.pdf)
* [WP7 PFA](https://jahee.iss.it/wp-content/uploads/2021/12/JAHEE-WP7-Deliverable-1-PFA.pdf)
* [WP8 PFA](https://jahee.iss.it/wp-content/uploads/2020/12/D8.1-WP8-PFA.pdf)
* [WP9 PFA](https://jahee.iss.it/wp-content/uploads/2020/12/D9.1-WP9-PFA.pdf)

**Terminology:**

* [JAHEE Glossary 2019](https://jahee.iss.it/wp-content/uploads/2019/02/JAHEE-Glossary-2019-last.pdf)

**Slides 04 October 2019:**

* [Agenda General Assembly – 4 October 2019](https://jahee.iss.it/wp-content/uploads/2019/11/Agenda-GA-4-October-2019.pdf)
* [General Assembly – 4 October 2019 Part 1](https://jahee.iss.it/wp-content/uploads/2019/11/General-Assembly-4-October-2019-Part-1.zip)
* [General Assembly – 4 October 2019 Part 2](https://jahee.iss.it/wp-content/uploads/2019/11/General-Assembly-4-October-2019-Part-2.zip)

**EVENTS**

16 November 2021 – JAHEE General Assembly: Final Results

The main objective of the European Joint Action Health Equity Europe (JAHEE) is to strengthening national undertakings
to tackle health inequalities (HI) among EU Member States. The 24 participating countries have implemented 82 actions
in the thematic work packages (WPs, WP5-WP9).
The purpose of this General Assembly is:

* to give insights on JAHEE evaluation of results
* to provide an overview of the results and future policy commitment reported by countries through their Integration
Sustainability Plan (ISP)
* to share the Consensus Policy Document and to discuss on how to take forward the recommendations

[**Agenda**](https://jahee.iss.it/wp-content/uploads/2021/11/JAHEEGAFinal_Agenda.pdf)

# 10 November 2021 – 14th European Public Health Conference – Addressing Health Inequalities in Europe: lessons learned and key messages from the Joint Action Health Equity Europe

Organized by JAHEE: Joint Action Health Equity Europe

**The JAHEE initiative, financed by the Third EU Health Programme 2014-2020, has represented an important opportunity for 24 European countries to work jointly to address health inequalities both in health status as well as in access to health and related social services**

The pre-conference offers an excellent opportunity for experts and researchers from various backgrounds to know more about the recommendations produced by JAHEE and the policy message that should be integrated in the policy agendas of different countries and at European level.
Health inequalities (HI) still represent a major challenge for policy makers across the world. The outbreak of the COVID-19 pandemic has further exacerbated already existing HI between and within countries and created new ones with long term consequences which are still difficult to foresee. We now have a real chance to rethink which priorities should be put at the centre of the political agenda. What we have learned is that a global and cross-sectoral governance as well as policy mechanisms should be implemented to address HI and develop effective measures to remove those factors that favour structural inequalities of a society. National and international institutions working together can play key roles in both addressing existing inequalities and in reaching a more equitable response and recovery to the immediate and long-term impact of the COVID-19 pandemic.

[**Agenda**](https://jahee.iss.it/wp-content/uploads/2021/11/JAHEE-Pre-Conference-_05112021_Final.pdf)

# 23 June 2021: JAHEE policy Dialogue “The role of Health Equity Impact Assessments and Audits in Building Back Better and Fairer”

[**Report of the meeting**](https://jahee.iss.it/wp-content/uploads/2021/08/JAHEE_Policy-Dialogue_23_June_2021.pdf)

# 19 November 2020: Policy Dialogue “COVID-19 and health inequalities – the role of the European Semester and the Recovery and Resilience Facility

The Joint Action Health Equity Europe (JAHEE), established in 2017, aims to improve the policy response of the 24 participating countries in the reduction of health inequalities. Suddenly, in the middle of the elaboration of more than 70 JAHEE’s Implementation Actionsi, the COVID-19 pandemic outbreak struck. Although this changed the initial work plan, JAHEE has adapted its actions to face the impact of the pandemic, especially in terms of health inequalities. JAHEE took advantage of this meeting to set up a dialogue among key stakeholders.

The overall of the objective of the panel discussion was to facilitate the exchange of expectations and concerns over the implementation of the upcoming EU processes in view of the economic and social recovery from the pandemic– namely, the European Semester and the Resilience and Recovery Facility – and to discuss how these can be used to limit the widening of health and social inequalities as a consequence of the COVID-19 pandemic. [Agenda](https://jahee.iss.it/wp-content/uploads/2020/12/Agenda-JAHEE_EuroHealthNet-meeting-19-November-final.pdf)

# 16 October 2020 – JAHEE World Leadership Dialogue at WCPH – Combating the dual challenges of COVID-19 and health inequalities

Organized by JAHEE and Eurohealthnet at the World Conference of Public Health

Achieving equity represents a major challenge for policy makers across the world, and**the outbreak**
**of the COVID-19 pandemic has further highlighted the unsustainable cost of health and social**
**inequalities to our societies**. Inequalities have been both exacerbated and created by the pandemic
and its health and socio-economic impact. These consequences will affect vast numbers of medically
and socially vulnerable people for the years to come. They are very likely to have a devastating impact
on health and well-being through a wide range of social determinants of health including
unemployment, precarious working conditions and contracts, and in-work poverty, increase in
poverty and social exclusion, deprivation of education, inadequate housing, mental health problems,
and exposure to violence (especially against women and children). This health emergency
demonstrates that health and social inequalities represent a serious weakness for countries and
undermines their ability to face crises. However, **this challenge also offers the opportunity to take**
**serious actions to put health equity at the core of the post-pandemic recovery process** in order to
reform our national systems, making them more resilient to shocks and avoiding dramatic long-term
consequences of the pandemic.

[Agenda](https://jahee.iss.it/wp-content/uploads/2020/10/WLD-Agenda.pdf)

[Policy briefing JAHEE WLD](https://jahee.iss.it/wp-content/uploads/2020/10/PolicyBriefing_JAHEEbriefCombatingthedualchallengesofCOVID.pdf)

# Webinar 26 May 2020 – WP6 Meeting No. 6: Covid-19 and Cities

## **WP6 Webinar – Covid-19 and Cities**

Insights, implications and perspectives during and after the crisis.

6 April 2020 – Municipal Health Equity Impact Assessment – Transferability of an Italian practical example from Turin to German cities

Health Equity Impact Assessment in local practice – An example from Turin/Italy
Prof. Dr. Giuseppe Costa

Überlegungen zu HEIA in Deutschland/zur Übertragbarkeit von Interventionen mit anschließender Gruppendiskussion

Christina Plantz

Abschließende Statements zu Voraussetzungen der Anwendbarkeit in Deutschland, jeweils aus Sicht einer Kommune und aus Sicht der Wissenschaft
Prof. Dr. Heike Köckler

<https://www.armut-und-gesundheit.de/ueber-den-kongress/dokumentation-2019/kommune-1>

# Rome 4 October 2019 – JAHEE General Assembly

## **Where we are, what we have achieved, what’s next?**

**4th October 2019
Istituto Superiore di Sanità
Rome**

Welcome to the General Assembly of JAHEE. This event will be a unique occasion to share information among different work packages and to learn from comparative discussions on the different Policy Frameworks for Action (PFA) and Country Assessments (CA) that have been produced in different domains for reducing health inequities in Europe. Furthermore, it will be a crucial opportunity to identify the main challenges for the future activities of JAHEE at country and European levels, as well as seek help and collaboration among partners.

The General Assembly will be preceded by individual work-package meetings (partners of WP5, WP6, WP8 and WP9 will meet in the same place the day before the plenary, whereas participants of WP7 in Oslo in September). On the evening of 3rd October 2019, a pleasant social event will close these activities and will give us a first opportunity to open the meeting and enjoy each other’s company.

The agenda of the General Assembly is structured in the following six sessions, each of them with its related objectives.

**Session 1** is aimed at updating partners on the progresses made by WP 5-9: each participant will be informed on the WPs that their country has not joined.

**Session 2** is aimed at informing partners on the policy progress achieved during the last years in the European countries (the “AS IS”), such as that is coming out from the WP4 CA and from the WHO’s Health Equity Status Report.

**Session 3** is aimed at evaluating the coherence between the proposed actions and recommendations based on the country assessments and the expected outcomes outlined in the PFAs from WP5-9 and WP4.

**Session 4** will concern stakeholder and decision-makers engagement. Indeed, participants will be informed about the preliminary results of the stakeholder and windows of opportunity mapping at European and country level.

**Session 5** is about coordination managerial issues: this session will be the right time and place for fine tuning the aspects in organization and coordination that can be improved thanks to suggestions of participants.

**Session 6** will focus on how to move the work forward: participants will be asked to listen and react to the comments of external stakeholders and experts participating in the General Assembly that will comment on the main conclusions and following steps.

We hope that this second General Assembly will contribute to better understand how the final JAHEE results may look like and how the implementation actions will be able to approach the gaps between the TO BE and the AS IS. This could provide a preliminary set of messages and recommendations that JAHEE, through WP4, will suggest to be integrated into the policy and politics agenda at both the national and European level.

[Download Agenda](https://jahee.iss.it/wp-content/uploads/2019/11/Agenda-GA-4-October-2019.pdf)

Roma 30 maggio, 2019 – Disuguaglianze di salute: politiche sanitarie e non sanitarie

**nell’ambito della Terza edizione del Festival dello Sviluppo Sostenibile**
30 maggio 2019

**N° ID**: 126D19

**Rilevanza**
In Italia, i dati epidemiologici e le evidenze sulle diseguaglianze di salute hanno stimolato soprattutto l’interesse degli enti e degli attori sanitari. I principali contributi riguardano le politiche di prevenzione e l’organizzazione dell’assistenza. Per quanto riguarda le politiche non sanitarie, interventi mirati a contrastare le disuguaglianze di salute sono stati sporadici e messi in atto solo in pochi ambiti.
Risulta chiaro che solo l’intersettorialità, cioè la collaborazione e l’integrazione tra diversi settori delle politiche che condividono lo stesso obiettivo di “equità”, può consentire che ogni politica diventi responsabile della quota di azione e promozione di sua competenza e che tutti insieme concorrano a risultati significativi in termini di impatto sulle disuguaglianze.
Le disuguaglianze di salute sono solo in parte attribuibili alle politiche sanitarie. Gran parte della responsabilità è riconducibile alle politiche non sanitarie. In questa ottica, le disuguaglianze di salute, oltre a riguardare in modo specifico l’obiettivo 3 dell’Agenda 2030, necessitano di essere affrontate in una visione olistica tenendo in considerazione tutti quei fattori decisivi dell’esistenza di una persona, quali ad esempio: educazione, lavoro, distribuzione delle ricchezze e accesso alle risorse, protezione sociale, capacità di autodeterminazione.
Il tema delle disuguaglianze di salute non sembra essere ancora entrato sistematicamente e con una visione globale nell’agenda governativa. E’ evidente la mancanza di un coordinamento politico centrale e di un mandato chiaro, che consenta di distinguere ruoli e responsabilità specifici di tutti gli stakeholder italiani che si occupano di disuguaglianze di salute.

**Scopo e obiettivi**
Lo scopo del convegno è quello di accrescere il livello di consapevolezza e l’attenzione al tema delle disuguaglianze di salute.
Nello specifico, si intende evidenziare il ruolo centrale del settore sanitario nel processo di inserimento dell’equità nella programmazione delle politiche pubbliche. Inoltre, risulta di particolare rilevanza ampliare e coinvolgere l’audience degli attori non sanitari con un sguardo ai determinanti sociali di salute.

**Metodo di lavoro**
Il convegno prevede una serie di relazioni sul tema e una tavola rotonda sulle politiche sanitarie e non sanitarie per la riduzione delle disuguaglianze di salute.

**PROGRAMMA**

**Giovedì 30 maggio**

* **11.30**Registrazione dei partecipanti
* **12.00**Pranzo
* **13.00**Saluto di benvenuto
**Giulia Grillo**, Ministro della Salute (in attesa di conferma)
**Armando Bartolazzi**, Sottosegretario di Stato alla Salute
**Lorenzo Fioramonti**, Vice-Ministro, Ministero dell’Istruzione dell’Università e della Ricerca
**Silvio Brusaferro**, Commissario, Istituto Superiore di Sanità
* **13.45**Presentazione degli obiettivi del convegno
**R. Bucciardini**
* **14.00**Disuguaglianze Sociali di Salute nel quadro dell’Agenda di Sviluppo Sostenibile
**C. Collicelli**
* **14.15**Social Determinants of Health: from research to policy
**M. Marmot**
* **14.45**Le principali sfide per la ricerca nel campo delle disuguaglianze di salute
**G. Costa**
* **15.15**Barcelona’s experience in reducing health inequalities and their determinants
**C. Borrell**
* **15.35 Tavola Rotonda,**Politiche sanitarie e non sanitarie per la riduzione delle disuguaglianze di salute
Moderatori: **R. Bucciardini** e **C. Collicelli**
Partecipanti: **G. Cederna**, **M.C. Corti**, **R. Crialesi**, **R. Ferrelli**, **D. Galeone**, **C. Mirisola**, **L. Sinisi**, **F. Spandonaro**, **A. Spinelli**, **S. Vasselli**.
* **17:35**Discussione
* **18.00**Conclusioni e prospettive future
**C. Collicelli** e **R. Bucciardini**
* **18.15**Consegna del questionario di gradimento e chiusura del convegno

**RELATORI, MODERATORI E PARTECIPANTI ALLA TAVOLA ROTONDA**
**Raffaella Bucciardini** – Istituto Superiore di Sanità, Roma
**Carme Borrell** – Agència de Salut Pública de Barcelona, Barcellona
**Giulio Cederna** – Save the Children, Roma
**Carla Collicelli** – Consiglio Nazionale delle Ricerche – Istituto di Tecnologie Biomediche (CNR-Itb) e Alleanza Italiana per lo Sviluppo Sostenibile (ASviS), Roma
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**Ingresso**: Viale Regina Elena 299

**Destinatari dell’evento e numero massimo di partecipanti**
Il convegno è destinato al personale di enti ed istituzioni sanitarie e di ricerca interessato ad approfondire le tematiche che riguardano le politiche di contrasto alle disuguaglianze di salute.
Saranno ammessi un massimo di 220 partecipanti.

**Modalità di iscrizione**
La domanda di partecipazione, disponibile alla pagina [**www.iss.it**](https://www.iss.it/), sezione Corsi/Convegni, deve essere debitamente compilata, stampata, firmata e inviata via fax, oppure digitalizzata ed inviata per e-mail alla Segreteria Organizzativa **entro il 20 maggio**.
La partecipazione all’evento è gratuita. Le spese di viaggio e soggiorno sono a carico del partecipante.

**Modalità di selezione dei partecipanti**
I partecipanti saranno accettati fino al raggiungimento della capienza massima dell’aula.

**Attestati**
Al termine della manifestazione, ai partecipanti che ne faranno richiesta sarà rilasciato un attestato di partecipazione.

**Per ogni informazione si prega di contattare la Segreteria Scientifica/Organizzativa ai numeri sopra indicati.**

# Berlin, 14 – 15 March 2019 – Congress Poverty and Health 2019

**Congress Website:**<https://www.armut-und-gesundheit.de/>



Within the Congress on Poverty and Health, JAHEE WP 6 (Healthy Living Environments) will organize a workshop entitled:

## **Health and Equity in all policies**

**Workshop Contact:**Christina Plantz (christina.plantz@bzga.de)
**Duration:**90 Minutes
**Workshop Description:** To achieve greater health equity, actions are needed across the life-course and in wider social and economic spheres. Much of the work to address social inequity and health inequities lies beyond the health sector. Strong commitment is needed from the top of governments on national, regional and local level, with active engagement of e.g. education, social protection and finance ministries. Health in all policies approaches are not sufficient to address the social determinants of health: what is needed is health equity in all policies. There is valid information on health, health inequalities and its determinants available, but the information is not automatically transformed to concrete policy actions and measures. Besides knowledge, policy implementation requires many other elements to be effective: political will and commitment, collaboration, resources and governance.

The workshop presents some current developments from the EU Joint Action Health Equity Europe (JAHEE) , and good practices from Wales and the City of Utrecht in the Netherlands, who are heading to achieve this goal.

#### **There will be three contributions:**

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

The EU Joint Action Health Equity Europe started in June 2018 and runs for 3 years. Public health authorities from 25 European countries participate. The objective of JAHEE is to improve health and well-being of European citizens and achieve greater equity in health outcomes across all groups in society. One of the five subject areas of JAHEE is “Health and Equity in all Policies – Governance”. Action across sectors has proven to be an effective way to address health issues by focusing on the social and environmental determinants of health.
This session gives an overview about plans of implementation of and Health Equity in all Policies approach in the participating European countries and the context of implementation in each country.

***Tuulia Rotko***, D.Soc.Sc., Development ManagerNational Institute for Health and Welfare – THL, Finland

**2 – The Future Generations Act in Wales – Experience with a regional Health in all Policies legislation**

Background and development of the Future Generations Act in Wales, the impact the legislation is having, how it delivers the aspiration to have a Health in all Policies approach in Wales.

***Catherine Weatherup***Strategic Lead, Health and Sustainability Hub, Policy, Research and International Development Directorate, Public Health Wales

**3 – Healthy Urban Living – an integrated approach for healthy urban development in Utrecht**

Although Utrecht is one of the healthiest (larger) cities in the Netherlands, it is the fastest growing city as well. And despite this healthy status, there are large differences in health between people. Within the fast growing number of citizens, how can we realize a healthy urban environment? How can a design of the urban living environment contribute to promoting citizens’ health and simultaneously reduce health inequalities? These challenges were reason to shift towards a so-called Utrecht’s Health in All Policy or Healthy Urban Living approach. Apparent in political leadership, such as a vice mayor lobbying for more stringent air pollution norms at the European Parliament, and health professionals, for example, working in interdisciplinary teams advising on spatial and infrastructure plans at a daily basis.

***Miriam Weber*** PhD, Healthy City Coordinator, City of Utrecht, the Netherlands

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