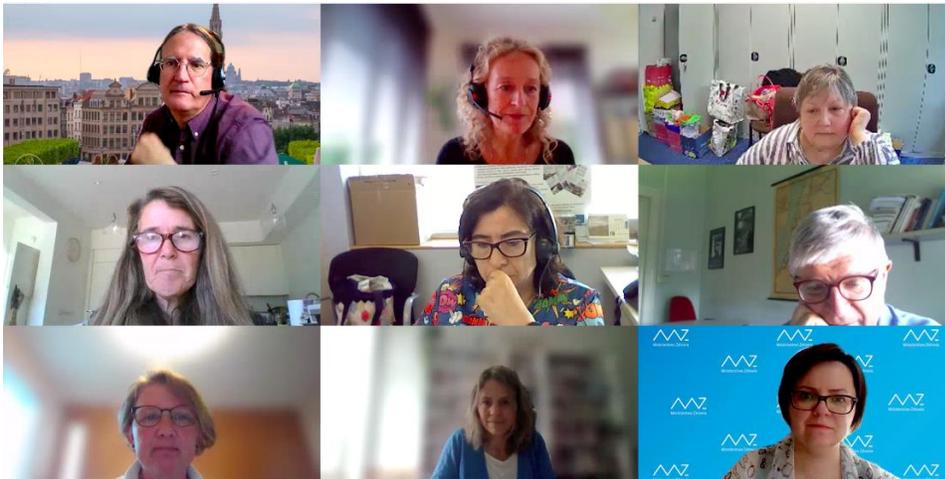




The role of Health Equity Impact Assessments and Audits in Building Back Better and Fairer

Report of the meeting

*Policy Dialogue – Wednesday 23 June 2021,
10:00 – 12:00*



Introduction Towards final policy recommendations

Giuseppe Costa, JAHEE WP4 leader, integration in national policies and sustainability

- JAHEE has been developed on the basis of a “theory of change” that considers the diverse capacity of policy change in battling health inequalities. Three main points:
 - The “Whether”: whether health inequalities are our concern or not and why
 - The “What”: what actions should be done
 - The “How”: how to make them happen
- A glimpse of the actions of JAHEE:
 - The initial work of JAHEE consisted in developing Country Assessments (CA) and Policy Framework for Actions (PFA) for the five specific Work Package (WP) themes (2018)
 - Up to Spring/Summer 2021, 5 WPs were in charge of carrying out 84 implementation actions
 - In 2021 WP4 is developing country-specific and cross-country analysis of the actions and identifying criteria and selection of candidates for Best Practices
- **Provisional Final List of Recommendations from Work Package 4**
 - Introduce an equity lens whenever and wherever possible
 - Collect good data
 - Generate valid equity indicators (accountability)
 - Promote health equity in Health-in-All Policies (HiAP) / Sustainable Development Goals (SDG)
 - Promote health equity on mediators
 - Develop efficient, streamlined health systems
 - Allocate actions according to need & tailored interventions
 - Support structures & practice for intersectoral H(Equity)iAP
 - Focus on municipal umbrella setting
 - Ensure coherence between national, regional and local levels
 - **IMPORTANT:** adoption of a systematic social benchmarking of health indicators in each relevant joint of the social organization where health may be influenced! Providing evidence/alerts for HEA (legacy of JA EQUITY ACTION)
 - **IMPORTANT:** Foster data collection on health equity (vs no data no problem)
- Applying an equity lens to the COVID-19 pandemic allows for a health impact assessment which could prompt an audit, to then initiate wider policy change

Panel discussion

Caroline Costongs, Director of EuroHealthNet, kicks off the panel discussion as moderator:

- The ambition to apply an equity lens in all policies is important when taking into account the impact of the pandemic but also when considering the challenges ahead: green and digital transition, demographics, migration, etc.
- The time is right to (re) highlight the importance of health (equity) impact assessments as policy tools

Bert Saveyn, Evaluation & Impact Assessment, Directorate-General Secretary-General of the European Commission

- Equity is a core driver of the EU Commission policy decisions from a micro to macro level ie. Cohesion funds, Common Agricultural Policy, the EU's role in employment, the social impact of environment and climate policy
- Traditionally, the EU had a supporting role in health policy, however this has changed in recent years, especially due to the COVID-19 crisis. Before COVID-19, the EU already announced the European Beating Cancer plan. With the creation of the European Health Union, the EU has enhanced its activities in a number of areas related to health. In addition to this, many other strategies and initiatives (eg.: Green Deal or Farm to Fork) include the health dimension. Health goes well beyond the area of DG SANTE
- I (Bert Saveyn) am working for the Unit for Better Regulation, overlooking impact assessments and regulation of the European Commission. The Better Regulation is the whole set of activities that allows for effective lawmaking
- The OECD ranks the EU at the top of regulations, highlighting the quality of a long tradition of Better Regulation
- The Better Regulation agenda is constantly improving, and in April a new communication was published foreseeing gradual improvements in the building of Better Regulation processes in five key areas: stakeholder consultation, unnecessary costs and burdens, transparency, foresight and futureproofing, and increasing the visibility of impacts
- In practice, impact assessments and evaluation of better regulation are reports which look at and analyse a large amount of data. Impact assessments are carried out for all important initiatives with significant impacts, at least in three areas: economic, social and environmental (health is taken into account in all the three areas).
- Impact assessments are holistic (vs thematic) and also look at the trade-offs between the various areas
- Impact assessments look at **who** is affected, **how** they are affected, and in **which income group**
- Impact assessments are published when the proposals are adopted by Commission and scrutinised by the Parliament and the Council
- An independent body within the EU Commission, the Regulatory Scrutiny Board, ensures the quality of the impact assessment

Cathy Weatherup, Strategic Lead for Health and Sustainability, Public Health Wales (UK)

- Under the Public Health Act, Wales is one of the first countries in the world to place health impact assessments on a statutory footing. Wales will be introducing regulations which make health impact assessments compulsory for all public bodies in certain circumstances. The Welsh impact assessment unit has provided a case study of how health impact assessment and health equity assessments have been rolled out in Wales
- The Wellbeing and Future Generations Act was introduced in 2015. It commits government and 43 public bodies to delivering 7 wellbeing goals. These goals are designed to improve the wellbeing of the country, such as a healthier Wales, national wellbeing, equality, environmental, economic and cultural goals. The act puts in place the sustainable development principles, and ensures that these

goals and principles are delivered by working in an integrated, transparent and collaborative way. The act provides all actors with an enabling framework to promote collective responsibility and aligns work to a common set of outcomes. These goals and impacts must be considered when developing policy, upon a wide set of parameters

- Impact assessments are a core part of the policy process. Impact assessments help identify the different facets of an issue, spot the connections with other areas of work and help define the purpose in line with government strategy. Impact assessments help to determine how each option affects different people, the economy, the environment and culture. Finally, impact assessments identify detailed delivery issues that need to be resolved before proceeding further. If an impact assessment is delivered at the correct stage, then it will help determine the delivery approach that is appropriate and needed. An impact assessment developed at the outset of policy will help to ensure that the evidence needed for evaluation is identified at the correct time
- In response to the act, the Welsh government developed an integrated impact assessment tool which brings together a compendium of impact assessments (since 2018). When officials are considering new policy, they must use an integrated impact assessment template which automatically illustrates the cross-portfolio thinking required. It links the policy owner to all colleagues across the organisation whom have expert knowledge across the portfolio, or responsibility for statutory impact assessment ie. Environmental impact assessments.
- Questions on the impact assessment relate to socioeconomic impact, in line with the Welsh governments commitment to their socioeconomic duty. Officials involved are now exploring ways to improve integrated impact assessment, namely with regard to the format of the tool, the guidance around the use of the tool, the timing of impact assessments and their usability. .

Stefania Vasselli, Directorate-General for Prevention, Ministry of Health, Italy

- **Health inequalities** are the differences in health experiences and outcomes between different population groups according to socioeconomic status, geographical area, age, disability, gender or ethnic group. **Health inequities** describe the differences in opportunities for different population groups which result in unequal life chances, access to health services, adequate housing, exposure to risk factors etc. The health system plays a core role in reducing or enhancing health inequities
- Reducing health inequities (HI) was an issue of all National Prevention Plans (NPP). However, attention to HI appeared to be minimal in 2005-2012 NPPs, since only a minority of Regional Prevention Plans (RPP) prioritized the need to reduce HI and too few projects contained actions specifically targeting these objectives
- The 2014-2018 NPP has already included the fight against HI in the vision and mission of prevention: for the first time a national planning act proposes the reduction of HI as a guiding principle and as an evaluation criterion
- The new 2020-2025 NPP confirms the need to strengthen the fight against HI and the reduction of the main social and geographical inequalities that are observed in Italy. HI are indeed a transversal priority to all the objectives of the NPP, which requires the disclosure of scientific data, validated methods and tools to guarantee equity in the action
- This also helps to ensure that Essential Levels of Care (LEA) are implemented in all Regions so that each regional health service (RHS) is accountable to deliver the LEA to every person in Italy regardless his/her social status or other sociodemographic conditions.

- The HEA process is a cyclical, action-research process used by decision makers and healthcare providers to explore & identify potential health inequalities. The HEA process has multiple stages with various priorities and partners involved.
- The National Prevention Plan (NPP) is a document adopted in agreement between the National and Regional authorities. All levels follow a central action plan, sharing principles, objectives, methodologies and tools. The 2020-2025 NPP vision is based on:
 - One Health approach consistent with the UN 2030 Agenda (and National Strategy for Sustainable Development)
 - Health in All Policies framework (whole-of-government and whole-of-society approach)
 - Multilevel governance of prevention based on the integration of national, regional and local policies
 - Person-centered approaches (empowerment, health literacy, engagement)
 - Implementation of programs and actions supported by evidence of effectiveness, equity and sustainability
 - Use of health related data for monitoring and evaluation
- The innovations introduced under the 2020-2025 NPP include:
 - Introduction of “Predefined Programmes” which have the same characteristics for all Regions: are binding; are monitored through predefined and common indicators for all Regions; foster collaboration and networking among different sectors; are based on evidence of cost effectiveness and equity or good practices as the best criterion for selecting priority problems and interventions; and adopt a settings-based approach as the best strategy and governance model
 - Health in all Policies Approach where prevention and health promotion is based on the concept of 'governance for health', and intersectoral actions that apply health equity lens. This means that an equity lens is required in intersectoral action and governance of public health
 - Foresees capacity-building programmes
- The Health Equity Audit process is a cyclical, action-research process used by decision makers and healthcare providers to explore and identify potential health inequalities. The HEA process has multiple stages with various priorities and partners. HEA is more successful in achieving equity goals if it is focused on setting-based programs, which consider where people spend their time ie. schools and workplaces. The stages of the HEA cycles are:
 - Agree priorities and partners
 - Do an equity profile - identify the gaps
 - Identify effective local action to tackle inequalities
 - Agree on local targets/priorities with partners
 - Review progress and impacts against targets
- **Under the 2020-2025 NPP**, the HEA is a prerequisite of regional planning as well as one of the criteria for evaluating and approving (by 31 December 2021) the regional prevention plans proposals (RPP). **HEA also requires good access to resources**
- According to NPP indications, HEA is more successful in achieving equity goals if:
 1. It is focused on setting-based programs

2. It adopts a life-course perspective and a gender-responsive approach
 3. It is based on whole-of-government and whole-of-society approaches, using intersectoral collaboration
 4. It intends to impact system rules, analysing organizational and governance mechanisms and underlying possible inequities, and developing comprehensive and integrated strategies
 5. It provides a window of opportunity for carrying out sustainable interventions, re-engineering with an «equity lens» what is already in place
 6. It incorporates a robust and flexible monitoring and evaluation processes
 7. It supports data collection on social determinants
- In summary, the 2020-2025 NPP gives a direction to the effort of implementing and evaluating essential levels of care which guarantee equity. The regional predefined programmes may help convert this essential level of care to actions. HEA is applied and documented as a cultural, strategic, organisational and operational participatory approach which can meet the needs of different stakeholders involved and can be modified to effectively address equity. The results should directly influence the program and services by incorporating health equity findings into everyday work to continue to make progress towards greater health equity

Rosana Peiro Pérez, Directorate-General for Public Health, Region of Valencia, Spain

- I (Rosana Peiro Perez) work in the Public Health department of the Region of Valencia and my office works closely with municipalities
- The Regulatory framework of public health includes:
 1. At national level, the General Public Health Act 33/2011, and states that public administrations must undergo health impact assessments
 2. At regional level, the Valencian Health Act 10/2014 states that plans, programs and projects must be subjected to a health impact assessment and
 3. The IV Health Plan of the Valencian Community 2016-2021, (“Health-in-all ages and health-in-all policies”) is a commitment of the regional government, not only of the health department, and explicitly foresees that health is responsible for all departments/sectors (commitment of the whole government)
- The work to be presented in this presentation is described under the strategic lines 3 and 5 under objectives of the IV Health Plan:
 1. “Strengthening equity and gender equality, reduce inequalities in health and promote participation”
 2. “Supporting the network of municipalities for health”
- Xarxasalut is a network that promotes health actions in the municipalities of the Valencian Community. It is managed by the Regional Public Health Directorate with the collaboration of the Valencian Federation of Municipalities and Provinces
- The objectives of XarxaSalut are to:
 1. Help municipalities to understand that health is a matter of determinants of health that can improve through actions in all policies also at local level
 2. Promote organizational changes in order to increase municipalities commitment toward community participation, intersectoral collaboration and adoption of equity approaches in all decision-making policy development

- As part of JAHEE, the Region of Valencia supports the development of a methodology for the implementation of Health Equity Impact Assessment (HEIA) at local level. In practice, this means adapting the (generic) HEIA theoretical framework developed by Barton/Grant to the Valencian local level.
- The adaptation we made to the Valencian Community of the general “health impact assessment” check list is called *Fem Salut*: in the framework of JAHEE we made an adaptation to be used by municipalities with community participation. This adaptation is called: DECIDE.
- The methodology used to develop this HEIA
 - Step 1: (1) Adaptation of the HEIA tool “*Fem salut*” to local level by :
 1. Literature review: experiences, methods and instruments used for HEIA at local level in different contexts
 2. Design of checklist, based on the “*Fem Salut*” tool, incorporating relevant aspects extracted from the consulted bibliography
 3. Review by a group of experts: public health professionals and municipal technical staff from different areas (15-20 people)
 - Step 2: (2) Pilot study: testing the adapted HIA tool
 - 6 municipalities selected for discussion or draft phase
 - Test the applicability of the tool
 - Develop a HEIA methodology to be implemented at local level to result in a guide to be used by municipalities
- This process was carried out in workshops. After the workshops, the HEIA tool was adapted as follow:
 1. the terminology and language were changed to be more accessible and guiding questions were added to explicitly address the health equity impacts
 2. The management of the tool was changed (e.g.,: from checklist to qualitative methodology)
 3. The equity approach in supporting questions was increased
- The result of this process was the adaptation of the methodology for implementation of the Health Impact Assessment (HIA) with the equity lens at the local level. This resulted in the *ad hoc* DECIDE methodology alongside a guide on “*How to analyze the impact on health and on equity in municipal initiatives*”
- The guide was presented in the annual XarxaSalut meeting, where public health services and municipalities shared experiences in community action for health, including health equity impact assessments experiences. A significant amount of funds was allocated to municipalities to promote community participation, intersectoral collaboration and adoption of equity approaches in all decision-making policy development

General Discussion

- Caroline Costongs – What terminology should we use? Integrated impact assessments which take into account economic, environmental, equity etc., health equity audit, health equity impact assessment or health impact assessment?
- Caroline Costongs – Are impact assessments a lot of work and time consuming? What are your recommendations in terms of the feasibility of how likely impact assessments are to get done considering there is so much work involved?
- Bert Saveyn – We should use the terminology and the tools that fit the purpose of the task. In some instances, an audit is appropriate (monitoring exercise), in other cases, an impact assessment is better as it is an ex-ante analysis of what could happen
Impact assessment are a lot of work, they tend to be big documents with lots of technical annexes and supporting studies. As an organisation, you need to build capacity for long-term activities (no one-off initiatives). It takes time and resources to therefore engage with the right people and prepare realistic responses to what is to come in the near future
- Giuseppe Costa – JAHEE goes beyond Health Impact Assessments as we are more concerned about the equity lens. We try to learn about how to have the equity lens permanently inserted in Health (Equity) Impact Assessments, therefore policy design/evaluation
The pandemic has definitely increased the importance of health in various impact assessments
- Rosanna Pérez – Equity is the most important aspect of an impact assessment and we have to be sure it is included in the health impact assessment adapted at local level. It also is important to stress the impact of inequalities on health and well being in the assessment of any policy (eg.: affecting other social determinants of health). This is because people are more sensitive to the health topic. The terminology is affected by cultural differences, for example in Spain the term “audit” is not welcomed within municipalities and we never use it.
- Cathy – With regards to the use of different terminologies, such as impact assessments or audits, the use of a term vs another just depends on how this fits the context you use it for. What is important is to explain clearly the process and the response. The term integrated impact assessment is used in Wales to embed the strategic ambition of the legislation. The terms don’t need to be exclusive, they can, often can be used in combination.
- Moica – Thank you. Bert, I would like to ask you if Member States are involved in the impact assessment process carried out at EU level? And how can we benefit from it at national level? I also have a comment based on Caroline’s question. In Slovenia, within JAHEE Work Package 9 “*health-in-all policies*”, we implemented a case study to show how we can move from reporting on health inequalities to implementing health equity approaches. We created a multisectoral and multidisciplinary platform supported by national institutes from different sectors. Building the joint initiative allowed us to overcome the challenges related different definitions in each sector. Then, we developed case studies (one per sector involved, three in total) to understand how to best implement equity approaches (including assessments) and communicate with other sectors
- Bert Saveyn – There are multiple channels of involvement of National and regional levels. Impact assessments are public and are sent to the Council (composed of Member States). Thus, Member States are involved and consulted in the process. In addition, there is a specific working party of competitiveness under the Council that specifically discusses Better Regulation. If time allows, impact assessments also give angles from national levels when relevant (but it is a sensitive issue). Finally there are several organisations, actors, etc. involved

- Ingrid Stegeman – Has COVID-19 and the emphasis on a “fair transition” put forward by the new Commission changed the focus of impact assessments, in particular the social aspects?
- Bert Saveyn – The social dimension is of utmost prominence and is gradually becoming more prominent in impact assessments, going beyond the impact on GDP. Of course, everything depends on data availability



Closing remarks – Ingrid Stegeman & Giuseppe Costa

- Ingrid Stegeman – The health sector tries to put health equity/the use of health equity lens on the agenda. The operationalisation of a health equity approach through broader strategies and practical approaches can have a wide impact. A constant theme of the discussion was the need for cross-sectoral communication which can require learning to understand and to speak each other’s language
- Giuseppe Costa – The talk confirmed the premise outlined in the introduction: a health equity lens should be applied wherever and whenever possible. We will keep working toward the adoption of equity impact assessments and we look forward for their practical implementation in the near future



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