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International Health

International Horizon Scanning and Learning Report

Five Essential Conditions for Health Equity

Report 46, September 2023

Canolfan Gydwethredol Sefydliad
Iechyd y Byd ar Fuddsoddi
ar gyfer Iechyd a Llesiant



World Health Organization
Collaborating Centre on Investment
for Health and Well-being

Overview

The International Horizon Scanning and Learning reports were initiated as part of the COVID-19 public health response, to support dynamic response and recovery measures and planning in Wales. They varied in focus and scope, depending on the evolving COVID-19 situation and public health/policy needs at that time. The reports focussed on COVID-19 international evidence, data, experience, policy and public health measures, transition and recovery approaches. Learning and intelligence was collated and synthesized to understand and explore solutions for addressing the ongoing and emerging health, well-being, social, economic and environmental impacts (potential harms and benefits) of the pandemic.

The scope of the reports was expanded in spring 2022 to cover priority public health topics, including in the areas of health improvement and promotion, health protection, and health care public health. The report topics and findings are aligned with and help inform decision-making and on-going work in Welsh Government, the NHS and Public Health Wales. They are also disseminated to wider network of (public) health professionals and partners nationally and internationally.

This is part of a wider Public Health Wales' systematic approach to intelligence gathering and evidence translation into policy and practice, supporting coherent, inclusive and evidence-informed action, which progresses implementation of the Wellbeing of Future Generations (Wales) Act and A Healthier Wales strategic plan towards a healthier, more equal, resilient, prosperous and globally responsible Wales.

Disclaimer: The reports provide a high-level summary of learning from real life experiences from selected countries, and from a variety of scientific and grey literature, including sources of information to allow further exploration. The reports are not comprehensive and are not aimed at providing detailed, robust or in-depth evidence review, analysis or quality assurance. They are meant to offer a brief snapshot or current evidence, policy and practice, sharing relevant country examples and key (reputable) international bodies' guidance and principles.

In focus:

Five Essential Conditions for Health Equity

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At a glance: summary of international learning

“Why treat people and send them back to the conditions that made them sick?”

Sir Michael Marmot, University College London Institute of Health Equity¹

Health equity and approaches to reduce health inequities

- ✚ In this report, **we define health equity as the absence of unfair, avoidable, or remedial differences** among groups of people
- ✚ **Global health equity** aims to improve the average health of countries and abolish avoidable inequalities in health between and within countries
- ✚ **Health inequities, inequalities, and disparities** are terms that are often used interchangeably but have different meaning
- ✚ **Health inequities are avoidable** - they are created by structural and political processes and decisions that affect the everyday living conditions of people and populations
- ✚ The **Social Determinants of Health (SDOH)** are largely responsible for health inequities – these are the **conditions in which people are born, grow, live, work, and age**, shaped by the **distribution** of money, power, and resources at global, national, and local levels
- ✚ **Health inequities have significant individual, social and economic costs** and can reduce economic growth, drain household resources and drive families into poverty
- ✚ **Health inequities can be reduced** through a **combination of policies and interventions across all SDOH and government levels**
- ✚ **Internationally recognised principles and approaches** include but are not limited to:
 - ✓ **SDOH framework** focusing on action across: children and young people, fair employment, standards of living, sustainable places and communities, tackling racism and discrimination, environmental sustainability, and the role of prevention
 - ✓ **Proportionate / progressive universalism** applying a combination of immediate and long-term universal and targeted policies and support
 - ✓ **World Health Organization (WHO) Five Essential Conditions framework**, including: 1) health services, 2) income security and social protection, 3) living conditions, 4) human and social capital, and 5) employment and working conditions
 - ✓ **Well-being Economy approach** recognising the influence of broader social, planetary and economic factors on population health outcomes, focusing on the importance of investing in people's well-being, promoting cohesion, and addressing inequalities to achieve sustainable and inclusive economic growth

WHO Five Essential Conditions for health equity

- ✚ **This report uses the WHO Five Essential Conditions, an innovative rights- and evidence-based multi-sectoral policy action framework**, aiming to address complex and persistent health gaps, accelerate action and increase opportunities to achieve healthy prosperous lives for all, leaving no one behind
- ✚ **This is the first in a series of reports**, which will focus on each of the five essential conditions with examples of international best practice
- ✚ The essential conditions **overlap and are interconnected**, which highlights the **need for cross-sector and systems approach** to address health inequity

1. Health and health services

¹ Marmot M. *The Health Gap: The Challenge of an Unequal World*. London: Bloomsbury Publishing; 2015.

- ✚ Equity policies and indicators are related to the **availability, accessibility, affordability, and quality of preventative and healthcare** services and interventions
- ✚ Effective tools include: **health impact assessments, health needs assessments, and economic assessments**
- ✚ Policies to reduce health inequities may focus on **universal health coverage and universal access to quality services**

2. Health and income security and social protection

- ✚ **Income security** is defined as a replacement of income, which has been lost temporarily because of injury, disability, or sickness
- ✚ **Social protection** includes access to care and income security, particularly in relation to old age, unemployment, sickness, disability, work injury, maternity, or loss of a main income earner, and for families with children
- ✚ Effective social protection systems are central to **reducing poverty, boosting human capital, and laying the foundation for inclusive, equitable, and resilient societies by increasing access to healthier choices**
- ✚ Policies to reduce inequities may focus on **pensions, support for families** (such as, childcare and universal primary free school meals) **and financial support for ill-health and unemployment** (such as, paid sick leave and universal basic income)

3. Health and living conditions

- ✚ Those living in **deprived neighbourhoods die earlier, spend more time in ill-health,** and are exposed to **environmental conditions that negatively affect** people's health
- ✚ Health equity can be achieved when families live in **communities with well-funded schools and parks, with access to safe and affordable homes**
- ✚ Policies to reduce (health) inequities may focus on **affordable and safe housing, spatial planning, green spaces, and clean air**

4. Health and human and social capital

- ✚ **Social capital** (relationships and networks with family, friends, neighbours, and the wider community, including trust and reciprocity) influence people's lives and health outcomes
- ✚ **Human capital** is the value of individuals' skills, knowledge, abilities, social attributes, personality, and health attributes
- ✚ People from **lower socioeconomic backgrounds and marginalised groups** are at a **higher risk of social exclusion** and have the **highest risk of poor health** outcomes
- ✚ Policies to reduce (health) inequities may focus on **education and skills, social resilience and empowerment, and sense of belonging**

5. Health and employment and working conditions

- ✚ The workplace and related conditions have an **impact on health and contribute to income poverty, stress, and social exclusion**
- ✚ **Young people, women, people from low-income backgrounds, with disabilities, and non-national migrants** experience **higher barriers and inequitable opportunities** to participate in the labour market and secure employment
- ✚ Policies to reduce (health) inequities may focus on **improving the health impact of employment, working conditions, and workplace equality** (such as, availability of work, a living wage, physical and mental demands, ensuring health and safety at work)

Five Essential Conditions for Health Equity: Overview

This report uses the **WHO Five Essential Conditions**, an innovative rights- and evidence-based multi-sectoral policy action framework, aiming to address complex and persistent health gaps, accelerate action and increase opportunities to achieve healthy prosperous lives for all, leaving no one behind. **This is the first in a series of reports**, which will focus on each of the five essential conditions with examples of international best practice. The essential conditions **overlap and are interconnected**, which highlights the **need for cross-sector and systems approach** to address health inequity

Introduction

Health equity, equality, inequities, inequalities, and disparities are terms that are often used interchangeably. Table 1 provides definitions for the purposes of this report.

Table 1. Key definitions

Term	Definition
Health equity	The absence of unfair, avoidable, or remedial differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means such as sex, ethnicity, or disability. Healthy equity is achieved when everyone can attain their full potential for health and well-being ²
Health equality	Everyone has the same resources and opportunities, regardless of their background or circumstances ³
Health inequities	Differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work an age ⁴
Health inequalities	Observable differences between subgroups within a population. They can be measured and monitored and serve as an indirect means of evaluation health inequity. ⁵ These may also be referred to as disparities

- **Health inequities are avoidable**, they are created by structural and political processes and decisions that affect the everyday living conditions of individuals and populations²
- **The social determinants of health (SDOH)** are largely responsible for health inequities⁶
 - ✓ They are **the conditions in which people are born, grow, live, work, and age and are shaped by the distribution of money, power, and resources at global, national, and local levels (Figure 1)**⁷
 - ✓ Social factors, including education, employment status, income level, gender, and ethnicity have a marked influence on how healthy a person is⁸
- **In all countries**, including low-, middle-, or high-income, there are **wide disparities** in the health status of different social groups
- **The lower an individual's socio-economic position, the higher their risk of poor health**⁹

² [WHESP \(solutionsplatform.co.uk\)](https://www.solutionsplatform.co.uk/)

³ [Equity vs. Equality: What's the Difference? | Online Public Health \(gwu.edu\)](https://www.gwu.edu/~publichealth/equality-what-the-difference/)

⁴ <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

⁵ [hiap-ppt-module-2-part-2.pptx \(live.com\)](https://www.live.com/hiap-ppt-module-2-part-2.pptx)

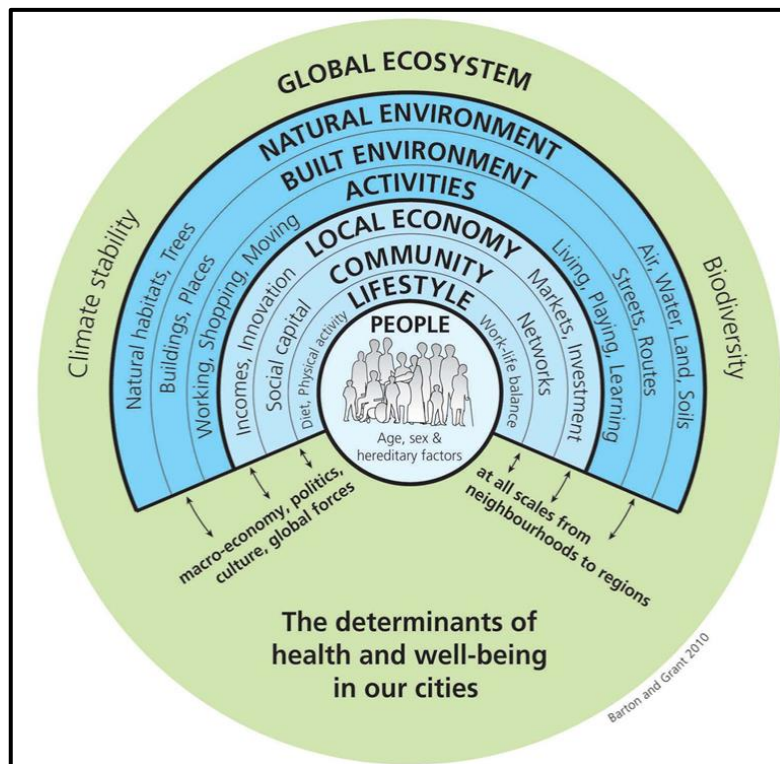
⁶ [hiap-ppt-module-1-part-2.pptx \(live.com\)](https://www.live.com/hiap-ppt-module-1-part-2.pptx)

⁷ [Taking action on the social determinants of health \(who.int\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

⁸ [Health inequities and their causes \(who.int\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

⁹ <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

Figure 1. The social determinants of health,
Source: Barton and Grant, 2010¹⁰



- **Global health equity** aims to improve the average health of countries and abolish avoidable health inequalities in health between and within countries¹¹
 - ✓ **Between-country health inequalities:** variability between countries based on national averages, e.g. comparing countries based on national infant mortality rates
 - ✓ **Within-country health inequalities:** based on disaggregated data and summary measures of inequality, e.g. comparing the difference between infant mortality rates among urban and rural subgroups
 - ✓ **Maternal mortality** is a widely used **health indicator that shows wide gaps** between rich and poor countries¹², e.g. developing countries account for 99% of annual maternal deaths in the world; women in Chad have a lifetime risk of maternal death of 1 in 16, while a woman in Sweden has a risk of less than 1 in 10,000
- There are **alarming health inequities within countries**, for example, in the United States (US), African Americans represent about 13% of the population but account for almost 50% of all new HIV infections¹¹
- Health inequities have **significant individual, social and economic costs**¹¹, for example:
 - ✓ In low-resource settings healthcare costs for noncommunicable diseases (NCDs) can drain household resources, driving families into poverty and stifling development¹³
 - ✓ Losses linked to health inequities cost around 1.4% of gross domestic product (GDP) in the European Union (EU), almost as high as its defence spending (1.6% of GDP)¹²
 - ✓ This arises from losses in productivity and tax payments, and from higher welfare payments and healthcare costs¹²

¹⁰ Barton, H. and Grant, M. (2006) A health map for the local human habitat. *The Journal of the Royal Society for the Promotion of Health*, 126(6), pp252-253.

¹¹ [hiap-ppt-module-2-part-2.pptx \(live.com\)](#)

¹² [Health inequities and their causes \(who.int\)](#)

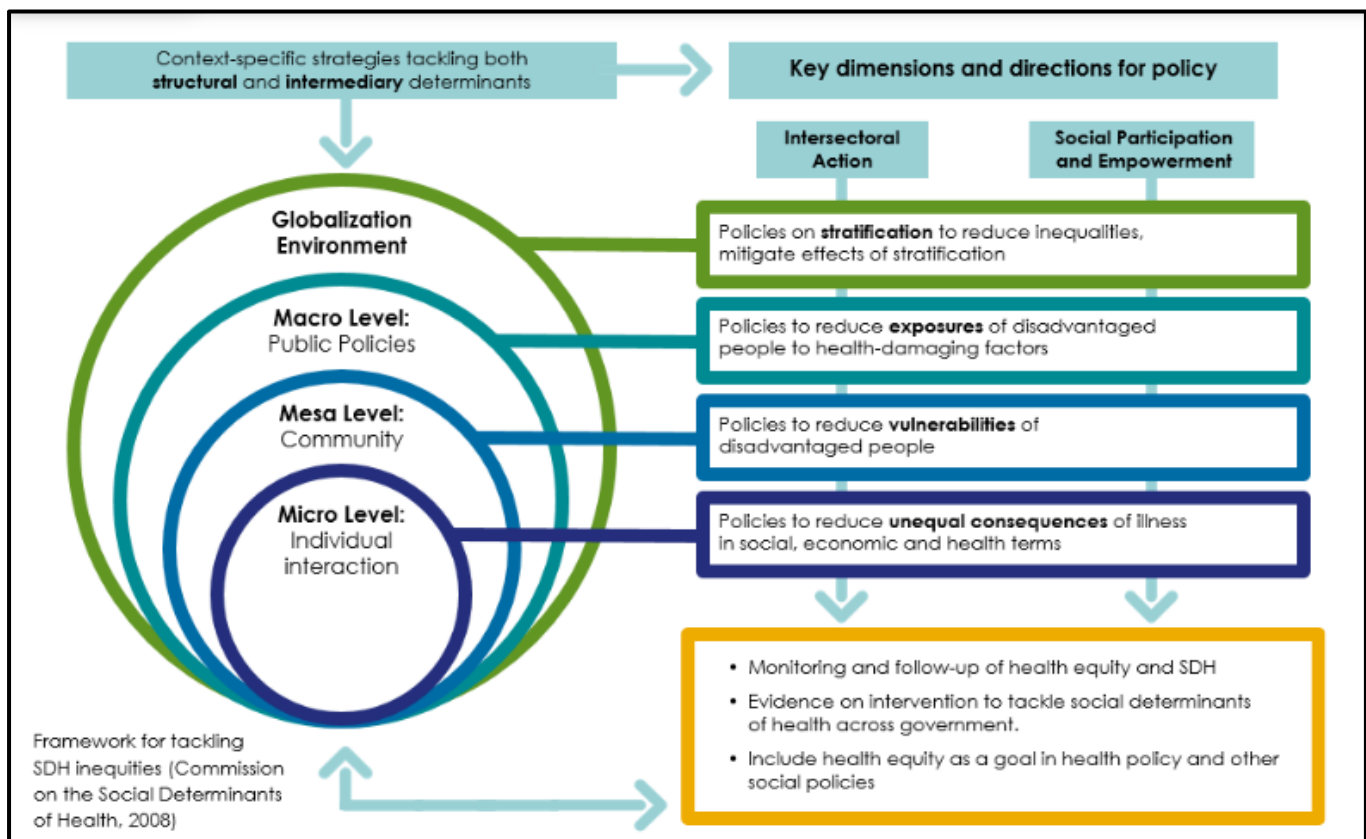
¹³ [Health inequities and their causes \(who.int\)](#)

Approaches to address health inequities

- There are **many approaches**, frameworks, and models used to address health equity
- Health inequities could be reduced by a **suit of (national/local) government policies and interventions across all SDOH**, including the healthcare sector as well as outside of it to address the **wider determinants of health**^{14,15} (Figure 2)
- Pursuing health equity means striving for the **highest possible standard of health for all people while specifically targeting those in greatest need and at greatest risk of poor health – so called Proportionate Universalism**¹⁶
- A **Progressive Universalism approach** combines immediate and long-term targeted and universal measures, addressing inequities now while leaving no one behind in the future¹⁷
- The **SDOH framework to reduce inequity** proposes a set of **principles**, including¹⁸:
 - ✓ Give every child the best start in life
 - ✓ Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - ✓ Create fair employment and good work for all
 - ✓ Ensure a healthy standard of living for all
 - ✓ Create and develop healthy and sustainable places and communities
 - ✓ Strengthen the role and impact of ill-health prevention
 - ✓ Tackle racism, discrimination and their outcomes
 - ✓ Pursue environmental sustainability and health equity together

Figure 2. SDOH Framework for tackling the social determinants of health

Source: WHO Commission on the Social Determinants of Health¹⁵



¹⁴ [hiap-ppt-module-2-part-2.pptx \(live.com\); Commission on Social Determinants of Health \(who.int\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

¹⁵ <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>

¹⁶ [Social determinants of health \(who.int\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

¹⁷ [Build Back Fairer: The COVID-19 Marmot Review - IHE \(instituteofhealthequity.org\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

¹⁸ [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes)

- **The Well-being Economy¹⁹ and SDOH are interconnected concepts** that recognise the influence of broader social, environmental and economic factors on population health
 - ✓ The Well-being Economy emphasises the **importance of investing in people's well-being, promoting cohesion, and addressing inequalities** to achieve sustainable and inclusive economic growth
 - ✓ By addressing SDOH through the Wellbeing Economy approach, policies can aim to create healthier and more equitable societies
- The United Nations (UN) **2030 Agenda for Sustainable Development** sets **17 Sustainable Development Goals (SDGs)²⁰**
 - ✓ **Goal 10 explicitly focuses on reducing inequalities**, while all other SDGs have a direct or indirect impact on people's well-being and the health gap (*Figure 3*)

Figure 3. SDGs particularly relevant to health inequity

Source: United Nations²⁰



WHO Five Essential Conditions for health equity²¹

- The WHO European Office for Investment for Health and Development have developed the **Health Equity Status Report initiative (HESri) to promote and support policy action and commitment for health equity and well-being** in the European Region.
It aims to:
 - ✓ set a baseline for monitoring health equity status and health equity policy progress within WHO European Region Member States;
 - ✓ set an agenda for scaling up and enabling action on health equity within countries and across communities of practice; and
 - ✓ scale up mainstreaming of equity into WHO policies and programmes in line with the WHO Global Programme of Work and implementing the SDGs
- HESri provides **a suite of methods and tools** to promote and support policy action for health equity, as well as examples to demonstrate how countries:
 - ✓ overcome challenges related to disinvestment in policies and approaches that impact on health equity; and
 - ✓ maximise new opportunities for increasing equity in health
- HESri introduces an **innovative WHO framework of Five Essential Conditions** - multi-sectoral policy action areas to address complex and persistent health gaps and increase opportunities to live healthy and prosperous lives for all leaving no one behind (*Figure 4*)

¹⁹ [WHO launches a new initiative to place well-being at the heart of economic recovery](#)

²⁰ [THE 17 GOALS | Sustainable Development \(un.org\)](#)

²¹ [Health Equity Status Report initiative \(who.int\)](#)

Figure 4. The Five Essential Conditions

Source: WHO²¹



The Welsh Health Equity Status Report initiative (WHESRi)²²

- Wales is the first country to replicate a milestone WHO health equity initiative (HESRi), becoming a global influencer and live innovation site for health equity and investment for health and well-being, developing and promoting innovative approaches, tools, and solutions for achieving healthy prosperous lives for all in Wales and beyond
- The aim of WHESRi is to provide an up-to-date dynamic picture of health inequities, their burden, determinants, and related policies in Wales to inform solutions and investment prioritisation, as well as facilitate a joint cross-sector whole-of-government, whole-of-society policy dialogue and action towards a Healthier, More Equal and Prosperous Wales
- As part of the WHESRi, Public Health Wales (PHW) developed the **Welsh Health Equity Solutions Platform** as a gateway to data, evidence, health economics and modelling, policies, good practice, innovative tools, and practical solutions to help improve population well-being and reduce the health equity gap. The Platform is
 - ✓ Structured using the WHO framework of 'Five Essential Conditions' for health equity
 - ✓ Being developed in collaboration with professionals and experts across Welsh Government, the WHO, academic bodies and other key stakeholders and partners across Wales and internationally
 - ✓ Linking with and feeding into the WHO health equity initiative, providing an example and inspiration for countries to learn and follow, as well as to contribute and share

²² [Welsh Health Equity Status Report initiative \(WHESRi\) - International Health \(phwhoccc.co.uk\)](https://phwhoccc.co.uk/)

The Five Essential Conditions

- The WHO **five essential conditions overlap and are interconnected**, which highlights the **need for cross-sector and systems approach to address health inequity**
- This report **introduces briefly each of the essential conditions** and provides **examples** of international approaches to reduce health inequities across the policy action areas
- A **series of follow up reports** will focus on each of the five essential conditions with further international evidence and examples

Health and Health Services

Background

- Health services comprises **indicators and intervention relating to the availability, accessibility, affordability, and quality of preventative and healthcare services and interventions**, e.g. health protection, health promotion and improvement, primary, secondary, and tertiary / scheduled care²³
- When planning and delivering healthcare services, tools and techniques that can be applied to reduce inequalities include²⁴:
 - ✓ **health impact assessment**: a process through which evidence is discussed between relevant stakeholders to understand and anticipate the effects of change on health and health inequalities in a given population²⁵
 - ✓ **health needs assessment**: a systematic method of identifying unmet health and healthcare needs of the population and making changes to meet those needs through commissioning and service planning²⁶
 - ✓ **economic assessments**: studies that weigh the costs of an action against the benefits it provides to help decisionmakers choose between alternative ways of using resources (e.g., cost-benefit analysis)²⁷
- **Decisions on services** should be based on **data and information from the people** in need, where it is best to spend resources, and data on reducing inequalities²⁷

Universal health coverage²⁸

- People experience **financial hardship when out-of-pocket payments are large** in relation to their ability to pay for health services
- Lack of financial protection **can lead to or deepen poverty, undermine health, and exacerbate health and socioeconomic inequities**
- Where health systems fail to provide adequate financial protection, **people may be forced to choose between using health services and meeting other basic needs** such as food, housing, and heating
- This **negatively impacts health and well-being**, which further increases the risk of socioeconomic vulnerability and exclusion

²³ [About – WHESP \(solutionsplatform.co.uk\)](https://www.solutionsplatform.co.uk/about)

²⁴ [Health and Health Services – WHESP \(solutionsplatform.co.uk\)](https://www.solutionsplatform.co.uk/health-and-health-services)

²⁵ [What is HIA - Wales Health Impact Assessment Support Unit \(phwww.hcc.co.uk\)](https://phwww.hcc.co.uk/what-is-hia)

²⁶ [The uses of epidemiology and other methods in defining health service needs and in policy development | Health Knowledge](#)

²⁷ [Techniques of economic appraisal \(including cost-effectiveness analysis and modelling, cost-utility analysis, option appraisal and cost-benefit analysis, the measurement of health benefits in terms of QALYs and related measures e.g. DALYs\) | Health Knowledge](#)

²⁸ [WHO-EURO-2019-3530-43289-60670-eng.pdf](#)

- Universal health coverage **impacts equity by ensuring that everyone can use appropriate and effective health services without experiencing financial hardship**, irrespective of ability to pay or other socioeconomic characteristics

Universal access to quality health services²⁹

- **Risks** of poor health and illness are **higher among people with lower social and economic resources**
- People are **at different risk of unmet need** for health care (due to cost, distance to services, and waiting time) **depending on socioeconomic characteristics**
- Quality of care has an equity impact; **health outcomes improve with better quality care**
 - ✓ Equitable provision of quality care reduces gaps in outcomes
 - ✓ Differences in quality of care **can arise from differences in geographical distribution of health services in low- and high-income neighbourhoods or other forms of discrimination** that result in lower-income households receiving lower-quality care and poorer health outcomes
- **Policies that distribute more resources to areas with greater health, social, and economic needs have a positive impact on reducing health gaps** between social groups and geographical areas

International Approaches

Italy

- In 2022, the Italian National Institute for Health, Migration, and Poverty, a WHO Collaborating Center on Health and Migration Evidence and Capacity Building, launched an **online tool to support countries to tackle and reduce health inequities**³⁰
- **The Repository of health equity public health interventions** is a free, publicly accessible catalogue evaluated by independent experts³³
 - ✓ Positively evaluated interventions can help inform future actions and contribute to decision-making that will benefit the health and equity of communities
 - ✓ The information can be searched by topic, type of intervention, target group, geographic area, or keyword
- Italy also developed a **Italian Health Equity Status Report Initiative (IHESRI)**, which provides key recommendations for reducing health inequity³¹, *for example*, **ensuring the sustainability and resilience of the healthcare system**
- In response, the Italian government has taken steps to enhance health equity, including **embedding an equity approach in the current National Prevention Plan 2020-2025**
- This has resulted in **changes in regional-level practices and interventions**.³² *For example*, the Emilia-Romagna Region has been rethinking priorities and strategies with Local Health Units (LHUs) and other stakeholders. This includes (re)designing equity boards to better integrate them into organisational processes; strengthening connections between epidemiology services and equity boards in LHUs; sharing evidence and findings on the impact of COVID-19 on inequality in hospital access and care; and carrying out focus groups with equity representatives of LHUs about effective strategies to tackle inequalities (e.g., proximity of care, digitalisation of services).

²⁹ [WHO-EURO-2019-3530-43289-60670-eng.pdf](#)

³⁰ [Italy launches online tool to support countries to reduce health inequities \(who.int\)](#)

³¹ [Healthy, prosperous lives for all in Italy \(who.int\)](#)

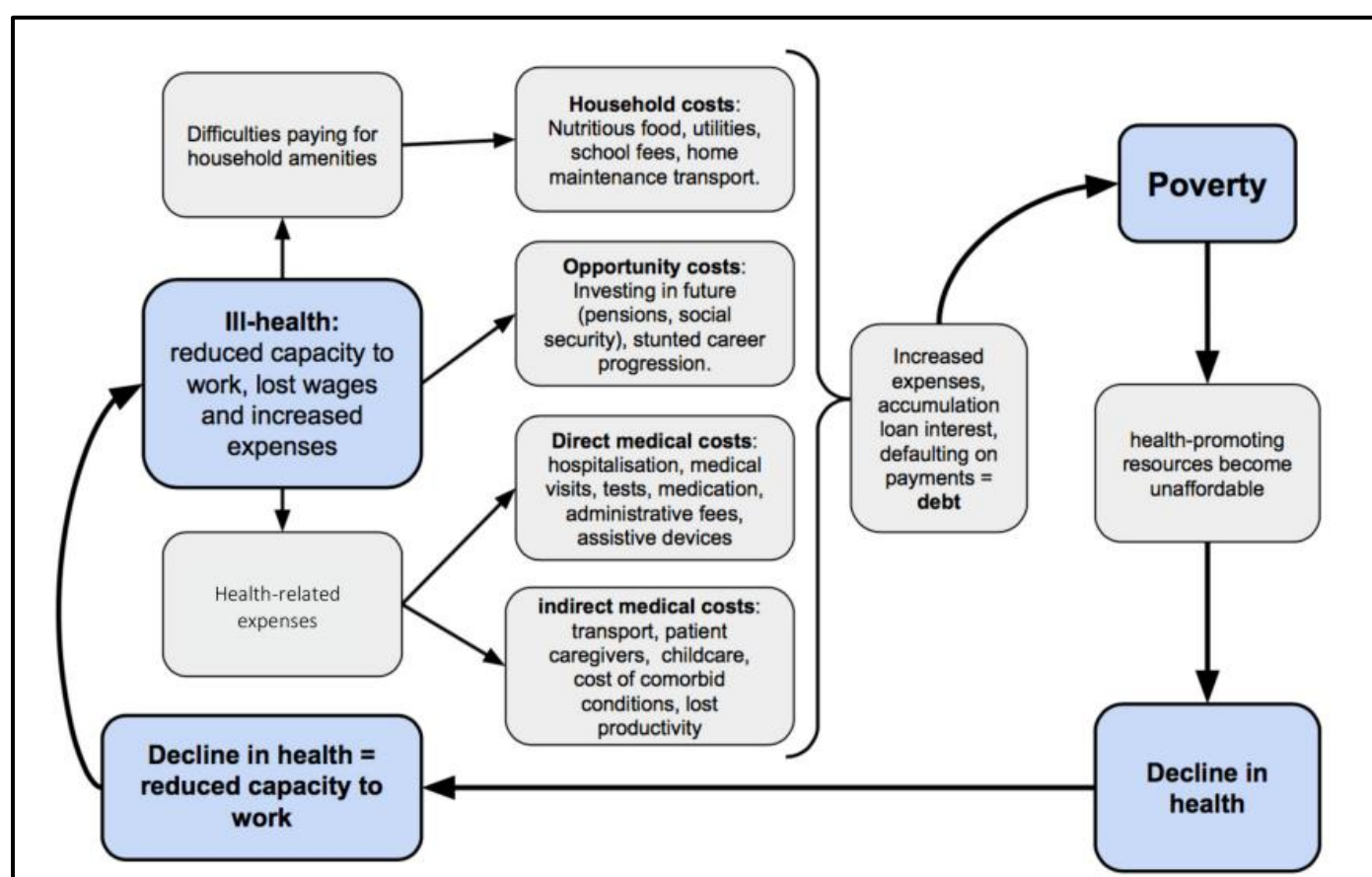
³² [Understanding the Health Gap: Using Blinder-Oaxaca Decomposition Analysis as a Health Equity Solutions Tool – WHESP \(solutionsplatform.co.uk\)](#)

Health and Income Security and Social Protection

Background

- Evidence shows that **past health and economic crises had wide-ranging negative socio-economic impacts on child and family well-being**, including on physical and mental health, schooling, poverty, food security, livelihood, infrastructure, and social services³³
- **Income security** is defined as and requires a replacement of income which has been lost temporarily because of injury, disability, or sickness among other reasons³⁴
- **Social protection** includes access to healthcare and income security, particularly in relation to old age, unemployment, sickness, disability, work injury, maternity, or loss of a main income earner, and for families with children³⁵
 - ✓ Figure 5 shows the link between lack of social protection and ill-health
- Effective social protection systems are central to **reducing poverty, boosting human capital, and laying the foundation for inclusive, equitable, and resilient societies**³⁸
- Although there is no guarantee that higher income equals good health outcomes, it often increases access to healthier choices³⁶

Figure 5. Direct and indirect costs of ill-health, which facilitate a decline in health and income
Source: Thorpe et al.³⁷



³³ [WP2020-02.pdf \(unicef-irc.org\)](#)

³⁴ [Childcare Offer for Wales | Help With Childcare Costs Wales | GOV.WALES](#)

³⁵ [AR2022EN.pdf](#)

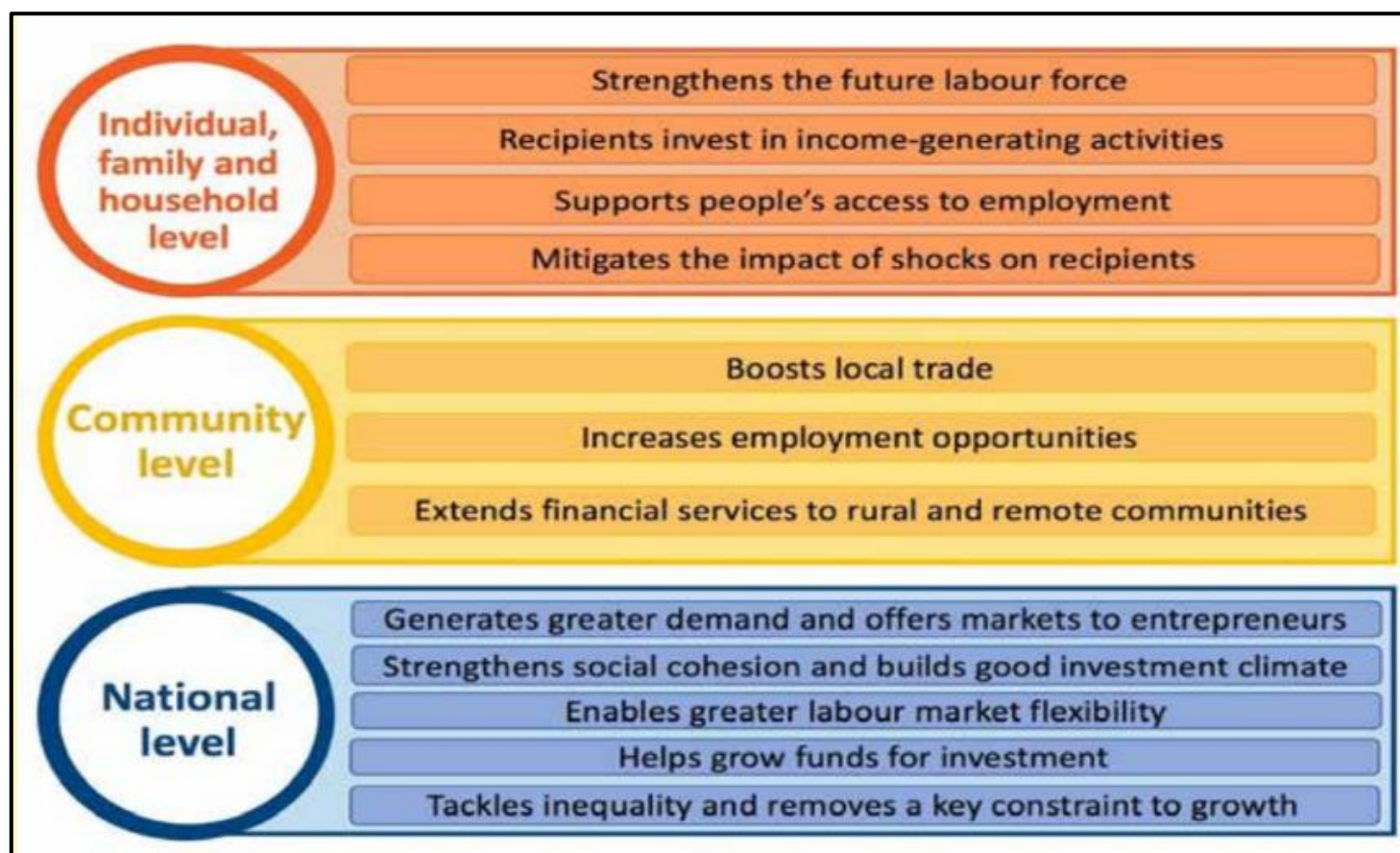
³⁶ [Relationship between income and health - The Health Foundation](#)

³⁷ [Income security during periods of ill health: a scoping review of policies, practice and coverage in low-income and middle-income countries \(bmj.com\)](#)

Pensions

- **Income security in old age helps achieve several SDGs**, particularly SDG 1 (no poverty), SDG 5 (gender equality) and SDG 10 (reduced inequalities)^{38,39}
 - ✓ However, literature suggests that retirement security policies are deteriorating, and income security is a growing concern, with the inequity gap growing throughout the life course⁴⁰
- **Disparities in education, employment, and health** often translate into unequal and/or **increased risk of economic insecurity** in old age⁴³
- Evidence suggests that **women are usually affected more than men**⁴³
- **Universal pensions increase domestic consumption and demand, and promote human development and social stability**; these are fundamental for national development and economic growth at multiple levels (*Figure 6*)⁴¹
- **Enhancing sick leave benefits and universal basic income can impact recovery and ensure compliance with public health and social measures during pandemia**
- Pensions can **positively impact on the well-being of older persons by allowing for more physical activity, spending time with loved ones, and doing activities to support mental well-being by preventing social isolation**⁴²

Figure 6. Pathways through which tax-financed pensions can impact economic growth
Source: *Expanding Social Protection*⁴³



³⁸ <https://www.social-protection.org/gimi/RessourcePDF.action?id=55212>

³⁹ *THE 17 GOALS | Sustainable Development (un.org)*

⁴⁰ *PB_95.pdf (un.org)*

⁴¹ *RessourcePDF.action (social-protection.org)*

⁴² *Retirement, health and wellbeing | BPS*

⁴³ *Social-pensions-and-their-contribution-to-economic-growth-1.pdf (developmentpathways.co.uk)*

Support for families

- Evidence suggests that **poor parental mental health is strongly associated with socio-economic disadvantages**, a potential predictor of overall ill-health⁴⁴
- Support for parents is important to **break the cycle of poverty and support children's development** to reduce the risk of living and growing up in poverty⁴⁵
- **Investing in early childhood development** can improve children's potential in life⁴⁶
 - ✓ **Living in poverty, poor health and nutrition, and lack of early stimulation can prevent children from reaching their potential**⁴⁷
 - ✓ The **COVID-19 pandemic highlighted the increasing gap of inequalities** where children living in extreme poverty were from unemployed families⁴⁸
- Family and parental policies with a **gender-neutral lens** can support both parents and **reduce the gender pay gap, improving gender parity and economic productivity**⁵⁰
- **Universal Primary Free School Meals (UPFSM)** programmes⁴⁹:
 - ✓ benefit the development and growth of the child
 - ✓ can improve their overall health, which can reduce pressure on health care sectors
 - ✓ aim to reduce food insecurity for low-income families
- **A well-designed and functioning childcare system** can help tackle disadvantage by helping families to increase earnings and move out of poverty^{50,51}
 - ✓ Short term outcomes include involvement in education and health monitoring, reduced risk of maltreatment, increased safety, reduced rates of child poverty, and reduced rates of mortality

Financial support for unemployment and ill-health

- **Income loss** during periods of ill-health hinder recovery and diminish financial capacity to cover health-related expenses⁵²
- **Universal basic income (UBI)** is the “periodic cash payment unconditionally delivered to all on an individual basis, without means-testing or work requirements”⁵³
- UBI has been associated with **better mental and physical health, better nutrition, a reduction in stress and associated disorders, higher employment, reduced poverty, and a relative improvement in the status of women and those with disabilities**⁵⁴
- Policies providing **illness-related income protection** help expand our understanding of financial hardship beyond direct medical costs⁵⁵
- Evidence shows that **paid sick leave** policies at multiple levels are associated with **reduced transmission and prevent outbreaks of respiratory infections**⁵⁶
- Income security has the potential to **complement universal healthcare in improving the efficacy of healthcare interventions by helping people pay for costs** associated with repeat health visits, prescriptions, and assistive devices⁵⁷

International Approaches

⁴⁴ [leading-and-delivering-early-childhood-services-10-insights-from-20-places-across-england-and-wales-english \(1\).pdf](#)

⁴⁵ [Redesigning the workplace to be family-friendly: What governments and businesses can do | UNICEF](#)

⁴⁶ <https://www.unicef.org/early-childhood-development/family-friendly-policies>

⁴⁷ [Redesigning the workplace to be family-friendly: What governments and businesses can do | UNICEF](#)

⁴⁸ [leading-and-delivering-early-childhood-services-10-insights-from-20-places-across-england-and-wales-english \(1\).pdf](#)

⁴⁹ [International Horizon Scanning and Learning Report: Universal Primary Free School Meals Report 44 - World Health Organization Collaborating Centre On Investment for Health and Well-being \(phwhhocc.co.uk\)](#)

⁵⁰ [Q1 family support layout web.pdf \(unicef-irc.org\)](#)

⁵¹ [tackling_disadvantage_through_childcare.pdf](#)

⁵² [WP2020-02.pdf \(unicef-irc.org\)](#)

⁵³ [WHO-EURO-2019-3533-43292-60676-eng.pdf](#)

⁵⁴ [Basic Income Pilots: Uses, Limitations and Design Principles \(degruyter.com\)](#)

⁵⁵ [Life Satisfaction and Socio-Economic Vulnerability: Evidence from the Basic Income Experiment in Barcelona | Applied Research in Quality of Life \(springer.com\)](#)

⁵⁶ [Benefits-of-Paid-Sick-Leave-During-the-COVID-19-Pandemic.pdf \(researchgate.net\)](#)

⁵⁷ [Income security during periods of ill health: a scoping review of policies, practice and coverage in low-income and middle-income countries \(bmi.com\)](#)

Bangladesh

- The **Primary Education Stipend Project (PESP)** 2003 aids families living in poverty to meet nutritional and education needs and break the intergenerational poverty cycle⁵⁸
- It is a **government conditional cash transfer scheme for eligible families**, including⁵⁹: those headed by single mothers; widows; day-labourers; families of low-income, rural labour, and trade groups; families of autistic students; and vulnerable ethnic communities
- PESP provides eligible families with **BDT 100 (USD 1.30) per student per month and BDT 125 (USD 1.60) for each additional student in the family**⁶²
- PESP extends beyond education into social welfare and transformation, seen as a means of **poverty alleviation, eradication of child labour, and women empowerment**⁶⁰
- PESP was **reformed in 2016 to target all children** attending government schools and allow for **cash disbursement through mobile technology and a digital database**⁶¹
 - ✓ There has been a drive for investment in state capabilities to address poverty reduction and human development
 - ✓ The reform has eradicated the contentious politics of the beneficiary selection and disbursement, which was replaced with an assumption that all are eligible (unless they do not meet the conditions)
 - ✓ Universalisation of the scheme has had an impact on the wider school environment, instilling a stronger norm of attendance and performance

Spain

- Prior to the COVID-19 pandemic, Spain experienced **high unemployment and high-levels of extreme poverty**, heightened during and after the pandemic⁶²
- The government implemented the **Basic Income Service (BIS) for extremely poor households, one of the world's biggest economic experiments**⁶⁵
 - ✓ An estimated 5.4% of the Spanish population living in extreme poverty
 - ✓ Temporary cash transfers **reaching the most affected by the pandemic** enabled families to access benefits faster, while allowing more time for the Ministry of Social Security to design this complex policy
 - ✓ BIS' high transfer value and national coverage has the potential to **substantially reduce poverty, especially for children**, which account for about half of the estimated beneficiaries
- Introduction of BIS **led to an increase in the levels of subjective well-being of beneficiaries in Barcelona**⁶³
- BIS can be **considered a Minimum Living Income (MLI)** and is a significant step in the organisation of the income guarantee system in Spain, providing a basis for **more integrated and comprehensive social assistance protection**⁶⁴
- Currently, more than half a million households in Spain receive MLI, accounting for 1.4 million people; of these, 43% are minors, a contribution to the fight against child poverty⁶⁵

⁵⁸ [Bangladesh's Cash Transfer for Children | Social Protection Toolbox \(socialprotection-toolbox.org\)](#)

⁵⁹ [Bangladesh's Cash Transfer for Children | Social Protection Toolbox \(socialprotection-toolbox.org\)](#)

⁶⁰ [World Bank Document](#)

⁶¹ [The politics of distributing social protection in Bangladesh: Insights from the Primary Education Stipends Project \(Phase 3\) - ESID \(effective-states.org\)](#)

⁶² [Blog - From Crisis Comes Opportunity: Spain's Basic Income Response to COVID-19 \(unicef-irc.org\) / Need-and-Importance-of-Universal-Basic-Income-in-Covid-19-Pandemic.pdf \(researchgate.net\)](#)

⁶³ [Life Satisfaction and Socio-Economic Vulnerability: Evidence from the Basic Income Experiment in Barcelona | Applied Research in Quality of Life \(springer.com\)](#)

⁶⁴ [ESPN - Flash report 2021 - 15 - ES - January 2021 \(2\).pdf](#)

⁶⁵ [ESPN - Flash report 2021 - 15 - ES - January 2021 \(2\).pdf](#)

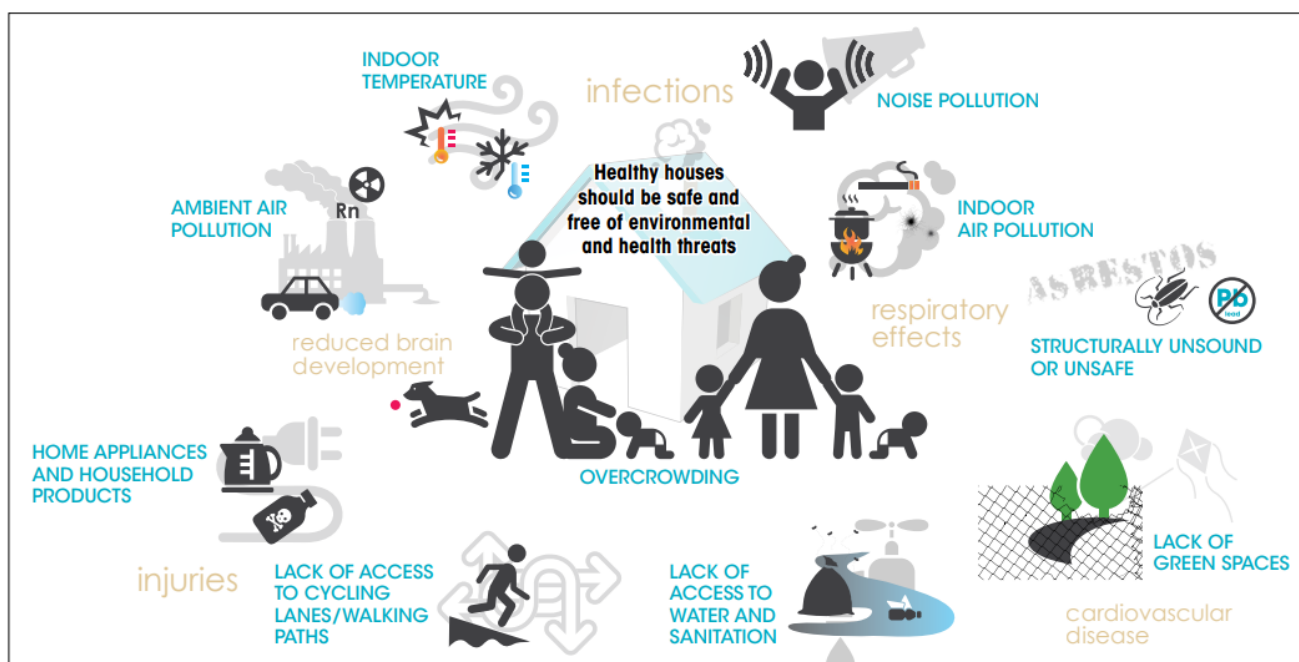
Health and Living Conditions

Background

- Where we live can determine whether we are connected to **safe places to play and be active, quality jobs and schools, and transportation to get us where we need to go**⁶⁶
- **Those living in the most deprived neighbourhoods die earlier, spend more time in ill-health, and are exposed to environmental conditions that negatively affect health** than those living in the least deprived neighbourhoods⁶⁷
- Health equity can be achieved when families live in communities with **well-funded schools and parks, and in neighbourhoods with access to safe and affordable homes**⁶⁸ (Figure 7)
- **Access to public services and utilities**, such as electricity, heating, digital technology, water and transport networks, also improves health outcomes⁶⁸
- Health equity policy solutions should aim to ensure opportunities for, and access and exposure to **living conditions and environments that have a positive influence on people's health and well-being**, for example, participatory planning, good quality and secure housing, clean air, and green spaces⁶⁹

Figure 7. Healthy houses should be safe and free of environmental and health threats

Source: WHO⁷⁰



Housing

- Housing is becoming increasingly important to health considering **urban growth, ageing populations, climate change, and the COVID-19 pandemic**^{71,72}

⁶⁶ [Home Is Where Our Health Is \(rwif.org\)](https://www.rwif.org/Home-Is-Where-Our-Health-Is)

⁶⁷ [UCL \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

⁶⁸ [Life Expectancy: Could where you live influence how long you live? \(rwif.org\)](https://www.rwif.org/Life-Expectancy-Could-where-you-live-influence-how-long-you-live?)

⁶⁹ [WHESP \(solutionsplatform.co.uk\)](https://solutionsplatform.co.uk/)

⁷⁰ [healthy-housing.pdf \(who.int\)](https://www.who.int/publications/i/item/healthy-housing.pdf)

⁷¹ [WHO Housing and health guidelines](https://www.who.int/publications/i/item/who-housing-and-health-guidelines)

⁷² [Housing Policy and Practice \(rwif.org\)](https://www.rwif.org/Housing-Policy-and-Practice)

- Improved housing conditions **can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change**⁷²
- Unsafe and insecure housing can deepen inequity and undermine a culture of health⁶⁸
 - ✓ Evidence suggests that children in bad housing are more likely to have mental health problems (e.g., anxiety and depression), to contract meningitis, have respiratory problems, experience long-term ill-health and disability, slow physical growth, and delayed cognitive development⁶⁹
- **Cold housing is also a risk to health**, affecting levels of winter deaths and respiratory diseases⁷³
 - ✓ Evaluation of home insulation programmes concluded that **targeting home improvements at low-income households significantly improved social functioning, as well as physical and emotional well-being**
 - ✓ **Adequate heating systems improve asthma and reduce the number of school absences**
- Creating safe and affordable housing, as part of comprehensive efforts to transform impoverished neighbourhoods into places of opportunity, is a **pathway to helping communities thrive**⁷⁴

Spatial planning⁷⁵

- Planning decisions underlie many elements of the built environment from **housing and transportation to schools, public spaces, and food outlets**
 - ✓ Past decisions **have promoted systems, environments, and behaviours that contribute to significant health disparities between different groups of people**
 - ✓ Undoing the harms caused requires plans that have **health and equity built in** from the ground up
- **Suggested actions** to reduce health inequity through spatial planning include:
 - ✓ prioritising policies that improve **active travel and quality of food in local areas**;
 - ✓ **integrate the planning, transport, housing, environmental, and health systems**;
 - ✓ **support locally developed and evidence-based community regeneration** programmes that remove barriers to community participation and action

Green spaces

- A growing body of literature shows **green space** (e.g., trees and parks) can have **positive impacts on human health**^{76,74}
 - ✓ Exposure to green space in residential environments is **associated with better general health (e.g., improved blood pressure and cholesterol), higher birth weight, and lower mortality**
 - ✓ There is evidence that provision of green space effectively **improves mental health and encourages social contact**
 - ✓ Health benefits of green space have been attributed to its ability to **reduce exposure to air pollution and other harmful environmental exposures, encourage healthy behaviours**, such as physical activity and sleep, and provide relief for cognitive processes and stress

Clean air

⁷³ [UCL \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

⁷⁴ [Home Is Where Our Health Is \(rwjf.org\)](https://www.rwjf.org/en/about-us/where-our-health-is/)

⁷⁵ [Planning | ChangeLab Solutions](https://www.change-lab.org/solutions/planning/)

⁷⁶ [IJERPH | Free Full-Text | Green Space and Health Equity: A Systematic Review on the Potential of Green Space to Reduce Health Disparities \(mdpi.com\)](https://www.mdpi.com/1422-0067/21/1/100)

- There is evidence of **adverse effects of outdoor air pollution, especially for cardio-respiratory mortality and morbidity**⁷⁴
- **Poorer communities tend to experience higher concentrations of pollution** and have a higher prevalence of cardio-respiratory and other diseases⁷⁴
- **Air pollution correlates with noise pollution**, especially in areas where air pollution is caused by car or air traffic⁷⁷
 - ✓ Studies have shown that noise pollution is worse in areas of high-density housing, rented accommodation, areas of deprivation, and areas which are highly urbanised
 - ✓ It can adversely impact mental health and result in higher stress levels and reduced educational outcomes, as well as increased stress and hypertension in adults
- There is strong evidence **that reductions in traffic to reduce air pollution are successful in improving health**⁷⁸

International Approaches

New Zealand⁷⁹

- **The right to adequate housing is an obligation reflected in national acts and policies**; the state's duty is not to build housing units, but to ensure rights are upheld in the country
- For example, the **Residential Tenancies (Healthy Homes Standards) Regulations 2019**, sets out **minimum standards of habitability (e.g., insulation, ventilation, and heating) in rental housing units**
 - ✓ The **Regulations followed the Healthy Homes Guarantee Act 2017**, setting **standards relating to warmer and drier rental properties**
 - ✓ Private landlords and public housing providers, such as the Housing New Zealand Corporation, take on capital and operating costs to meet the standards
 - ✓ Cost Benefit Analysis of the Healthy Homes Standards examined different scenarios relating to behaviour changes and land-owners compliance, and **estimated benefits relating to tenants' reductions in energy costs and improved health, as well as environmental benefits due to decrease in greenhouse gas emissions**
- Since 2013, the **Healthy Homes Initiative (HHI)** has supported families with children with **specific health conditions or pregnant women**
 - ✓ HHI providers carry out a **housing assessment of applicants and help them utilise interventions to access warmer, drier, and healthier homes**
 - ✓ An evaluation of HHI in 2019 concluded that this service has **helped prevent hospitalisations, GP visits, and pharmaceutical dispensations**

Finland^{80,81}

- The **Housing First** programme aims to ensure everyone has safe, affordable, decent housing
- It provides people experiencing homelessness with immediate, independent, permanent housing, rather than temporary accommodation
- It combines **emergency assistance** with the supply of rentals to host previously homeless people, either by converting some existing shelters into residential buildings with independent apartments or by building new flats by a government agency
- A main component of Housing First is **the psychological/moral aspect**:

⁷⁷ [UCL \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

⁷⁸ [UCL \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/)

⁷⁹ [Alma-Economics-Back-the-Bill-Phase-1-Full-Report.pdf \(sheltercymru.org.uk\)](https://www.sheltercymru.org.uk/alma-economics-back-the-bill-phase-1-full-report.pdf)

⁸⁰ [Towards Sustainable Societies - Health in All Policies and Social Determinants of Health | Tampere universities \(tuni.fi\)](https://tuni.fi/towards-sustainable-societies-health-in-all-policies-and-social-determinants-of-health)

⁸¹ [Finland's Zero Homeless Strategy: Lessons from a Success Story – ECOSCOPE \(oecdscope.blog\)](https://oecdscope.blog/finland-zero-homeless-strategy-lessons-from-a-success-story)

- ✓ the client is no longer a client or patient, but a normal person, with
- ✓ control over his or her private apartment, and
- ✓ control over the normal, everyday aspects of life
- This demonstrates the **effectiveness of tackling homelessness** through a **combination of financial assistance, integrated and targeted support services and more supply**
- The **number of homeless people in Finland has decreased** over the past three decades from over 16,000 in 1989 to around 4,000, or 0.08% of the population
- This is a very low number, especially considering that Finland uses a **relatively broad definition of homelessness**, including people temporarily living with friends and relatives
- **In 2020, practically no-one was sleeping rough** on a given night

City-Level Approach to Increase Green Spaces⁸²

There is a trend in many European cities (e.g., Paris, Copenhagen, London, and Freiburg), where decision makers discourage the use of cars, plant more trees, and introduce additional greenery

Barcelona, Spain

- The Eixos Verds programme aims to **reduce the number of cars on the road, promote active travel and public transportation, while increasing access to green space**
 - ✓ The goal is to make streets more people-friendly by increasing vegetation
 - ✓ The initial programme targets 30 streets in the Eixample neighbourhood, one of the city's most densely populated areas; four street are now almost complete
- This strategy is part of a vision to create over 500 'superblocks', a Barcelona pioneered urban planning concept restricting vehicle traffic to the streets on the perimeter of the block with the interior streets used for walking, biking, and expanding green space
- The mayor and lead for urbanism intended to build a fairer and healthier Barcelona for all
- **Other interventions in place:** a large cycling infrastructure, creation of a park in Glories created as a result of tearing down a large roundabout in the area, and connecting the tram system
- Due to the reduction in car traffic, the programme will result in **less air and noise pollution and more green space, thereby promoting better physical and mental health**
- It is estimated that **air pollution would drop by at least 25%, noise levels by a few decibels, and there would be a 20% increase in green space** if all 500 superblocks were put into effect
- It would also **lower the city's temperature**, allowing more people to walk and cycle and engage in physical activity, **potentially preventing around 700 premature deaths each year**
- It is estimated to **lead to the prevention** of 14% of cases of self-perceived poor mental health, 13% of visits to mental health specialists and cases of antidepressant use, and 8% of cases of tranquilliser/sedative use each year
- The population-wide benefits for mental health and well-being would **result in annual savings of €45 million in direct and indirect mental health costs**

⁸² [Green space isn't ambitious, it's necessary: how Barcelona is providing access to green space and active transport - EuroHealthNet Magazine \(eurohealthnet-magazine.eu\)](https://eurohealthnet-magazine.eu/)

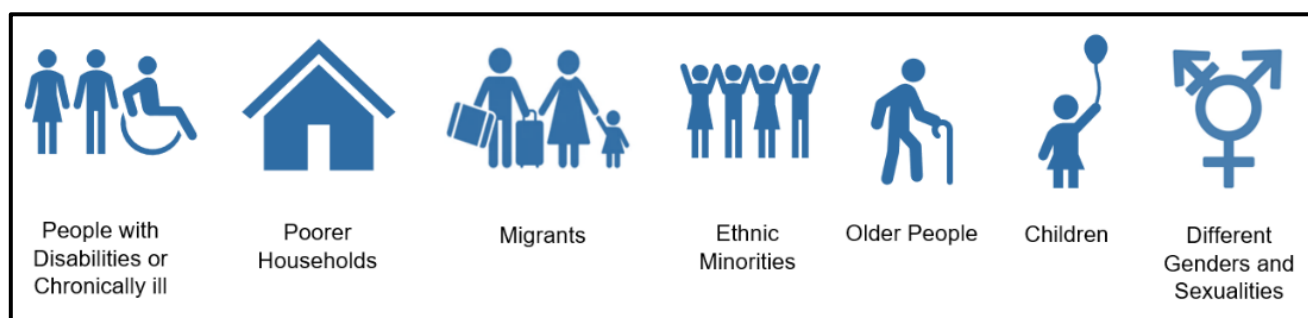
Health and Social and Human Capital

Background

- **Social capital** describes social relationships and networks, including those with family, friends, neighbours, and the wider community, characterised by trust and reciprocity⁸³
 - ✓ In unequal societies, people are less likely to trust each other or to be involved in community life leading to negative health outcomes⁸⁴
 - ✓ It affects the way people live, chance of illness, and risk of premature death⁸⁵
- **Human capital** is the value of individuals' skills, knowledge, abilities, social attributes, personality, and health attributes⁸⁶, which enable individuals to work, and therefore produce something of economic value
- **Feeling a sense of control** over one's own life is a key factor for well-being and health⁸⁷
- **Low control is associated with poorer health outcomes, greater levels of stress and anxiety, and lower engagement in health-promoting behaviours**^{88,89}
- **People from lower socioeconomic backgrounds are at a higher risk of social exclusion**⁹⁰
 - ✓ This is **also true for marginalised groups**, who have the highest risk of poor health outcomes (*Figure 8*)⁹¹
 - ✓ To achieve health equity, **policies and actions must consider the inclusion of groups facing higher risks of poverty and social exclusion**⁹²

Figure 8: Marginalised groups

Sources: *Equality Act 2010*⁹³, *WHO*⁹⁴, *The Marmot Review*⁹⁵



Education and skills

- Education is **strongly associated with life expectancy, morbidity, and health behaviours**; educational attainment plays an important role in health by shaping opportunities, employment, and income⁹⁶

⁸³ *Socially distant? Community Spirit in the Age of Covid-19 – Latest Health News* ([wordpress.com](https://www.wordpress.com))

⁸⁴ Wilkinson R, Pickett K: *The spirit level: why greater equality makes societies stronger*. 2009, New York: New York Bloomsbury Press

⁸⁵ *Closing the gap in a generation: health equity through action on the social determinants of health - Final report of the commission on social determinants of health* ([who.int](https://www.who.int))

⁸⁶ *Human capital* - GOV.UK (www.gov.uk)

⁸⁷ Marmot M. *Status Syndrome: How your social standing directly affects your health and life expectancy*. London: Bloomsbury Publishing; 2005.

⁸⁸ <https://psycnet.apa.org/record/2010-26788-011>

⁸⁹ <https://pubmed.ncbi.nlm.nih.gov/9055714/>

⁹⁰ *Poverty, social exclusion and health systems in the WHO European Region*

⁹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6342665/>

⁹² <https://www.who.int/europe/publications/item/9789289054119>

⁹³ *Equality Act 2010: guidance* - GOV.UK (www.gov.uk)

⁹⁴ *Health equity* ([who.int](https://www.who.int))

⁹⁵ *Fair Society Healthy Lives (The Marmot Review)* - IHE (instituteofhealthequity.org)

⁹⁶ *Education: a neglected social determinant of health* - *The Lancet Public Health*

- Equal access to good quality education from an early age has a **strong impact on health by reducing differences in opportunities and risks**⁹⁷
- Education **instils in children knowledge, skills of reasoning, values, socio-emotional awareness and control, and social interaction**, so they can grow as engaged, productive, creative, and self-governing members of society⁹⁸
- **Adults with higher educational attainment live healthier and longer lives** compared to their less educated peers⁹⁹
 - ✓ Continued provision of education and lifelong learning opportunities has a **direct effect on promoting social and economic inclusion and mental well-being**¹⁰⁰
 - ✓ Lifelong learning also **helps to equalise the chances of obtaining meaningful and satisfying employment and reduces the rates of absences due to sickness**¹⁰¹

Social resilience and empowerment

- Social resilience **can prevent the onset of disease, provide good health, facilitate and accelerate healing, create opportunities for a productive life, and increase the sense of well-being despite chronic illness**¹⁰²
- **Investment in civic participation, reducing crime, and generating social connections have positive impacts on the health and well-being of individuals**¹⁰³
- Health equity can be achieved by creating the conditions for people to take control over their own lives¹⁰⁴
 - ✓ **Participatory public services empower people to take control over their lives and the determinants of their own health**¹⁰⁵
 - ✓ For vulnerable people and those at risk of social exclusion, having a degree of **influence over local, regional and national development decisions awards the potential to improve their health and well-being**^{106,107}

Sense of belonging

- **Social exclusion** exists when individuals or groups are unable to participate fully in their society. This may result from their¹⁰⁸:
 - ✓ **social identity** (e.g., race, gender, ethnicity, caste, or religion); or
 - ✓ **social location** (e.g., in areas that are remote, stigmatised or suffering from war or conflict)
- Social exclusion is **associated with poor health outcomes, putting those affected at the extreme end of the gradient of health inequalities**¹⁰⁹
- Evidence indicates that **being embedded in high-quality, close relationships and feeling socially connected to people is associated with decreased risk of all-cause mortality**¹⁰⁹

⁹⁷ [https://www.who.int/europe/publications/m/item/health-equity-policy-tool.-a-framework-to-track-policies-for-increasing-health-equity-in-the-who-european-region-working-document-\(2019\)](https://www.who.int/europe/publications/m/item/health-equity-policy-tool.-a-framework-to-track-policies-for-increasing-health-equity-in-the-who-european-region-working-document-(2019))

⁹⁸ Dewey J. *Democracy and Education: An Introduction to the Philosophy of Education*. New York, NY: MacMillan Co; 1916

⁹⁹ *The relationship between education and health: reducing disparities through a contextual approach - PMC (nih.gov)*

¹⁰⁰ <https://apps.who.int/iris/handle/10665/69729>

¹⁰¹ [https://www.who.int/europe/publications/m/item/health-equity-policy-tool.-a-framework-to-track-policies-for-increasing-health-equity-in-the-who-european-region-working-document-\(2019\)](https://www.who.int/europe/publications/m/item/health-equity-policy-tool.-a-framework-to-track-policies-for-increasing-health-equity-in-the-who-european-region-working-document-(2019))

¹⁰² <https://pubmed.ncbi.nlm.nih.gov/32970640/>

¹⁰³ <https://apps.who.int/iris/handle/10665/35282.1>

¹⁰⁴ <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁰⁵ <https://apps.who.int/iris/handle/10665/345466>

¹⁰⁶ https://health.ec.europa.eu/system/files/2016-11/policybrief_tobacco_en_0.pdf

¹⁰⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/356062/Review3_NEEts_health_inequalities.pdf

¹⁰⁸ *DFID Social Exclusion Review (2005) - (odi.org)*

¹⁰⁹ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(19\)30227-0/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30227-0/fulltext)

- In contrast, **connecting with, and contributing to, family life and the wider community supports psychological well-being as we age, helps mitigate against ill-health, and contributes to reducing pressure on health and social services**¹¹⁰

International Approaches

Costa Rica¹¹¹

- Costa Rica supports action on the structural determinants of health equity through **expansion of universal and targeted policies covering informal work and social protection and policies supporting migrants**
- There is a national drive to **scale-up community participation at local level**
- **Community Participation for People-Centred Health**, a regional office project within the Framework of the COVID-19 Pandemic, has **facilitated spaces for dialogue between institutions and communities to identify health problems and needs in response to the COVID-19 pandemic**
- **People-centeredness is tied to Primary Health Care**, where the actions of the health sector link up to those of other sectors, and are supported by community/social participation
- Efforts underway are part of a **“3Rs” plan for “Recovery, social reconstruction and resilience”** of the central Americas region
- The 3Rs places emphasis on **interventions for women, migrants, children, youth, border territories, Indigenous and Afro-descendant populations**

Scotland¹¹²

- **Project Ability** creates opportunities through **inclusive art for all** by supporting, celebrating and platforming **diversity within the contemporary visual arts sector**
- It provides a **welcoming arts community for people with learning disabilities and mental ill-health**, with the space and expertise to allow them to express themselves, build confidence, and achieve their potential
- **Participants learn skills, connect, and build confidence**
- There are three core workshops:
 - ✓ **Re-Connect:** an open studio for adults with experience of mental ill-health
 - ✓ **Aspire:** a visual arts programme for adults with learning disabilities
 - ✓ **Create:** an arts programme for children and young people with disabilities

¹¹⁰ [Building the social relationships of older people in Wales: challenges and opportunities - World Health Organization Collaborating Centre On Investment for Health and Well-being \(phwwhooc.co.uk\)](https://phwwhooc.co.uk/)

¹¹¹ <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-022-01798-y>

¹¹² <https://www.project-ability.co.uk/>

Health and Employment and Working Conditions

Background

- ✚ **The place we work, conditions we work in, and how we are treated in the workplace have an impact on health outcomes**¹¹³
- ✚ The impact of the workplace has a role in social inequalities within and across generations and in perpetuating health disparities¹¹³
- ✚ **Precarious employment** with conditionalities that cast doubt over benefit status have been found to contribute to income poverty, stress, ill-health, and social exclusion¹¹⁴
- ✚ **Young people, women, people from low-income backgrounds, people with disabilities, and non-national migrants experience higher barriers** to securing employment and inequitable opportunities to participate in the labour market¹¹⁵
- ✚ Evidence suggests that **inequality in COVID-19 incidence was strongly associated with occupation, which strongly correlated with gender and racial inequalities**¹¹⁶
 - ✓ This is supported by the intersection of COVID-19 transmission networks and socioeconomic inequities, reflecting the amplifying effects of working in public facing jobs, crowded housing, job insecurity, and poverty
- ✚ **Policies should aim to improve the health impact of employment, working conditions, and workplace equality** – e.g., availability of work, a living wage, physical and mental demands, ensuring health and safety at work

International Approaches

Canada¹¹⁷

- Prior to the COVID-19 pandemic, Canada's economy was growing, but **women were under-represented and faced barriers** to advancement in certain areas of the workforce
- **In the trades, women made up a smaller proportion of workers, and the Canadian Government took steps to address this gap in the economy**
 - ✓ Women's economic security and prosperity was and continues to be a priority
 - ✓ As the economic impacts of COVID-19 continue to be felt, it continues to support job opportunities and financial stability for Canadians, including women
- The skilled trades represent high-quality and well-paid careers that are critical to Canada's economic growth; they represent approximately 1 in 5 employed Canadians
- **Apprenticeship** is widely recognised as a high-quality approach to teaching skills through a combination of on-the-job and in-class technical training
 - ✓ 2018 data showed **women accounted for only 9% of apprentices, and about half were in the low paid trades, such as hairstylist, cook, or baker**
- **Barriers that women face** to entering and succeeding in the trades, include cultural stereotypes about gender norms, workplace discrimination, absence of mentors and role models, lack of facilities for women, and unwelcoming workplaces
- The government **introduced policies to help women enter and succeed in the skilled trades, such as the Skilled Trades Awareness and Readiness (STAR) Program**
- Announced in 2018, the STAR Program **provides \$10 million annually to encourage Canadians, particularly those facing barriers**, such as women, Indigenous peoples,

¹¹³ [Bad Jobs, Bad Health? How Work and Working Conditions Contribute to Health Disparities - PMC \(nih.gov\)](#)

¹¹⁴ <https://www.unicef-irc.org/publications/pdf/WP2020-02.pdf>

¹¹⁵ [Health Equity Policy Tool: a framework to track policies for increasing health equity in the WHO European Region](#)

¹¹⁶ [COVID-19 and Occupational Impacts - GOV.UK \(www.gov.uk\)](#)

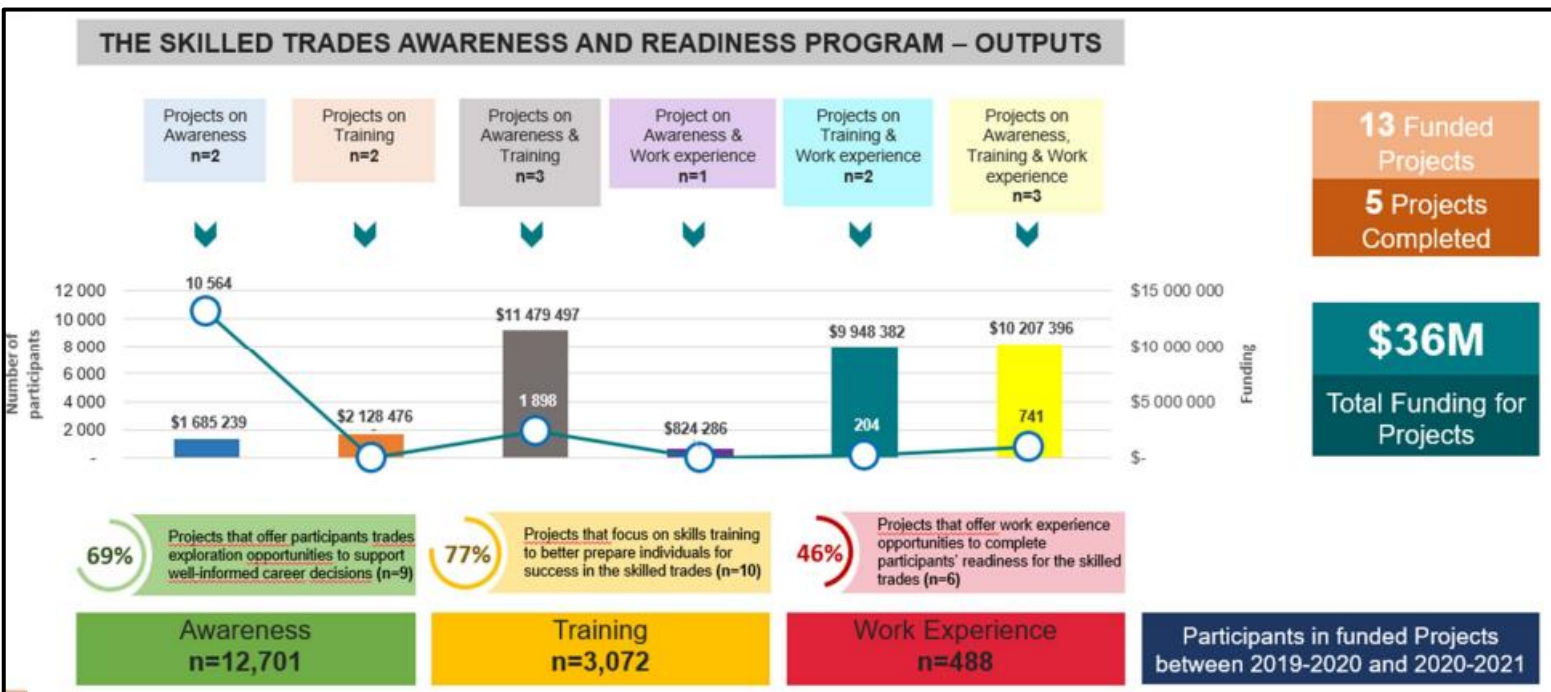
¹¹⁷ [annex-b---case-studies.pdf \(apec.org\)](#)

newcomers, persons with disabilities, and youth, to explore and prepare for careers in the skilled trades

- **It aims to** build awareness of the trades as viable, high-quality careers, help equip individuals with the skills and support they need to pursue a career in the skilled trades, and provide opportunities to explore the trades
- Outputs from the STAR Program are outlined on *Figure 9*
- The majority of participants reported that, through their participation, they **gained the information, skills, support, and confidence to make a decision to go into and be successful in a trade career**
- Between 15% and 25% of the total number of participants intended to continue with apprenticeship training and register in an apprenticeship program; between 5% and 10% of the total number of participants intended to enter into a trade

Figure 9. The Skilled Trades Awareness and Readiness Programme – Outputs

Source: Employment and Social Development Canada¹¹⁹



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