

## Improving health equity through action across the life course: Summary of evidence and recommendations from the DRIVERS project<sup>1</sup> – Annex C

### Recommendations and specific actions from the WHO European review<sup>2</sup> most directly linked to the three DRIVERS areas

The recommendations of the WHO European review most directly relevant to the three DRIVERS areas are shown below in Table 1.

<b>Perpetuation of inequities in health risks from one generation to the next</b>
<b>Recommendation 1(a)</b>
Ensure that the conditions needed for good-quality parenting and family building exist, promote gender equity and provide adequate social and health protection.
<b>Childhood development</b>
<b>Recommendation 1(b)</b>
Provide a universal high quality and affordable early years, education and childcare system.
<b>Employment, working conditions and health inequities</b>
<b>Recommendation 1(c)</b>
Eradicate exposure to unhealthy, unsafe work and strengthen measures to secure healthy workplaces and access to employment and good-quality work.
<b>Social protection policies, income and health inequities</b>
<b>Recommendation 2(a)</b>
Improve the level and distribution of social protection according to need, to improve health and address health inequities.

**Table 1.** Recommendations of the WHO European review most directly linked to the three DRIVERS areas.

<sup>1</sup> Goldblatt P, Siegrist J, Lundberg O, Marinetti C, Farrer L & Costongs C (2015). Improving health equity through action across the life course: Summary of evidence and recommendations from the DRIVERS project. Report produced as part of the 'DRIVERS for Health Equity' project, <http://health-gradient.eu/>. Brussels: EuroHealthNet.

<sup>2</sup> WHO. Review of social determinants and the health divide in the WHO European Region: Final report. 2014.

The specific actions identified in the WHO European review against each of the recommendations in Table 1 are listed below.

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**Perpetuation of inequities in health risks from one generation to the next**

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**Recommendation 1(a).**

Ensure that the conditions needed for good-quality parenting and family-building exist, promote gender equity and provide adequate social and health protection.

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**Specific actions**

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(i) Ensure that accessible, affordable and high quality sexual and reproductive health services are available to all who need them (particularly women and girls and young people of both sexes). This includes access to evidence-based contraception and care in pregnancy and childbirth. Aside from safe delivery as a basic right, high-quality services help to decrease smoking rates in pregnancy, increase breastfeeding and promote skills and knowledge for effective parenting. Services should identify families at risk early and refer to appropriate services.

(ii) Ensure that strategies to reduce social and economic inequities benefit women of childbearing age and families with young children.

(iii) Encourage ministers of health to act as advocates for social policies that provide income protection, adequate benefits and progressive taxation to reduce child and pensioner poverty.

(iv) Ensure that parenting policies and services empower women with children to take control over their lives, support their children's health and development and promote a greater parenting role for men. In particular, strengthen family friendly employment policies by introducing more flexible working hours – without turning to insecure contracts – and make affordable child care available to help parents combine work with their parental responsibilities.

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**Childhood development**

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**Recommendation 1(b).**

Provide universal high-quality and affordable early years, education and child care system.

(i) Ensure universal access to a high-quality, affordable, early years, education and child care system as the essential bedrock in levelling social inequities in educational attainment, poverty reduction and gender equality.

(ii) Make special efforts to include in education those children most at risk of experiencing multiple exclusionary processes, particularly:

(a) those with disabilities

(b) migrants

(c) minority ethnic groups such as Roma.

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**Employment, working conditions and health inequities**

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**Recommendation 1(c).**

Eradicate exposure to unhealthy, unsafe work and strengthen measures to secure healthy workplaces and access to employment and good-quality work.

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**Specific actions**

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(i) Improve psychosocial conditions in workplaces characterised by unhealthy stress.

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(ii) Reduce the burden of occupational injuries, diseases and other health risks by enforcing national legislation and regulations to remove health hazards at work.

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(iii) Maintain or develop occupational health services that are financed publicly and are independent of employers.

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(iv) At international level, intensify and extend the transfer of knowledge and skills in the area of work-related health and safety from European/international organisations, institutions and networks to national organizations.

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(v) In low- and medium-income countries, prioritise measures of economic growth (in accordance with an “environmental and sustainability strategy”) that are considered most effective in reducing poverty, lack of education and high levels of unemployment. To achieve this, invest in training, improved infrastructure and technology and extend access to employment and good-quality work throughout major sectors of the workforce.

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(vi) In high-income countries, ensure a high level of employment in accordance with the principles of a sustainable economy and without compromising standards of decent work and policies of basic social protection.

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(vii) Protect the employment rights of, and strengthen preventive efforts among, the most vulnerable (in particular, those with insecure contracts, low-paid part-time workers, the unemployed and migrant workers).

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(viii) Address rising levels of unemployment among the young by creating employment opportunities and ensuring they take up good-quality work through education, training and active labour market policies.

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## Social protection policies, income and health inequities

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### Recommendation 2(a).

Improve the level and distribution of social protection according to needs to improve health and address health inequities.

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### Specific actions

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(i) Ensure spending on social protection is increased effectively according to need by making proportionately greater increases in countries with lower levels of spend and ambition, as follows.

*Do something:* make some programme improvements in countries characterised by low levels of spend and low ambition for social protection.

*Do more:* further increase the ambitions of social protection programmes in countries characterised by medium–high ambitions in terms of social protection policies.

*Do better:* improve levels of social protection in general and for the most vulnerable in particular among the most developed welfare states, but where the redistributive and protective capacity of the welfare state has diminished.

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(ii) Make more effective use of resources already used for social protection.

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(iii) An international, multidimensional and age related framework is required to provide a standard methodology for calculation based on the specific needs of groups within the context of the society in which they live. As such, unlike poverty levels, the minimum does not have a uniform value for a country.

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(iv) Adopt a gender equity approach to tackle social and economic inequities resulting from women being overrepresented in part-time work, having less pay for the same job and undertaking unpaid caring roles.

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