Growing strong in times of crisis – Investing in wellbeing and health equity for young and old

EuroHealthNet Annual Seminar 2022

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Our societies are currently at a crossroads. Demographic change, growing inequalities, the climate crisis, COVID-19, and the impacts of the war in Ukraine are all having a negative impact on the health and well-being of our societies. These challenges are straining public resources and the social fabric of our communities. How can we overcome these issues and grow stronger in times of crisis?

The early years and later years of life are crucial stages in the life-course. How we approach health and wellbeing during these phases has a direct impact on the long-term resilience of our health systems and our wider societies. We must prioritise health equity and wellbeing among children, youth, families, and older people to ensure they have the essential conditions and resources to thrive, setting them up for lifelong health and wellbeing. Alternative economic and care models, such as the Economy of Wellbeing – as well as socially-conscious public and private investments offer the potential to grow stronger and more sustainably out of the current crises.

This in-person seminar gathered 105 experts and policy makers, representing over 20 countries, to explore the necessary conditions in which all members of society, including young and older people, feel like capable and valued members of their immediate and wider communities. New and innovative approaches and investments were presented, in the context of current European policy developments, and with a critical focus on their impacts on health equity. Discussions were centred around the following themes:

1. Securing conditions for health equity and wellbeing in childhood and adolescence in times of uncertainty
2. Prioritising public investments for healthy and active ageing in the wake of multiple crises
3. Exploring how we can turn our current uncertainties into opportunities for strength, through concepts like the Economy of Wellbeing
Introduction

Opening remarks

Dr Mojca Gabrijelčič Blenkuš, EuroHealthNet President and Senior Advisor at the Slovenian National Institute of Public Health (NIJZ)

Dr Gabrijelčič Blenkuš (pictured left) - who co-chaired the seminar with Ms Lorna Renwick (EuroHealthNet Executive Board Member and Organisational Lead, NHS Leadership, Health Equity, Public Health Scotland; pictured right) - warmly welcomed all the participants to the seminar. Introducing the core themes for discussion, she emphasised the importance of exploring societal uncertainties and converting such challenges to avenues for opportunity. This can be done by drawing on alternative models such as the ‘Economy of Wellbeing’ concept, and the good practices coming from previous initiatives such as the Joint Action on Health Equity Europe (JAHEE). Referencing the public health foresight exercise led by EuroHealthNet and the Dutch National Institute for Public Health and the Environment (RIVM) in response to the COVID-19 pandemic, Dr Gabrijelčič Blenkuš demonstrated the need to invest in conditions that foster health equity and wellbeing among children, youth, families, and older groups.

Presenting the EU context

Mr Toma Šutić, Member of Cabinet of the Vice-President for Democracy and Demography, European Commission

Setting the scene for the EU context, Mr Šutić remarked that we must “never waste a crisis”, by understanding and analysing the root causes and effects, and applying the lessons learnt. With a focus on demographic change, he noted that we are increasingly understanding the impact of an ageing population. As demonstrated in citizens’ discussions during the Conference on the Future of Europe, such a transition presents
opportunities to rethink policies linked to the economy, social settings, public finances, and territorial cohesion. This demographic development could also contribute to the success of other EU policies, such as the EU Green Deal and EU’s digital ambitions. Mr Šutić spoke about the Green Paper on Ageing and the importance of fostering intergenerational solidarity and responsibility. Building on this Green Paper, he explained that the European Care Strategy will be adopted in the coming months. Focusing on those in need of long-term care, as well as those who provide such care formally and informally, the strategy has the possibility to tap into emerging job markets, formalise new technologies and innovations and introduce better work-life balance measures. The Care Strategy will also bring about Council recommendations on high-quality, accessible, affordable care services for children and people who need long-term care.

*Presenting a promising approach to health equity – Video Statement*

*Prof Silvio Brusaferro,* President of Istituto Superiore di Sanità, coordinator of the Joint Action on Health Equity Europe (JAHEE)

In his video statement, Prof Brusaferro explained that the Instituto Superiore di Sanità (ISS) had the opportunity to lead on the JAHEE initiative. In addition to implementing over 80 actions to reduce health inequalities, participating Member States were responsible for producing a consensus policy document outlining ten key recommendations. The main message explicitly highlighted the need to prioritise the reduction of health inequalities and increase stakeholder accountability across Europe. ISS is committed to fighting inequalities and firmly believes that equity should be a pillar of structural reforms across health systems. In fact, Prof Brusaferro stated that the institute is engaging with relevant stakeholders to achieve this change and called on other countries and partners who wished to cooperate. He concluded his statement by advocating for a more equitable society, which guarantees the same standards and opportunities to promote health and wellbeing for all.
Session 1: Securing conditions for health equity and wellbeing in childhood and adolescence in times of uncertainty

Moderated by Dr Mojca Gabrijelčič Blenkuš and Ms Lorna Renwick

Large-scale crises threaten the fundamental conditions and resources for good health for children, young people, and families. They also exacerbate existing inequalities, thus widening the social gradient. Session 1 aimed to build on findings concerning child and youth health inequalities, and how actors at EU and (sub)national levels are driving this evidence forward through effective policies and interventions.

Setting the scene

Professor Terje Andreas Eikemo, Leader of the Centre for Global Health Inequalities Research (CHAIN)

Prof Eikemo outlined that we cannot understand public health issues in any country without factoring surrounding global challenges - to name a few - the Ukrainian crisis, climate change and COVID-19. According to a recent UNICEF Report “Places and Spaces: Environments and children's well-being”, many high-income countries not only fail to provide resident children with safe environments, but are also the main drivers of climate change affecting children globally. The COVID-19 pandemic additionally increased the prevalence of mental health problems among children and adolescents, as it caused more families to fall into poverty. Turning to the importance of education and school settings in child health, Prof Eikemo stated that parental education provides
a path to reduced child mortality, referencing a study conducted by CHAIN and the Institute for Health Metrics and Evaluation (IHME). The study shows that a child’s chances of surviving their first 5 years increases with every year of education their parents have (including both maternal and paternal education).

Overall, he noted that health inequalities are increasing, as a result of failed policies, the impact of multiple crises and several knowledge gaps that need to be closed. Prof Eikemo indicated that there is no global surveillance system in place to monitor health inequalities over time, unveiling that the true magnitude of the problem is still unknown. Additionally, there aren’t mechanisms to capture health inequalities from both a genetic and societal interface. It is uncertain as to which policies or interventions are the most effective as work is vastly siloed. In this regard, CHAIN aims to address these challenges with partners like EuroHealthNet. He reflected on the fact that around 14,000 children globally died before reaching their 5th birthday (according to 2020 data), and child survivors are often deprived of the fundamental conditions to health. Commenting that this is not only a social justice issue but also a scientific one, Prof Eikemo called for better guidance to governments to help shape policies for more equitable societies.

More resources:

- The Lancet Global Burden of Disease (GBD) Resource Centre
- GUIDE (Growing Up In Digital Europe: EuroCohort) - Europe’s first comparative birth cohort survey
- European Social Survey - a cross-national survey measuring attitudes, beliefs and behavioural patterns of diverse populations

**Presenting the EU context**

**Ms Jana Hainsworth**, Secretary General, Eurochild

Ms Hainsworth introduced the EU context by sharing an explanatory video on the European Child Guarantee – the EU instrument which prioritises access to free education, healthy school meals, healthcare, and decent housing for all children. She further explained that Eurochild is a strong advocate of the effective implementation of the Guarantee. More specifically, the organisation has called upon Member States to: (1) grant the necessary power and resources to National Child Guarantee Coordinators, (2) identify gaps in key services and prioritising the children most in need; (3) facilitate cross-ministerial collaboration (across social affairs, health and education), (4) provide effective data collection, (5) facilitate budget transparency and (6) create meaningful, sustainable involvement of stakeholders. She expressed concern that so far only eight National Action Plans have been submitted to implement the provisions of the
Guarantee at a local level (despite the deadline being set in March) and the unclear commitment among Member States to the programme.

Quoting European Commissioner for Equality, Commissioner Helena Dalli, Ms Hainsworth stated that national recovery and resilience plans are “key instruments contributing to gender equality and equal opportunities for all”. She notably mentioned that investments need to be made to strengthen the role of public health institutes, so that they have greater capacity to advocate a rights-based approach, work with other sectors and engage in participatory mechanisms across all governance levels. Furthermore, Ms Hainsworth also spoke about Eurochild’s project “Childonomics”, which aims to combine economic disciplines with children’s rights and provide a knowledge framework to better understand the importance of investing in children.

More resources:
- Eurochild country reports on the European Child Guarantee, featuring Recommendations for the Child Guarantee National Action Plans in Bulgaria, Germany, Greece, Ireland, Italy and Spain
- EuroHealthNet report on Country Exchange Visit on the European Child Guarantee, highlighting resources and key messages
- Eurochild “First Years – First Priority Campaign” – Nine Country profiles and a cross country analysis outlining the importance of better data and prioritisation of investment in public policies for early childhood development.

Promising approaches
Prof Didier Jourdan, Chair holder, UNESCO Chair on Global Health & Education

On the topic of building healthy and resilient schools in Europe, Prof Jourdan shared three key ideas with the audience: (1) Education strongly influences the health of all children and adolescents since they spend 40% of their waking hours at school; (2) Well-designed universal or targeted school programmes contribute to a reduction in health inequalities; (3) School health programmes are cost-effective, and the return on investment is high. He noted that health must be an integral part of school management and policies since poor health inhibits learning. Schools should embrace health-related initiatives to create conditions for educational achievement and maximise students’
learning outcomes. Moreover, children should be provided with an education that fits their personal and social circumstances. Learning for health and wellbeing involves teaching health literacy. Health literacy enables people to protect and promote their individual health and that of their family, and also helps safeguard the broader health system by providing people with the knowledge, skills, and capabilities necessary for actively participating in decisions about their health.

Prof Jourdan outlined that health inequalities can be reduced through well-designed programmes pursuing universal as well as targeted approaches, and that within school environments, such programmes are very cost-effective with a high return on investments. The return of investment through the avoidance of direct healthcare costs related to the treatment and management of chronic diseases would be 824% for comprehensive health programmes, 465% for multicomponent interventions, and 484% for PE curriculum modification interventions. Concluding his intervention, he proposed three takeaway ideas: (1) invest in sustainable school support programmes, (2) investing in capacity building (e.g., of teachers), and (3) invest in genuine intersectoral governance.

More resources:

- Joint initiative “Making Every School a Health-Promoting School (HPS)”, launched by WHO and UNESCO, and the accompanying Global Standards and Indicators for Health Promoting Schools.
- Journal article “Supporting every school to become a foundation for healthy lives” published in the “Lancet Child and Adolescent Health”, analysing the determinants of the implementation of a health policy by schools is described as well as a proposed model.
Introducing the Andalusian context, Dr Carriazo explained the regional health system is very accessible for all ages, especially for children. However, certain challenges linked to addressing determinants of health still need to be overcome, notably (1) improved research in the area; (2) better coordination between health, education, and social services; (3) early support to parents and carers; and (4) more integrated information systems.

Outlining approaches to tackle child health inequity, Dr Carriazo underlined the importance of interventions that holistically address health and wellbeing, uphold children’s rights, integrate a life-course perspective, promote positive parenting and encourage child participation. Expanding on this, she gave a review of the child health measures put in place in the Andalusian Health System between 1985-2022. Key milestones for Andalusia were the transfer of health competences in 1981 through a decree on maternal and child healthcare, and the development of a child and adolescent health programme. Dr Carriazo also noted that health policies also extended to integrated care processes for pregnancy and birth, positive parenting, early years interventions and health promotion programmes in schools. In 2005, a decree was published on the rights of minors to receive healthcare in line with their needs and a Health Council of Minors was established. Moreover, the Childhood and Adolescence Act of Andalusia was adopted in 2021.

The Andalusian Region has also developed multiple comprehensive health plans to address the most prevalent health problems and guarantee comprehensive health care across the care continuum. Last year, the Health Strategy for children and adolescents in Andalusia 2021-2025 was adopted to promote healthy lifestyles among younger groups, through comprehensive policies and interventions which reinforce cross-sectoral collaboration, a rights-based approach, and a focus on determinants of health.
Ms Vicky Jones, Deputy Leader of the Adverse Childhood Experiences Support Hub, Public Health Wales

Moving to the Welsh context, Ms Jones presented national efforts currently undertaken to respond to and prevent adversity and trauma across the life course. She explained that such work is being done through the adverse childhood experience (ACE) support hub, which is funded by government of Wales and hosted by Public Health Wales. The Hub’s mission is to make Wales a world leader in preventing, mitigating, and tackling ACEs and promoting an informed society. She also clarified that adverse environments with links to poverty, discrimination and violence underlie ACEs (Figure 1).

She explained that ACEs and health inequalities are inextricably linked, with recent research also indicating that adults with multiple ACEs were more likely to be averse to COVID-19 mitigation measures and vaccination and have lower trust in the National Health System. The Ukrainian crisis has also brought increased urgency to the ACEs faced by migrants, asylum seekers and refugees, and the support hub is doing a lot of work in that space. In this respect, a report on Adverse Childhood Experiences in child refugee and asylum-seeking populations in Wales and on Exploring perspectives of providers of education and educational support services on their ability to meet the needs of sanctuary-seeking primary school children in South Wales were published to shed light on the topic.

In line with such efforts, the ACE Support Hub has created a Skills and Knowledge Framework to operationalise trauma or ACE-informed approaches and educate communities in the process. A TrACE (Trauma and ACE) toolkit was also devised for organisations to use as a guided process to become TrACE-informed across several domains. In addition to the above, a trauma-informed framework for Wales has been developed and is now out for public consultation. The framework embodies a societal approach to understand, prevent, and mitigate the
impact of adversity and trauma. Ms Jones also demonstrated the breadth of the ACE support hub in different sectoral spaces, such as in the education sector (where an ACE and trauma-informed whole-of-school approach was developed) as well as the justice and police sector (by transposing the public health approach within police operations to address the root causes of vulnerability). In the pipeline, the ACE Support Hub aspires for a whole-system change, mobilising communities to play a role in reducing ACEs and health inequalities.

Q&A session

The Q&A session focused on various topics – including the importance of political will in reinforcing a rights-based approach to child health; the importance of the “health promoting schools” approach; the role of school settings in building children's understanding of the digital world; the importance of the citizenship dimensions to health in addition to health literacy efforts; the evidenced links between culture and better health outcomes and the recently-launched Culture for health EU-funded project; and the need for a more integrated and concerted implementation of the European Pillar of Social Rights and EU Child Guarantee at Member State level.

2 Session 2: Prioritising public investments for healthy and active ageing in the wake of multiple crises

*Moderated by Dr Mojca Gabrijelčič Blenkuš and Ms Lorna Renwick*

Europe’s rapidly ageing population presents uncertainties on multiple fronts, including the sustainability of public finances and the availability of social services and long-term care. Session 2 focused on the importance of health promotion and equitable active engagement of older groups, in view of the economics of ageing, the EU policy landscape around the European Care Strategy and promising practices at national level.
Setting the scene

**Ms Gemma Williams**, Research Fellow, European Observatory on Health Systems and Policies London Hub

Ms Williams focused her intervention on sustainable health financing with an ageing population and the implications of healthy ageing, by presenting key outcomes of the “Economics of Healthy and Active Ageing Series” carried out by the European Observatory on Health Systems and Policies. She broke down the common belief that population ageing will slow down economic growth, with older people being less economically productive and retiring en masse, leading to lower tax revenues and higher health expenditures. Findings conversely show that a healthy older labour force is not associated with slower economic growth, with predictions indicating a higher growth. Ms Williams explained that lower per capita growth is predominantly forecasted if the larger older workforce is in poor health. This demonstrates that the influencing factor on economic growth is not the size of the older workforce, but their health.

From a health expenditure point of view, research has demonstrated that older people cost more on average, but ageing will not drive health spending by itself. Health spending is only slowly increasing and is mainly impacted by end-of-life costs at older ages. She noted that at the same time, at an average health expenditure growth of 0.5% per year, costs add up, and called to explore ways in which such spending can be moderated and brought down. One effective policy would be to promote healthy and active ageing. As demonstrated in an analysis on population ageing and health expenditure trends in Australia, premature morbidity in the population could cause health spending to increase by 1.57 percentage points (as a share of GDP) between 2020–2060, whilst in a healthy ageing population, the growth could be reduced to 1.00 percentage point over the same 40 years. Concluding her presentation, Ms Williams reflected on how healthy ageing can be promoted, noting that the social determinants of health need to be tackled across multisectoral policy actions.

More resources:
- European Observatory [Population Ageing Financial Sustainability Gap for Health Systems (PASH) simulator tool](#) (to forecast the impact of population ageing on health spending, and the impact of different policy options)
Delving into the EU policy landscape, Ms Ulinski spoke about the European Care Strategy in the context of healthy and active ageing. She noted that population ageing is still expected to lead to a strong increase in the number of people needing long-term care (LTC) – from 30.8 million in 2019 to 38.1 million in 2050 and LTC must therefore be accessible, affordable, and high-quality. She explained that the European Commission is streamlining healthy and active ageing across different policy domains. These include: (1) the Green Paper on Ageing to support action on healthy and active ageing, health systems resilience and social protection modernisation; (2) the European Pillar of Social Rights, which enshrines the right for all to access affordable long-term care services of good quality; (3) joint analytical reports on Long-Term Care and Pension Adequacy (4) Ageing Report projected the economic and budgetary impact of an ageing population over the long-term and (5) Council Recommendations on the wellbeing of older groups in the era of digitalization and mainstreaming ageing policies.

Ms Ulinski also gave an overview of the different tools to promote healthy and active ageing: (1) Active Ageing Index, a tool which measures the potential of older people to lead healthy lives; (2) Madrid International Plan of Action, a comprehensive action plan to tackle ageing and building a society for all ages; and (3) The European Innovation Partnership on Active and Healthy Ageing to improve social and health care systems.

Adding on to this, Ms Ulinski stated that healthy and active ageing benefits the long-term care systems, by reducing the onset and intensity of such care needs, lowering health expenditure in the area. Citing a Commission report on long-term care in the EU, she also noted the importance of overcoming fragmentation in services. To this end, the European Care Strategy will address both carers and care receivers, from childcare to long-term care and is expected to set a framework for policy reforms for more affordable access to quality services for all and better working conditions in the sector.
Promising approaches

**Dr. Ülla-Karin Nurm**, Secretariat Director, Northern Dimension Partnership in Public Health and Social Well-being

Introducing the work of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS), Dr Nurm noted that active and healthy ageing is a horizontal priority in meeting the health needs of Northern and Baltic countries. By way of example, she explained that the AgeFLAG project - a flagship initiative of the ‘Health’ policy area under the EU Strategy for the Baltic Sea Region – aimed to build a roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region. Key outputs from this project were national needs assessments carried out in Estonia, Finland, Latvia, Lithuania, Poland, Russia and Sweden, a policy lab to identify ageing-related topics, the NDPHS Manifesto “Connecting Minds Across the Ages” and an NDPHS Task Force on Active and Healthy Ageing. Through this, the project demonstrated the need to dismantle ageism, focus on creating age-friendly environments and services and prioritise societal participation. Highlighting some promising approaches, she explained that initiatives which are co-created with older people and are cross-cutting (involving for instance, art and cultural elements) are of significant value to health.

In times of multiple crises, she recognised that active and healthy ageing is becoming increasingly difficult to realise and emphasised that we need to revisit policies and rethink the delivery of essential and community-based services. Dr Nurm demonstrated the importance of good and competent governance and a whole-society approach, as well as the shift to an Economy of Wellbeing model which underpins peace and security.
Mr Klaus Niederlander, Director of the Ambient Assisted Living Association

Providing a digital lens to healthy and active ageing, Mr Niederlander explained that for our social infrastructure to be effective, it must be redesigned to link technology with the needs of an ageing population. He explained that innovations happen at the local and regional levels of governance and should be used to co-create social structures which foster inclusive business and digital service models, a culture of collaboration, and outcome-based interventions. The technology sector is brimming with new innovations; however, the issue is to integrate simple solutions within complex societal systems - linking people to communities and health and social entities. As an example of this, Mr Niederlander explained that fall detection and prevention support technologies, simple solutions by nature, would require social and financial innovation to navigate through complex societal structures to fully benefit older groups.

Expanding on this, he stated that a shift is needed towards investing in people and communities rather than solely in infrastructure, to ensure that ageing is a people-oriented service. This would entail transforming health and care systems across the board, from home to intergenerational housing to assisted living to hospitals. Concluding his presentation, Mr Niederlander called for the use of digital solutions to create collaborative platforms, considering the need for better digital education and rethinking our approach to the third age labour market.

Q&A Session

The Q&A session focused on several key points, including: the European Commission’s role in streamlining integrated approaches to the European Care Strategy; rethinking of financial models for healthcare and long-term care; and the reorganization of health and social services within and across Member States. Health data was also discussed, mainly with reference to the integration of Member State data through the European Health Data Space, the importance of data ownership at individual level (as opposed to larger platforms) and the need for data-driven and data-evaluated policies.
Concluding remarks

Ms Tatjana Buzeti, Policy Officer, WHO European Office for Investment for Health and Development

Closing the seminar discussions, Ms Buzeti reflected on the importance of an Economy of Wellbeing, and its strong ties to the Sustainable Development Goals. She reaffirmed the importance of the EuroHealthNet platform, particularly its efforts to analyse the work already done and to advocate for a wellbeing agenda at EU and (sub)national levels. Ms Buzeti also recognised the critical role public health could play with increased financial literacy and understanding, which could make their advocacy for health-promoting investments more effective.

Building on previous discussions on the social determinants of health, Ms Buzeti demonstrated that the conditions contributing to health gaps go beyond access to health services, also including income security and social protection, living conditions, social and human capital, and employment and working conditions (Figure 2).

Figure 2: The percentage gap in self-reported health, mental health, and life satisfaction across five conditions to good health outcomes (Image taken from speaker’s presentation).
In view of this, WHO wants to be a key partner in creating a new wellbeing economy concept with equity at the core, and in pushing for health investments which would create resilient health and welfare systems and more resilient societies. As previously outlined, the wellbeing economy concept is broader than health and priorities should lie in measuring the co-benefits to health. As a way forward, WHO/Europe will start building a pan-European economy of wellbeing alliance, to pilot the implementation of this concept. Lastly, for a wellbeing ecosystem to progress, several indicators need to be brought in, including markers for peace and stability, as well as a basket of policies to reduce health inequalities across the board.

**Ms Caroline Costongs** - Director, EuroHealthNet

Ms Costongs highlighted the necessity to invest in people’s basic needs to reduce health inequalities. She mentioned EuroHealthNet’s participation in a workshop organised by the Belgian government on “**Tomorrow’s Social Europe**” for young people on the role of EU in health. One young person in particular called for EU leaders to give a vision of hope for the future, to inspire current and future generations to make the world a better place. Ms Costongs explained that the economy of wellbeing gives this vision of hope and shows that we can achieve a strong social foundation through multiple EU tools, such as the European Pillar of Social Rights and the European Care Strategy, whilst also achieving many co-benefits to health. As an important alternative vision looking forward, the wellbeing economy concept requires intersectoral cooperation and a whole-of-systems change, together with a new way of working for public health professionals with other sectors. EuroHealthNet members will reflect on the outcomes of the seminar during EuroHealthNet’s **General Council Meeting** on 1 June and develop a **statement**, calling upon EU leaders to put wellbeing at the core.
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Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members’ work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet’s work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership’s activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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