Conference on Health inequalities and vulnerability: Capacity Building & interventions among EU Member States

An EU Member State Initiative to disseminate the results of the 2nd EU Health Programme Under the auspices of the EU Italian Presidency

20-21 October 2014 – Auditorium, Ministry of Health
Viale Giorgio Ribotta, 5, Rome – Italy

Background

The Consumers, Health and Food Executive Agency (Chafea) of the European Commission is co-organising a series of five workshops/conferences to present the main achievement of the second EU Health Programme. The list of conferences are¹ Health inequalities and Vulnerability conference in Rome, Health Security workshop in Brussels, Rare Diseases in Prague, Chronic Diseases and Healthy Ageing, Amsterdam and Mental Health in All Policies, in Helsinki.

The Health Inequalities and Vulnerability Conference is kindly hosted by the Italian Ministry of Health under the auspices of the Italian Semester of Presidency.

Our Conference

Health inequalities in the EU are dependent on a many factors related to differences in socio-economic status, gender and age. Belonging to a minority group, such as migrants and Roma community citizens, or been a patient suffering from a chronic and/or socially stigmatised disease can lead to further health inequalities.

This conference aims to show how the actions of the EU Health Programme (2008-2013) have supported the EU countries to develop strategies to respond to the health inequalities and address the growing health needs of vulnerable groups.

By building networks of experts, the EU Health Programme has strengthen their collaboration European level, increased their capacities to assess the inequalities, develop interventions and policies and respond to the social disparities within and among the EU.

During the event the publication on ” Action on health inequalities in the European Union - The EU Health Programme’s contribution to fostering solidarity in health and reducing health inequalities in the European Union 2003–13 brochure and the health inequalities information sheet ” by the Health unit of Chafea will be presented.

¹ The Consumer, Health and Food Executive Agency (Chafea) of the European Commission is co-organising a series of five workshops/conferences to present the main achievement of the second EU Health Programme. The list of conferences are Health inequalities and Vulnerability conference in Rome, Health Security workshop in Brussels, Rare Diseases in Prague, Chronic Diseases and Healthy Ageing, Amsterdam and Mental Health in All Policies, in Helsinki.

The Conference target audience are experts in the field of health inequalities, health professionals, policy makers/ health managers at national and regional level of EU countries with a specific focus on Mediterranean region and South-East Europe.
9:00 - 9:30  Registration

9:30 - 9:45  Opening and welcome
- Mr Luc Briol, Director of the Consumers, Health and Food Executive Agency (Chafea), EC
- Director General, Ministry of Health Italy

9:45 - 10:45  Opening session
HEALTH INEQUALITIES IN A HEALTH-IN-ALL-POLICY PROSPECTIVE

Co-chaired by:
Mr Philippe Roux, Head of Unit C4, Health determinants, DG Health and Consumers (DG SANCO), EC
Mr Jacques Remacle, Head of Health Unit, Consumers, Health and Food Executive Agency (Chafea), EC

- The EU perspective, Mr Philippe Roux, Head of Unit C4, Health determinants, DG SANCO, EC (20’)
- The WHO European Review of Social Determinants and the Health Divide in the frame of the WHO EURO Health 2020 strategy implementation, Dr Thierry Mertens, Social Determinants of Health, Public Health and Migration, European Office for Investment in Health and Development – World Health Organisation (WHO) Regional Office for Europe, (20’)
- A Member State perspective, Prof Giuseppe Costa, University of Turin – Italy, (20’)

10:45 - 11:00  Discussion

11:00 - 11:15  Coffee Break

11:15 - 12:30  Session 1: HEALTH INEQUALITIES IN A HEALTH-IN-ALL-POLICY PROSPECTIVE – SHOWCASES: ACTIONS CO-FUNDED UNDER THE 2ND EU HEALTH PROGRAMME

Introduced by:
Mr Philippe Roux, Head of Unit C4, Health determinants, DG SANCO

Co-chaired by:
Mr Philippe Roux, Head of Unit C4, Health determinants, DG SANCO and Prof Giuseppe Costa, University of Turin, Italy

- Equity Action - Joint Action on Health Inequalities (10’), Chris Brookes, National Heart Forum, Health Action Partnership International (NHF-HAPI) - UK
- Action-for-health – Project on Reducing health inequalities: preparation for action plans and structural funds projects (10’), Tatjana Krajnc-Nikolic, Nacionalni inštitut za javno zdravje/ National institute of public health (NIJZ) - SI
- Crossing Bridges – Project on Developing methodologies and building capacity to advance the implementation of HiAP and achieve health equity (10’), Ingrid Stegeman, EuroHealthNet - BE

12:30 - 13:00  Discussion and conclusion 30’

13:00 - 14:30  Buffet lunch (90’)

14:30 - 17:00  Session 2: HEALTH VULNERABILITY IN EUROPE, HEALTH RISK EVALUATION AND PUBLIC HEALTH IMPLICATIONS

Introduced by:
Mr Philippe Roux, Head of Unit C4, Health determinants, DG SANCO

Co-chaired by:
Mr Philippe Roux, Head of Unit C4, Health determinants, DG SANCO and Ministry of Health Italy

14:30 - 15:20  Keynote speeches (50’)
- Mediterranean region: an international perspective (Episouth network and beyond), Dr Silvia Declich, Istituto Superiore Sanita’ (ISS), Rome, Italy (20’)
- Current results of the IOM actions to foster the health provision for migrants, the Roma, and other vulnerable groups in Europe, EQUI-HEALTH (20’), Ms Roumyana Petrova-Benedict, International Organisation for Migration (IOM)
- Disease surveillance & response to public health need of vulnerability "Mare Nostrum" initiative (10’), Dr Loredana Vellucci, Directorate General of Prevention Ministry of Health Italy
15:20 – 15:15  Discussion (15’)


Introduced by:
Dr Giovanni Nicoletti, PC NFP for the EU Health Programme, Ministry of Health Italy
Co-chaired by:
Dr Giovanni Nicoletti, PC NFP for the EU Health Programme, Ministry of Health Italy
Ms Roumyana Petrova-Benedict, International Organisation for Migration (IOM)

- Assessing Health system, preparedness to crises management within the WHO EURO Region. The case of massive irregular migration to southern European Region (10’) Dr Giuseppe Annunziata, International Center for Migration Health and Development, WHO Collaborating Center
- MEM-TP – Project on training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma, (10’), Ainhoa Ruiz, Andalusian School of Public Health, Granada, Spain.

15:35 – 15:50  Question & Answer (15’)

15:50 – 16:05  Coffee break (15’)

16:05 – 16:35  Roma health report, Health status of the Roma population. Data collection in the Member States of the European Union (10’), Laura Todaro or David Murray, MATRIX Insight - UK
- AURORA – Project on A European network on cervical cancer surveillance and control in the new Member States (10’), Ms Pilar Montilla, Osservatorio Nazionale sulla salute della Donna (O.N.Da) – IT
- Health 25 – Project on Health promotion for disadvantaged youth (10’), Sylvia Schanne, Verein zur Förderung der BBRZ-Gruppe (BBRZ-G) - AT

16:35 – 17:00  Question & Answer (25’)

17:00 – 17:30  Conclusion by the chairs 1 to 3 (30’)

19:30 – 21:00  Cocktail dinner
9:30-12:30 **Session 4: INTERVENTIONS AND PROJECTS STRENGTHENING MS CAPACITY ON ACTIVE PREVENTION AND REDUCING THE BURDEN OF CHRONIC AND COMMUNICABLE DISEASES**

*Introduced by:*
Attila Balogh, Unit C4, DG Health and Consumers, EC  
*Co-chaired by:*
Attila Balogh, Unit C4, DG Health and Consumers, EC and Dr Pasqualino Rossi, DG Communication and International Relations, Ministry of Health Italy

**MORNING SESSION: Harm reduction among at-risk groups**

09:30 - 10:10 **Keynote speeches (40’):**
- EU-DG SANCO. Healthy Lifestyle, Review of the EU situation, Mr Attila Balogh, Unit C4, Health determinants, DG SANCO, EC (20’)
- Harm reduction amongst people who use drugs, Roland Simon, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (20’).

10:10 - 10:25 **Discussion (15’)**

10:25 - 10:40 **Coffee Break (15’)**

10:40 - 11:20 **Session 5: HARM REDUCTION AMONG AT-RISK GROUPS – SHOWCASES, ACTIONS CO-FUNDED UNDER THE 2ND EU HEALTH PROGRAMME**

*Introduced by:*
Attila Balogh, Unit C4, DG Health and Consumers, EC  
*Co-chaired by:*
Attila Balogh, Unit C4, DG Health and Consumers, EC and Paola D’Acapito, Scientific Project Officer, Health Unit, Consumers, Health and food Executive Agency , EC (Chafea)

- RARHA – Joint Action on Reducing Alcohol Related Harm (10’), Patrícia Pissarra, Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências (SICAD) - PT
- BISTAIRS – Project on Brief InterventionS in the Treatment of Alcohol use disorders In Relevant Settings (10’), Bernd Schulte, Universitätsklinikum Hamburg-Eppendorf(UKE) - DE
- ReDNet – Project on Recreational Drugs European Network: an ICT prevention service addressing the use of novel compounds in vulnerable individual, (10’), Ornella, Corazza, University of Hertfordshire Higher Education Corporation - UK
- NEW Implementation – Project on Nightlife Empowerment and Well-being Implementation (10’), Luciano Gamberini, Asociación Bienestar y Desarrollo (ABD) - ES

11:20 - 11:40 **Question & Answer (20’)**

11:40 - 11:50 **Conclusion by chair (10’)**

11:50 - 12:30 **Session 6: Social determinants and communicable diseases**

*Introduced by:*
Matthias Schuppe, SANCO C3, Health Threats, DG Health and Consumers, EC  
*Co-chaired by:*
Matthias Schuppe, SANCO C3, Health Threats, DG Health and Consumers, EC and Giuseppe Ippolito, Scientific Director, Istituto Nazionale per le Malattie Infettive Lazzaro Spallanzani

**Keynote speeches (40’):**
- Do economic downturns have an impact on communicable diseases in Europe?, Tek-Ang LIM, European Centre for Disease Prevention and Control (ECDC) (20’)
- EU policy framework on HIV/AIDS and co-infections with particular focus on vulnerable groups, Matthias Schuppe, EU DG SANCO C3 Unit, Health threats, (20’)

12:30 - 13:30 **Buffet lunch (60’)**
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<th>Time</th>
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<tr>
<td>13:30 – 14:40</td>
<td><strong>Session 7: SOCIAL DETERMINANTS AND COMMUNICABLE DISEASES – SHOWCASES, ACTIONS CO-FUNDED UNDER THE 2ND EU HEALTH PROGRAMME</strong></td>
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<td>• CORRELATION Network – Project on European Network Social Inclusion and Health (10’), Eberhard Schatz, Foundation De Regenboog AMOC Inloophuizen - FR</td>
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<td>• IMPACT – Project on Improving Access to HIV/TB Testing for marginalized groups (10’), Nadia Gasharrini, Fondazione Villa Maraini - IT</td>
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<td>• TUBIDU – Project on Empowering civil society and public health system to fight tuberculosis epidemic among vulnerable groups (10’), Aljona Kurb, TERVISE ARENGU INSTITUUT - EE</td>
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<td>• SIALON II – Project on capacity building in combining targeted prevention with meaningful HIV surveillance among MSM (10’), Massimo Mirandola, Azienda Ospedaliera Universitaria Integrata Verona-Veneto Region – IT</td>
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<td>14:40 – 15:00</td>
<td><strong>Questions &amp; Answers (20’)</strong></td>
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<td>15:00 – 15:15</td>
<td><strong>Coffee Break (15’)</strong></td>
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<td>15:15 – 15:35</td>
<td><strong>Conclusion (20’)</strong></td>
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<td>15:35 – 16:00</td>
<td><strong>Closing remarks: SANCO C4/Chafea/Ministry of Health Italy (15’)</strong></td>
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Mediterranean region: an international perspective (Episouth network and beyond)

Silvia Declich & Maria Grazia Dente
Istituto Superiore di Sanità (ISS) Rome, Italy (Italian National Institute of Health)
Mediterraneus in Latin means “in the middle of the lands”
The Mediterranean

The countries surrounding the Mediterranean Sea have common sea borders in this remarkable ecosystem with circulation of goods and significant migration movements.
Common Public Health problems & threats

Countries share epidemiological characteristics and public health problems

Public Health threats, in particular, do not have geographical or political boundaries
Inequalities and vulnerability

Health situation of migrants in the Med area

Differences in preparedness and response to health threats existing in the Mediterranean Region create inequalities among countries and within countries
Lessons learnt from the Episouth and EpiSouth Plus projects in the Mediterranean region and Southeast Europe
Create a collaboration among the PH officers on epidemiological issues to control CDs in the Med region:

- Focussing on Cross-border emerging zoonoses
- *Focussing on Vaccine preventable disease and migrants*
- Awareness on Cross-border epidemic intelligence
- Epidemiological capacities (training in field/applied epi)
Assessment of vaccine-preventable diseases and migrant populations in participating countries: immunization status and access

- Online survey (2009)
- 22 participating EpiSouth Countries
- A total of 39 questions, 5 main sections
Presence of **documented migrants** reported by all countries.

Presence of **undocumented migrants** reported by 14 countries.

Presence of **nomadic populations**, traditionally found in Europe (Roma/Sinti) in 12 countries and other country specific nomadic populations in 10 countries.

Official figures for documented, undocumented immigrants and nomadic populations available in 15, 5 and 7 countries, respectively.

Proportion of EpiSouth Countries where national official information on the number of migrant people present is available, by migration group:

- Legal immigrants (18 respondents): 83%
- Illegal immigrants (19 respondents): 26%
- Nomadic populations (18 respondents): 39%
Immunisation programme implementation – mobile population

- Presence of **specific regulation supporting immunisations**: Immigrant population (11/22); Nomadic population (2/22)

- Presence of specific **program/approach facilitating access to immunisations**

Proportion of EpiSouth Countries where targeted programmes to facilitate access to and acceptance of immunization among migrants are present, by migration group:

- Targeting immigrant communities (20 respondents): 60%
- Targeting Roma/Sinti nomadic groups (21 respondents): 43%
- Targeting other nomadic groups (19 respondents): 32%
Conclusions

- **Diversity** in the context of migration and in the level of integration of migrants in EpiSouth region.

- **Strengths** well structured public health services with established NIPs; vaccines and immunisations are free of charge for children.

- **Weaknesses**
  - No specific regulations regarding VPD and migrant and nomadic populations,
  - Lack of experience and specifically trained PH/social workers
  - Migrant lower immunization coverage due to lack of information (13) and lack of trust in authorities (8)
  - Poor acceptance of immunization by the Roma/Sinti communities because of different social, behavioral and traditional reasons
**Raccomandations**

- **Strengthening specific monitoring of vaccine coverage among migrant groups for evaluating needs and assessing VPD transmission risk**

- **Produce guidelines on vaccine preventable diseases and migrant populations (general recommendations for improving the access to immunizations and easy VPD data exchange)**

<table>
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<th>Mobile population (20 respondents)</th>
<th>Immigrant children (22 respondents)</th>
<th>Children from nomadic groups Roma/Sinti (20 respondents)</th>
<th>Children from nomadic groups - other (20 respondents)</th>
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<td>5%</td>
<td>9%</td>
<td>10%</td>
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Proportion of EpiSouth Countries where disaggregated data on immunization coverage among migrants is available.
… to the EpiSouth Plus project (2010-13)

“To enhance and strengthen the preparedness to face common health threats and biosecurity risks among the Mediterranean area and SE Europe, in the framework of the IHR”

- Establishing a **Mediterranean Regional Laboratories Network** to facilitate common threats detection
- Promoting **common procedures in Generic Preparedness and Risk Management Plans**
- Enhancing **Early Warning Systems** and cross-border Epidemic Intelligence
- Facilitating **IHR implementation**
EpiSouth Plus
Activities and results achieved

The audio-video presenting the activities and results achieved by the EpiSouth Network is available at: www.episouthnetwork.org

Short version
https://www.youtube.com/watch?v=G6_p3u5J0Qs&feature=youtu.be

Long version
http://www.youtube.com/watch?v=JM13nC_4lYc&feature=youtu.be
Improving responsiveness to Public Health threats at national and regional level

• addressing public health inequalities and needs at regional level to increase inter-sectorial collaboration and capacity building

• harmonizing PH preparedness and responsiveness in the Region to fit the IHR requirements and ensure multi-country prompt response
The 65th WHA ... requests the DG to build and strengthen the capacities of WHO to perform the functions entrusted to it, through strategic health operations that provide support to countries, **regional and trans-regional networks** of States Parties in detection, reporting, ...
Fostering Mediterranean partnership

is particularly relevant in the context of cross-border health threats

but...

collaboration and coordination is complicated by division of the area
EU Partners in EpiSouth Plus

1. ITALY
   - Institute of Health, Rome;
   - Local Health Unit, Turin;
   - General Hospital, Padua;
   - National Institute of Infectious Diseases, Rome;
   - CINECA, Bologna;

2. FRANCE
   - Institute Pasteur, Paris;
   - Institut de Veille Sanitaire, Saint Maurice Cedex

3. SPAIN (Istituto de Salud Carlos III, Madrid);

4. BULGARIA (National Center of Infectious and Parasitic Diseases, Sofia);

5. CROATIA (Institute of Public Health) as acceding country

6. CYPRUS (Ministry of Health, Nicosia);

7. GREECE (Hellenic Centre for Disease Control and Prevention, Athens);

8. MALTA (Ministry of Health, Valletta);

9. ROMANIA (Institute of PH, Bucharest);

10. SLOVENIA (Institute of Public Health, Ljubljana)
Non-EU Partners in EpiSouth Plus

1. ALBANIA, Tirana (Institute of Public Health);
2. ALGERIA, Alger (National Institute of Public Health);
3. BOSNIA & HERZEGOVINA (Ministry of Civil Affairs, Sarajevo; Ministry of Health and Social Welfare, Banja Luka, Republic of Srpska; Public Health Institute, Mostar, Federation of B&H);
4. EGYPT, Cairo (Ministry of Health and Population);
5. FYROM–Former Yugoslav Republic of Macedonia, Skopje (Institute for Health Protection; Clinic of Infectious Diseases);
6. ISRAEL (Center for Disease Control, Tel Hashomer; Ministry of Health, Jerusalem);
7. JORDAN, Amman (Ministry of Health);
8. KOSOVO UNSCR 1244, Prishtina (National Institute of Public Health);
9. LEBANON, Beirut (Ministry of Public Health);
10. LIBYA, Tripoli (Infectious Diseases Department Tripoli Central Hospital);
11. MONTENEGRO, Podgorica (Institute of Public Health);
12. MOROCCO, Rabat (Ministry of Health);
13. PALESTINE, Ramallah (Ministry of Health);
14. SERBIA, Belgrade (Institute of Public Health);
15. SYRIA, Damascus (Ministry of Health);
16. TUNISIA, Tunis (Ministry of Health);
17. TURKEY, Ankara (Ministry of Health; Refik Saydam National Hygiene Center);
18. MECIDS-Middle East Consortium on Infectious Disease Surveillance;
19. WHO-IHR International Health Regulations Coordination, Lyon, France
Collaborating Institutions in EpiSouth Plus

1. ECDC-European Centre for Disease Prevention and Control, Stockholm, Sweden;
2. EUROPEAN UNION DG SANCO Public Health Directorate, Luxembourg;
3. EUROPEAN AGENCY FOR HEALTH AND CONSUMERS, Luxembourg;
4. EUROPEAN UNION EuropeAid, Brussels, Belgium;
5. MOH-Ministry of Health, Rome, Italy;
6. WHO–EMRO Regional Office for Eastern Mediterranean, Cairo, Egypt;
7. WHO-EURO Regional Office for Europe, Copenhagen, Denmark;
8. SHIPSAN- Ship sanitation project
9. SEEHN- South East Europe Health network
EpiSouth Network development

A network as a set of autonomous organizations that come together to reach goals that none of them can reach separately (Chisholm, 1998)
Strategies adopted for Networking

- Fostering participation to project activities
- Increasing partners’ sense of ownership
- Addressing local priorities
- Capacity building of the partners involved
- Strengthening collaboration between EU & non-EU
- Empowerment of partners to lead some activities
Methods adopted for Networking

Needs assessment and studies, due to the diversity of countries involved, for:
- harmonizing terms and definitions, taking into account local/national situation
- assessing the capacities and needs
- selecting the topic of the capacity building on field epidemiology and laboratory

Mapping of the existing expertise within the Region to avoid overlapping

Prioritization aimed at converging the large range of national priorities of 27 countries towards the common regional priorities

Identification of specific criteria to select information relevant for countries and regional security
Governance adopted for Networking

Body

- The **General Assembly** (83 Country Focal Points) set strategies and priorities

- 2 **WP co-leaders** with their **WP Steering Team** (7-8 countries) coordinate the WP activities

- The **Project Steering Committee** (WPs leaders) ensures project implementation

- The **Advisory Board** (EC, ECDC, WHO and international experts) advises the SC

They meet at:

- Project **Meetings**
- WP **Steering Team Meetings**
- Project **Steering Committee Meetings**
- AB Members are invited in accordance with the needs
Participation in EpiSouth and EpiSouth plus general and laboratory meetings
Partecipation in EpiSouth and EpiSouth plus Capacity building activities
Networking Challenges

• Continuous stepwise process to:
  Develop/maintain trust and common understanding
  Create/develop skills and capacities
  Respond to common interests and priorities

• Maintain a live trusted network with:
  An environment where experiences can be shared and capacities can be built
  Access to information & clearance for sharing information
  Concrete and useful feedback to countries

→ Plans adjustment and schedule flexibility ←
→ Sustainability ←
After January 2014...

good sustainability of the Network

- **EPIS for EpiSouth** (secure alert sharing platform) at ECDC

- **MediEPIET** (coordinated by ECDC, funded by DG DEVCO, managed by Spanish cooperation and ISCIII)

- **MediLabSecure** for Laboratory and Epidemiology networks (coordinated by IP, funded by DG DEVCO) & **MedPreMier** (funded by MOH, coordinate by ISS)
European Health Award
2014 Winner
EpiSouth Plus Project

• “The project is of particular importance for strengthening preparedness to health threats, health security and bio-security, also outside the EU“, EHFG President Prof Helmut Brand said in his praise of the project.
• “The achievements of EpiSouthPlus are an eloquent example that in the field of public health, cross-border cooperation is not just useful but in many cases such as these, simply indispensable.”
Acknowledgements

The EpiSouth-Plus project is co-funded by the European Union DG SANCO/EAHC and DEVCO/EuropeAid together with the participating national partner Institutions.

The financial support of the Italian Ministry of Health and ECDC is also acknowledged.

The Project is led by The Italian National Institute of health and counseled by an Advisory Board composed by EC, ECDC, WHO and other international experts.

The contents of this presentation are the sole responsibility of the authors and can in no way be taken to reflect the views of the European Union.