



Health Action Partnership International

Work Plan 2012 – 2015

www.hapi.org.uk

The Health Action Partnership International was established in 2010 to take forward a Department of Health programme.

It aims to promote partnership work within and between countries based on international evidence and best practice on the social determinants of health, ranging from effective and accessible care to broader issues such as employment, and consequently to reduce inequalities in health

To ensure maximum impact, HAPI has developed a rolling work programme that aims to build on expertise and knowledge learnt through project work on a year on year basis. It does this by maintaining and growing an expert network and providing opportunities for its members to continue to work together and to be kept abreast of topical issues within relevant fields at the European and international levels.

Priority Areas

HAPI responds to the identified need of its members and opportunities that may arise throughout the year. However, it has identified a set of priorities which are most amenable to joint action and these include:

- Addressing chronic disease and promoting Active and Healthy Ageing
- Identifying and disseminating good practice in terms of HIV prevention and access to testing and treatment
- Professional development and training for the broad health workforce, in the context of inequalities, social exclusion and ethnicity
- Empowering people and patients to access services, manage and prevent disease and be aware of their rights
- Equity and health impact
- Using structural funds for health
- Promoting health and well being
- Understanding the economic case for health and health financing

- Mother and child health
- Sexual violence against women
- Work, worklessness and social protection as determinants of health
- Mental health in prisons

Target audience

HAPI works through its extensive network of professionals and organisations to reduce inequities in health through a gradient approach and to improve the health of the worst off and most vulnerable.

Core Business

Its core business is to facilitate opportunities for professionals and organisations to:

- Develop the evidence base for effective ways to address the social determinants of Health
- Share learning, knowledge and best practice and disseminate information.

- Understand and help to shape the marco level policy environment and drivers that impact on health.
- Facilitate work together to mutual benefit of bi and multi country partners.
- HAPI's VISION is to promote the development of evidence based health supporting policy at the EU and international level and to support partnership work to get policy into practice and consequently to have a positive impact on health and the reduce inequalities.

HAPI's values are:

- Achieving social justice and equity in health and well-being within and between countries.
- Partnership work is a core value and includes; Building sustainable relationships and networks and actively working to form bridges across sectors at international, national and sub-national levels.
- Making a real difference.

- Operating in a transparent and ethical way.

HAPI aims to address issues of health and its broad determinants to improve health and well being and to reduce inequalities.

Our overall objectives are to; provide robust research, develop quality assured best practice, disseminate information and communicate effectively, build capacity and to evaluate thoroughly to feed into the evidence base. Thus creating a quality circle from policy and evidence to practice.

Our specific objectives are; To provide evidence and expertise for policy making at the EU and International levels and to disseminate information on this policy to a wide audience at the international, national and sub-national levels and across sectors, e.g. academia, policy and practice.

- To share knowledge, learning and best practice in order to maximize the use of resources, reduce duplication of effort, and add value so that the whole is greater than the sum of the parts.

- To build capacity to turn evidence into practice.
- To develop and maintain functioning partnerships and networks, including bi and multi country project management.
- communication to key stakeholders includes: 2 weekly e-alert; HAPI and partner websites; international conference SDH; themed events. The Global Council meet to discuss strategic aims and objectives.

Competencies

- Research
- Professional training and development
- Capacity building
- Policy development
- Network management and development
- Dissemination of learning through the organisation of conferences and events; publication and the use of e.technologies.
- Project management.

- Developing tools to address the SDH, including benchmark and equity audit.

Funded projects.

Title and funder	Partners and target audience	Objectives	Means and method	Outcome and deliverables
EU Joint Action on Health Inequalities	24 partners, from 17 member states across the EU	<p>The General Objectives of the joint action are to help to reduce health inequalities by:</p> <ul style="list-style-type: none"> . developing knowledge for action on health inequalities . supporting the engagement of Member States, regions and other stakeholders in action to tackle socio-economic and geographic health inequalities . sharing learning between Member States and other actors . supporting the development of effective action to tackle socio-economic health inequalities at the European policy level. <p>Action to tackle health inequalities is required at EU, national, regional and local level, with a wide range of stakeholders across a range of policy areas. The joint action aims to strategically engage with key players to develop, evidence and knowledge of what works.</p>	<p>Support the Commission Communication on health inequalities</p> <ul style="list-style-type: none"> • Developing health inequality audit approaches and health impact assessment with an equity focus • Include health inequalities as a priority area within cooperation arrangements between the European Commission and the regions. • Review the possibilities to assist MS to make better use of EU cohesion policy and structural funds <p>Develop ways to engage relevant stakeholders at European level to promote the uptake and dissemination of good practice</p>	<p>Health Impact Assessments with an equity focus/ Health Equity Audit in 75% MS involved and at EU level.</p> <p>Report of project learning to improve a cross-government equity focus.</p> <p>Regional/sub-national network meeting regularly (x3).</p> <p>Review and recommendations on the use of structural funds for HI.</p> <p>Annual meetings of scientific and technical reference group.</p>

				Two EU level stakeholder debates and national workshops on similar themes. Final Joint Action Conference.
EU Progress- Working for Equity in Health	Scottish Government, NHF/HAPI, Hungary, Spain, Netherlands, Poland, North West England, UCL, NICE, WHO, EPHA, European Social Observatory and several other experts in work, worklessness, and social protection	To contribute to the growing evidence base in relation to work, worklessness, and social protection as social determinants of health and health inequalities.	This project will: <ul style="list-style-type: none"> • Bring together EU experts from across sectors and support real time learning in 2 x MS through this mechanism. • Develop evidence through search of grey and published literature and stakeholder consultation. • Develop a self assessment process for policy makers to reflect on issues in their MS. 	2 x Case study reports. Benchmark tool. Report on evidence. Final high level conference.
EU DAPHNE – Comparing Sexual Assault Interventions	Project partners: <ul style="list-style-type: none"> – Liverpool John Moores University, U.K. – Victim Support Malta – Latvian Association of Obstetricians and Gynaecologists – East European Institute of Reproductive Health, Romania – Czech Institute of Child Protection – Department of Health 	To improve the effectiveness, and appropriateness of sexual assault services by reviewing current practice and taking on board user attitudes to interventions following sexual assault, and therefore decrease the social, mental and health harm caused to the victims of sexual assault.	The project will achieve its aim by: <ul style="list-style-type: none"> • Exploring different models of intervention for victims of sexual assault through a review of the literature and interviews and surveys with policy makers and service providers. • Examining the positive and negative impacts of these models of intervention on the health, social and criminal justice outcomes of victims of sexual assault, from the point of view of the victims. • Comparing the acceptability, transferability, effectiveness and efficacy 	The main outcomes of the project are to: <ol style="list-style-type: none"> 1. Share and support best and appropriate sexual assault interventions by the medical, psychosocial and criminal

	<p>England</p> <ul style="list-style-type: none"> – World Health Organization-Regional Office for Europe. <p>Target Audience: Sexual assault/sexual violence policy makers and commissioners, service providers and users, and researchers.</p>		<p>in achieving their outcomes, including by seeking women’s views of services provided.</p> <ul style="list-style-type: none"> • Developing recommendations on good practice, and tools and training materials to build capacity and promote excellence. 	<p>justice sectors.</p> <ol style="list-style-type: none"> 2. Build the capacity of service providers and policy makers to endorse and promote best practice. 3. Foster knowledge exchange and learning between European Member States. <p>The following deliverables will serve to support these outcomes:</p> <ul style="list-style-type: none"> • Literature review with models of intervention for sexual assault and evidence of effectiveness. • Benchmarking & Evaluation
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				<p>tool with standards of good practice against which to assess service design and planning.</p> <ul style="list-style-type: none"> • Training programme on sexual assault using a 'Training of Trainers' approach. • EU and Member State Guidance documents with recommendations to improve sexual assault interventions.
<p>MASCOT – Multilateral Association for Studying Health Inequalities and Enhancing</p>	<p>Partners:</p> <ul style="list-style-type: none"> – Euroquality – Portuguese Society for Innovation – Central American Foundation Institute for International Health, Costa Rica – National Institute for Public 	<p>To stimulate the cooperation between countries from Europe, Africa, and Latin America in order to identify and implement adequate and efficient country-specific strategies for tackling health inequalities preferentially affecting children, adolescents</p>	<p>Cooperation and learning sharing between countries will be fostered through:</p> <ol style="list-style-type: none"> 1. Selecting relevant countries for the studies and to standardise the procedures in order to identify best practices, best strategies and best policies to be efficiently implemented to tackle health inequalities affecting mother, children and adolescents. 	<p>The main outcome of the project is to build research and policy capacity to address Maternal and Child Health Inequalities.</p>

<p>North-South and South-South Cooperation</p>	<p>Health Mexico</p> <ul style="list-style-type: none"> – Universidad Catolica de la Santisima Concepcion, Chile – University of Witwatersrand, Johannesburg – National Institute for Medical Research, Tanzania – University of Ghana, – HAPI – Hopital Farhat Hached de Sousse Tunisia <p>Target audience: Multi-disciplinary Researchers and Policy makers</p>	<p>and mothers. These actions have to be understood as a way to reduce inequalities as the end result of the strengthened collaborative actions.</p>	<p>2. Describing inequalities concerning maternal and child health (MCH) as well as strategies and activities currently put into practice to reduce these inequalities at national scale using appropriate and standardised criteria.</p> <p>3. Describing national health research systems (NHRS) and detect dedicated projects and research teams working on MCH inequalities.</p> <p>4. Identifying the best practices and evaluate their roles in the development of measures (policies or recommendations) that are and/or that should be implemented for tackling MCH inequalities. Data collected through the mapping activities in the different participating countries will be compared and analysed at a global level (regional and international) to identify the best practices in addressing health inequalities.</p> <p>5. Developing and suggesting country-specific strategies derived from best practices and best policy advice for strengthening NHRS, the use of research results for decision-making and the capacity to address MCH inequalities.</p>	<p>The specific deliverables include:</p> <ul style="list-style-type: none"> • Country and regional reports on indicators of MCH and MCHI, research systems for health and evidence-based policy. • Systematic review identifying best practices to address and reduce MCH. • Country-specific strategies to to address and reduce MCH. •
<p>EU tender to report on Health Inequalities</p>	<p><u>Partners</u> Public Health Observatories, EuroHealthNet, NHF/HAPI</p>	<p>To produce a comprehensive report on health inequalities, the actions being taken to combat them in the EU and proposals for</p>	<p>The overall project reviewed the latest data available to identify health inequalities across the EU, drawing also on work with WHO to identify both within country and</p>	<p>The deliverable is a report which reviews and documents i. the</p>

<p>in the EU (Partner with UCL)</p>		<p>strengthening effective action across Europe. HAPI to produce report on action at EU level, and contribute to future recommendations for action.</p>	<p>between country health inequalities. To document EU policies which are actively aiming to address health inequalities from a socio-economic status, geographic difference, and excluded group perspective (the focus of HAPI's work). To document national and sub-national policies which are actively seeking to address health inequalities. To review the EU wide literature and research on health inequalities.</p>	<p>health inequalities situation in the EU including analysis of recent trends. li the policy response to health inequalities at EU, national and, where relevant, sub-national levels. And provides an analysis and commentary including implications and suggestions for possible future actions.</p>
<p>Training developed by EU –US Civil Society Dialogue on Underage Drinking</p>	<p>20 Civil Society organisations across EU and US including Eurocare (European Alcohol Policy Alliance)</p>	<p>To build civil society links on identifying issues, and effective policy and practice for tackling underage drinking and its consequences, with due consideration of socio-economic health inequalities, and underlying causes.</p>	<p>The main methodology is to bring together leading organisations and researchers in this topic area to explore the evidence, measurement issues and policy responses which have been developed across the US, and in the European Commission, and at Member State level in the EU. The first step will build up a picture of context and variety of responses which exist across the EU and US, and consider what works in what circumstances. The project will look start by</p>	<p>The primary result will be civil society organisations with an increased understanding of the current thinking in the EU and the US on effective and efficient actions to tackle</p>

			<p>looking at the state of the art in terms of the evidence base for the impact of underage drinking on adolescent development, longer term health impacts, and impacts on specific sections of society and communities</p>	<p>underage drinking incidence and harm; what works in what circumstances, and an increased understanding of the distribution of impacts across society. The dialogue will introduce key organisations and individuals working in the field on both sides of the Atlantic to one another, and help to foster and develop relationships between them. The opportunities for on-going Transatlantic lesson learning should therefore be greatly enhanced, by the</p>
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				dialogue process
EU framework for health and economic analysis	UEA and individual health economists	The HAPI Consortium tendered for Lot 2 of this contract which involves the production of evidence on the numerous relationships between health parameters and socio economic variables.	Over next 4 years, subject to successful bids for specific lots.	The framework is to support the EC in reviewing the impact of their policies on the economy and health.
EU specific contract for an EU-wide overview of the market and regulation regarding alcoholic beverage of potentially particular interest to minors	HAPI consulting UEA consulting Peter Anderson	To provide an overview of the European market for alcoholic drinks of potentially particular appeal to minors.	Map the market situation and trends across the EU as regards types of alcoholic beverages and products with potentially particular appeal to minors. More specifically, the mapping will cover supply and demand as well as accessibility aspects (such as distribution channels, pricing, marketing strategies and youth appeal). As the aim is to inform the development of policies to protect children and young people, mapping of the situation shall also include an overview of relevant aspects of the regulatory environment in Member States, including legislation and self-regulation applied to the products examined. The country market area-based case studies will give a more in-depth illustration to the	A report, containing information on methodology and information sources, time periods and countries covered. A report containing 6 case studies: three country-based or market-area based and three product category-based case studies. The summary of

			analysis related to Task 1 by focusing on 3 specific countries and 3 main product groups. We will specify the gaps and barriers in the availability of data and information and subsequently suggest, as appropriate, possible approaches for filling in gaps and addressing barriers.	identified information gaps can be presented in the form of tables, structured into the categories of the EU alcohol datamap, for coherence with existing work.
Healthy and Active Ageing	EU level NGOs and service providers DGSanco DWP DH	To identify plans for action beyond the European Year of Healthy and Active Ageing	To establish an informal network of experts from across the EU working at the pan-European and national levels to establish priorities that are amenable to partnership working. Communication by email and Skype leading to a think tank at the EU representation in London	Meeting report Follow up project planned for promoting health in ageing.
WHO technical assistance	WHO MS policy leads	To promote equity based cross government policy to address the SDH in WHO European member states.	To contribute to the design and delivery of assessment missions to European countries and to make recommendations for mechanisms and policies to improve cross government action on equity. To contribute to the development of an equity audit benchmark tool. To contribute to a Pan-European learning laboratory. To promote professional development of the workforce through peer learning and exchange.	Recommendations to government. Benchmark tool.
WHO Venice Office for	WHO Polish Ministry of Health	Organising a workshop for Polish Ministry of Health on	In conjunction with Polish Ministry of Health, Insurance fund and WHO VO, organise a	Better understanding in

Investment in Health and development	Police Health Insurance fund	strengthening the Equity focus of Local Level Service Provider Contracts	conference, facilitator and key note speakers , and facilitate discussion.	Poland of opportunities to contract for health equity
NCD networks	DH NHF Healthy Caribbean coalition Department of Health Kenya NCD Alliance IUHPE	To share best practice on addressing NCDs within and between regions	Support the development of a network for Caricom countries. Support the development of a network in Africa. Network EU and international networks on NCDs. Provide opportunities to share learning between the networks.	Networks established.
Mental Health in Prisons	DH DFID National CMOs/policy leads	To develop appropriate treatment and care for prisoners with mental health issues in the UKOTs	To facilitate regular visits to identified UKOTS by a forensic psychiatrist and nurse to carry out individual prisoner assessment and to provide staff training.	Reports on work in Anguilla and Montserrat. Work plan to roll out.
DH support to development of a Caribbean Public Health Agency	DH DFID UK Health Protection Agency CARPHA CARICOM PAHO NSMC	Supporting the transition of existing Public Health bodies, to the new Caribbean Public Health Agency	To support UK engagement in the process of reorganisation of 5 regional public health agencies considering also the implications for the UKOTS. Support includes international stakeholder engagement, a communication strategy and strategic support, and advice on the new Laboratory facilities. Current work includes supporting the transition process for staff.	Timely, strategic and coordinated advice.

Projects requiring additional funding

Actions under 1st objective; Improving citizens health security.

Aim; to improve access to HIV testing and treatment in vulnerable groups.

Actions; Through our network, to map initiatives in MS on a peer approach to help vulnerable people access HIV services; to share good practice and provide mutual support in implementing it.

EU added value: Innovative work developed in 5 MS with differing cultural views leading to a report with recommendations on effective and efficient service provision. Aim; improved public health emergency response. Actions; To facilitate a high level think tank on the EU role of the public health workforce to emergency planning and response and to explore options for training and better coordination. The EU benefit is a report sharing learning and expertise with recommendations for action.

Actions under 2nd objective to "promote health".

Aim; To promote healthy and active ageing. Actions; Building on EU expert group convened by HAPI in the European Year of, to further map and gain expert opinion on good practice and identify a system for the better coordination of this on an ongoing basis. Possible cross-over to work on access to other services by peer work will be considered e.g. in relation to diabetes in older patients and the health needs of the older and frail person living alone. The EU added value is better understanding of good practice, a consideration of the best ways to collate this in the future and the exploration of an innovative way to improve services.

Aim; To improve the access and quality of health services and specific ethnic groups. Actions; develop training materials using a client centred and stakeholder approach. The EU will gain value in that HAPI's network extends beyond the EU and includes many countries from which migrants originate. This will add cultural richness to training material that will be tested in EU MS for appropriateness. AIM; To improve people's appropriate access to care in the EU. Actions; to devise and implement a communications strategy based on the rights and responsibilities in relation to cross-border care. The EU will gain from the better understanding of its directive.

AIM; To better understand and promote best practice in empowering people to manage chronic disease. Actions; Identify and map good practice in the EU, Re: client and stakeholder approaches. The EU will gain an understanding of the issue with recommendations based on best practice. AIM: to improve health by action on nutrition and physical activity. Actions; To support development and implementation strategies to address obesity with European partners. The EU will have an enhanced understanding of the issues in its MS and potentially resources developed.

AIM: To provide effective advocacy strategies for those alcohol policies which are known to make a difference to the harm caused by alcohol across the population. To develop a more substantial body of global alcohol advocates. Actions: to support the completion and roll out of an alcohol advocacy training course for use both within the EU and globally.

Aim; To Raise awareness of the SDH and links to chronic disease. Actions; Review methods of raising awareness through and expert dialogue group and stakeholder consultation. Findings from this can be made available to the EU.

Actions under the third objective, to "generate and disseminate health information and knowledge. AIM; To promote effective financing of primary care. Actions; Working with the European Observatory, to map and analyse differing methods of financing across the EU and identify appropriate practice.

Report on work to April 2012

1. EU Joint Action on Health Inequalities

The GENERAL OBJECTIVES of the joint action are to help reduce health inequalities by:

- developing knowledge for action on health inequalities
- supporting the engagement of Member States, regions and other stakeholders in action to tackle socio-economic health inequalities.
- sharing learning between Member States and other actors
- supporting the development of effective action to tackle socio-economic health inequalities at the European policy level

STRATEGIC RELEVANCE

The current Joint Action directly supports the Commission Communication responding to the actions:

1. 'Develop health inequality audit approaches through the Health Programme in joint action with Member States willing to participate.
2. Include health inequalities as one of the priority areas within the ongoing cooperation arrangements on health between the European regions and the Commission.
3. Review the possibilities to assist Member States to make better use of EU Cohesion policy and structural funds to support activities to address factors contributing to health inequalities.
4. Develop ways to engage relevant stakeholders at European level to promote the uptake and dissemination of good practice.'

It responds directly to the 2010 Work Plan call for JA on health inequalities, and is a direct outcome of deliberations between interested Member States and the European Commission on how to deliver a structured programme of work.

METHODS MEANS AND OUTCOMES

The project is helping to create a common understanding of a Health Equity in All Policies approach and what that means for policy development and coordination at EU, MS and sub-national level. Consensus will be developed on methodologies for conducting policy orientated Health Impact Assessments with an equity focus (HIAef), and 'Health Equity Audits' (HEA). This will be achieved by conducting a literature review, surveys of the current practice, identifying effective practice, and working collaboratively to identify suitable components of the tool. A high level meeting has also been convened with HIA experts who have an interest in developing equity focused policy HIAs to gain a degree of consensus on what that tool should look like.

Each country involved will test a HIAef or HEA through use, with at least one HEAs at EU level. The scientific network will provide guidance on modelling processes and sources of evidence. Some limited peer learning missions will help to identify successful processes for developing a cross-government health equity focus.

To ensure that the work moves beyond national level, into the sub-national, a regional network will be established which will identify through a case study approach the focus, information, resources, drivers, opportunities and barriers to regional action on health inequalities. Lessons will be drawn from the case studies, and presented as recommendations for regional action. A key component is to explore the use made of structural funds by region, and to identify through interviews with key players at EU, MS, and regional level, what has helped or hindered the use of structural funds in addressing health inequalities. Recommendations on how they could be made more accessible and used more effectively to address geographical and socio-economic inequalities in health will be made. An open workshop will provide training to regions across Europe.

To provide sound evidence to the EU and Member states on tackling health inequalities, a scientific and technical advisory board will be established drawing on acknowledged leaders in the field from across Europe. They will ensure access to the EU and Member States of the best scientific advice currently available, deliver research packages, and will identify a research framework on health inequalities, and commission new reviews to the extent possible.

A broad range of stakeholders will be engaged through producing relevant literature and workshops at EU and MS level on a number of policy areas to be identified by partners. Dissemination will be through a dedicated project website and the use of existing networks, active email dissemination, expert meetings at MS and EU level, and a final conference 'towards a roadmap for health equity for 2020'.

2. EU PROGRESS Working for Equity in Health

Contract

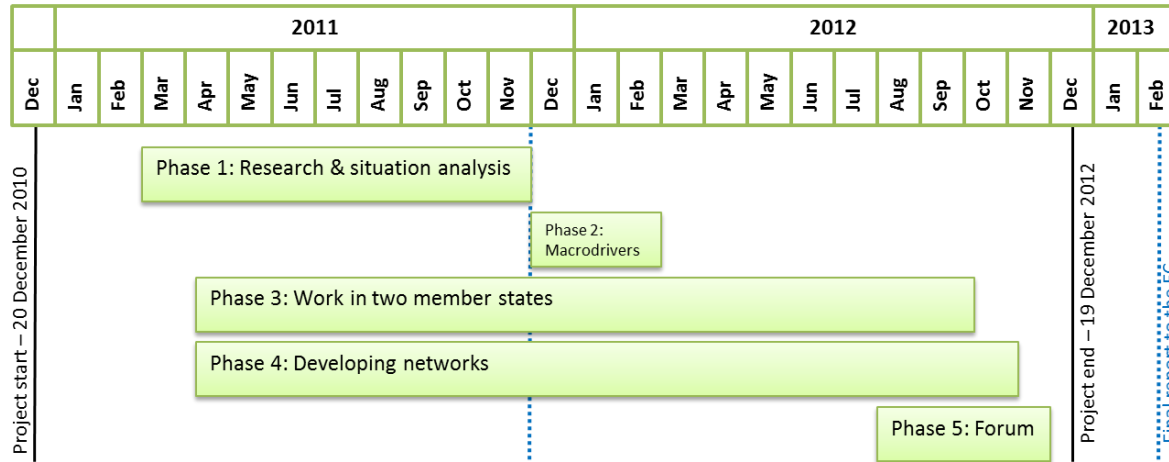
Agreement title: **Working for Equity in Health**
Agreement with: EC Employment, Social Affairs and Equal Opportunities DG
Agreement ref. no: VS/2010/0780
Project duration: 24 months - 20/12/2010 - 19/12/2012

Aim

The project aims to explore the relationship between work, worklessness and social protection as social determinants of health inequalities, with an assets based approach. In particular the project will:

- **Raise awareness of health inequalities** with those working at EU, MS and regional level working on the growth and development, anti-discrimination, and social protection agendas and their role in relation to health inequalities.
- **Identify effective practice in work, worklessness and social protection to help to address health inequalities.** These findings will be disseminated through networks by EuroHealthNet.
- **Draw together the knowledge base on what works to tackle health inequalities**, in areas such as work and health, back to work schemes and minimising the harmful effects of worklessness.
- **Contribute to the development of health inequalities strategies across Europe**, making a timely contribution to the WHO European review on social determinants of health.

Phases of the project



Reporting

Progress report	Financial and narrative	c. November / December 2011
Final report	Financial and narrative	December 2012 – March 2013

Phases: objectives, meetings and deliverables

Phase 1 Research and situation analysis

Objective: to create a picture of the current situation, action and effective practice in relation to work, worklessness and social protection to address health inequalities at EU, member state and sub-national levels.

Meetings

- First meetings of hub and partners
- Expert meeting to interrogate the evidence

Deliverables

- Report on evidence, situation analysis and policy responses.
- Draft benchmarking tool for countries

Phase 2 **Futures scanning of pan European macro-drivers**

Objective: to ensure macro drivers and their impact on work, worklessness and social protection are fully understood and taken into account. To better understand alternative future opportunities and threats. To identify strategies to mitigate or adapt to these drivers.

Meetings i. High level forum to discuss European macro-drivers

Deliverables i. Contribution on future scenarios to the final report

Phase 3 **Work in two member states**

Objectives: to identify MS that are developing or wish to develop an asset based approach to work, worklessness and social protection. To provide support through expert advice, electronic surgeries, site visits (if req'd) and peer learning/ exchange visits between project leads. To capture and share learning, develop a model for an assets based approach and produce guidance for future action.

Meetings i. Meetings and exchanges of partners and twins as required

ii. Meeting to review country learning and key messages

Deliverables i. Two country evaluation reports

ii. Guidance for future action

iii. Dissemination of learning and contribution to the final report

Phase 4 **Developing networks**

Objective: To develop networks as an interface between NGO / civil society leads, policy makers, academics and business leaders. To ensure that there is exchange between existing networks and provide opportunities to share learning & add value.

Deliverables i. Mechanism for networking the networks (EuroHealthNet)

ii. Contribution to the final report

Phase 5 **Open forum**

Objective: To disseminate learning from the project, launch the report and the tool.

Meetings High level open forum

Deliverables Final report that will to clarify current situation and reflect on evidence, identify good practice and key stakeholders and make recommendations for actions

3. EU DAPHNE – Comparing Sexual Assault Interventions

Contract

Agreement title: **Comparing Sexual Assault Interventions**
Agreement with: EC DG Justice DAPHNE programme
Project duration: 24 months - 20/04/2011 – 19 April 2013

Aim

The overall goal is to improve the effectiveness, appropriateness and humanity of sexual assault services by reviewing current practice and taking on board user attitudes to interventions following sexual assault, and therefore decrease the social, mental and health harm caused to the victims of sexual assault.

Objectives

1. **Define the evidence base** of policies and programmes for dealing with sexual assault by reviewing the international literature.
2. **Explore what models of intervention for victims of sexual assault exist** in EU Member States and EFTA/EEA countries.
3. **Examine the positive and negative impacts of these models of intervention on the health, social and criminal justice outcomes** of victims of sexual assault, from the point of view of the victims.
4. **Compare the acceptability, transferability, effectiveness and efficacy in achieving their outcomes**, including by seeking women's views of services provided.
5. **Develop recommendations on good practice, and tools and training materials to build capacity and promote excellence.**

Workstream 1: Mapping the current situation

Objective: To map the current situation in the EU in terms of models of interventions for victims of sexual assault, and identify key stakeholders across the EU.

The following documents have been published under this Workstream:

1. **Policy briefing** summarising the evidence and presenting a series of recommendations that build on identified good practice and address common challenges. These recommendations are aimed at policy makers within regional and national governments, service providers and professional associations at the national level.

2. **Literature review** on models of intervention for sexual assault and existing evidence of service effectiveness
3. **Mapping survey** gathering information on current policy and programming of services for sexual assault in European countries
4. **Telephone interviews** with service providers on sexual assault service availability, effectiveness and appropriateness in different countries.

Workstream 2: Developing a research and evaluation tool

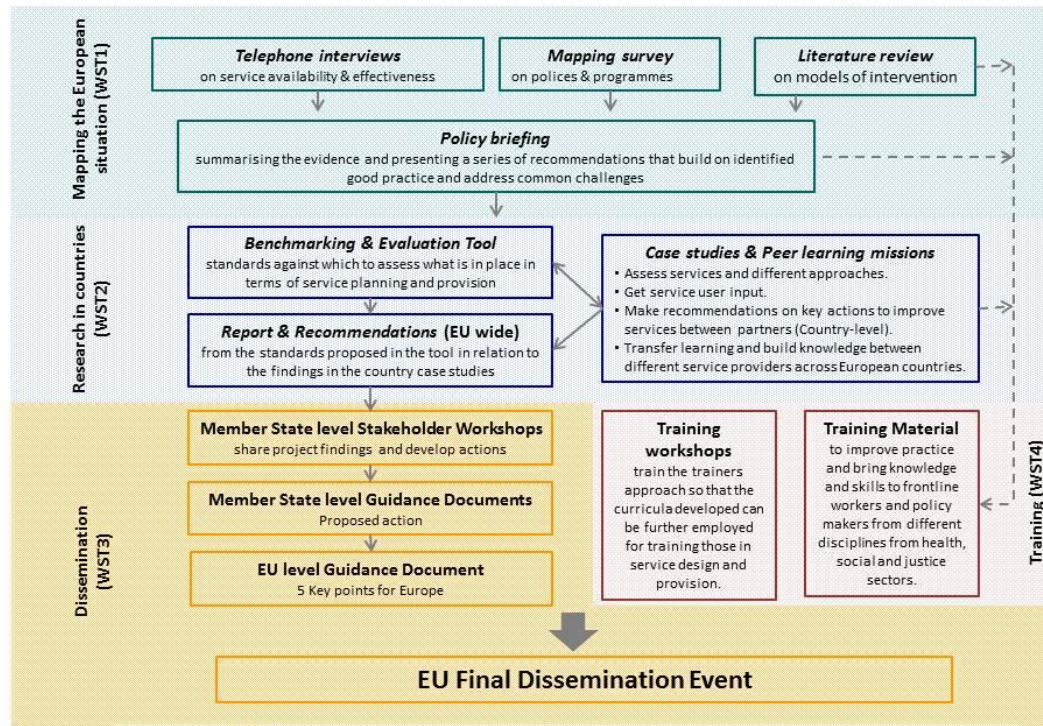
- **Develop a research and evaluation tool** to evaluate the effectiveness and efficiency of interventions for victims of sexual assault.
- **Conduct in depth interviews with 15-20 users** of programmes and focus groups to determine the quality of services and to inform guidance on good practice.
- **Conduct a number of case studies in partner countries** using the evaluation tool.
- **Conduct peer learning missions** between countries to identify strengths and weaknesses of different approaches, and further test the evaluation tool.

Workstream 3: Dissemination of findings

- **Website** for effective dissemination to key stakeholders across the EU, available at: www.cosai.eu
- **Hold stakeholder workshops in each partner country to share learning at MS level**, involving all relevant agencies, governmental local authority NGOs to share findings of the project and also develop recommendations on how interventions can be improved.
- **Hold a final stakeholder meeting to share learning across the EU.**

Workstream 4: Developing training materials and trainers

- **Develop training materials** by reviewing evidence and good practice. Audience: multi-sectoral across health, social and justice sectors, policy makers and practitioners. Format: Curricula e.g. WHO TEACH, including PowerPoint's, user and teacher notes, divided into modules.
- **Training workshops to a cross-sectoral audience**, using the training materials. At least one in each partner country. Training the trainers approach.



4. MASCOT – Multilateral Association for studying health inequalities and enhancing north-south and south-south cooperation

Contract

Agreement title: **MASCOT**
Agreement with: EC DG Research Framework 7 Programme
Project duration: 30 months - 01/10/2011 – 31/03/2014

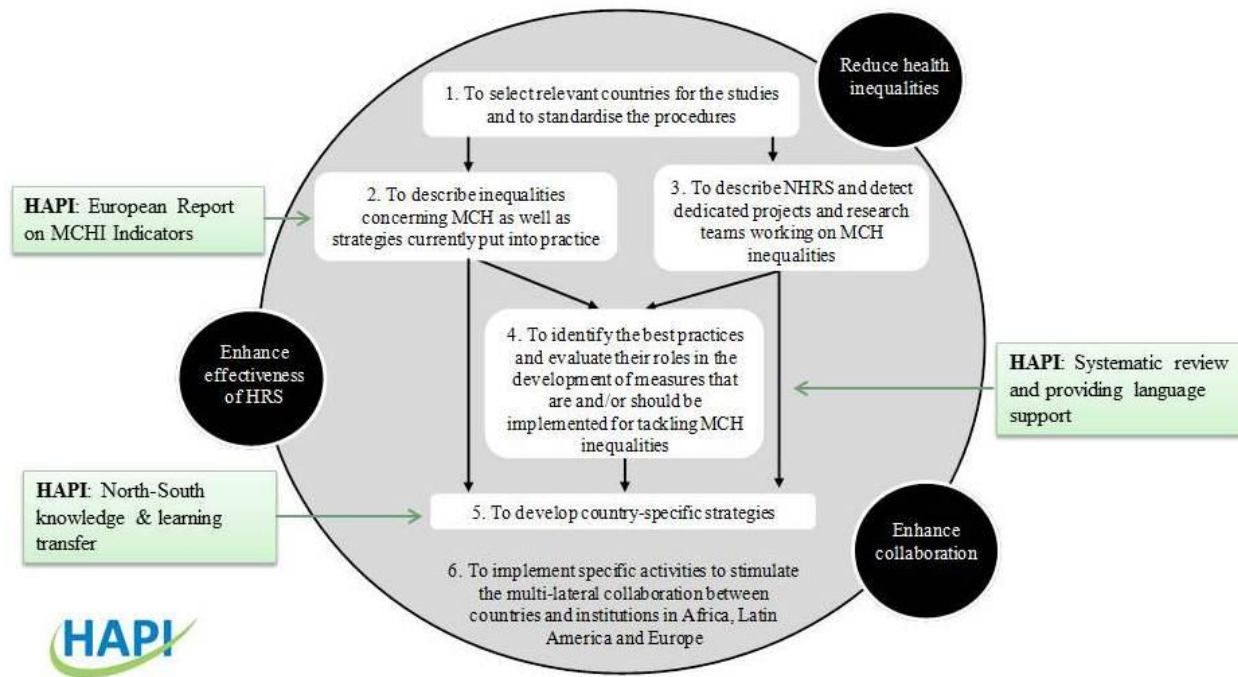
General objective

The main objective of the MASCOT project is to stimulate the cooperation between countries from three world regions (Europe, Africa and Latin America) in order to identify and implement adequate and efficient country-specific strategies for tackling maternal and child health inequalities.

Aims

- 1-** To create links between North-South and South-South efforts in addressing maternal and child health and health inequalities (MCH&I) in developing countries.
- 2-** To provide evidence on best practice and policy advice for the development of future public health and health systems interventions.

The work is organised around 8 work-packages intending to reach 6 specific targets. HAPI is involved in the overall development of the work and specifically in bringing input and learning from the North perspective.



5. EU Tender to report on health inequalities in the European Union (UCL)

Response to the call for tender no: EAHC/2010/Health/06

In response to the call for tender to prepare a report on health inequalities in the European Union (EU), this document constitutes a bid from a Consortium led by University College London Consulting (UCLC). The Consortium comprises UCLC, the Health Action Partnership International (HAPI) within the National Heart Forum (NHF) and the Association of Public Health Observatories, represented by the University of Durham (North East Public Health Observatory - NEPHO). The Consortium will be led by Professor Sir Michael Marmot at University College London. The consortium will draw on the expertise of contractors from across Europe. A high level steering group will be convened to advise the Consortium, this will be composed of independent experts from across Europe and senior scientists drawn from the Consortium and Contractors.

Consortium Partners

- * UCL (Michael Marmot)
- * APHO (John Wilkinson, Bobbie Jacobsen)
- * HAPI (Maggie Davies)
- * Eurohealthnet (Clive Needle)

Contractors

- * Ken Judge, Bath University
- * Bernard Ledesert, Directeur, Observatoire Régional de la Santé du Languedoc-Roussillon
- * Mark Exworthy, Holloway College, University of London
- * Helmut Brand, University of Maastricht

Independent experts on steering group (agreed)

- * Carme Borrell
- * Giuseppe Costa
- * Johan Mackenbach
- * Olle Lundberg
- * Espen Dahl
- * Chris Brown, WHO

Objectives

The main objective of this call for tender is to produce a comprehensive report on health inequalities, the actions being taken to combat them in the EU and proposals for strengthening effective action across Europe.

Specifically, **the objectives of the work are:**

- To document and review the health inequalities situation in the EU including analysis of recent trends.
- To document and review the policy response to health inequalities at EU, national and, where relevant, sub-national levels.
- To provide an analysis and commentary including implications and suggestions for possible future actions.

6. EU – US Civil Society Dialogue on Underage Drinking

Aim :

To develop closer transatlantic ties between civil society organisations in US and EU, and develop an increased understanding of the issues relating to underage drinking and harm of adolescents.

Summary

- Background (context in which your project is carried out)
- Who is your project targeted at?
- Aims/objectives of your action
- Results/key findings (in relation to the objectives of your project and any additional findings)
- Implications for relevant stakeholders (policy makers, opinion makers including mass media, journalists, non-governmental organisations, research institutions, think tanks, social partners, others where relevant)
- Recommendations

This project is part of the European Commission's Directorate-General for External Relations' Programme on Transatlantic Civil Society Dialogues EU-US. The work is developed within the field of public health with experts from academia and civil society organisations in alcohol control and alcohol consumption in the United States and Europe.

The relationship between alcohol and health outcomes is complex and multi-dimensional. The consequences of consumption are not only a problem at the individual level, but also at the community and family levels. The number of people who suffer from alcohol-related problems and the high costs associated with these have highlighted the importance of effective policies and programmes to prevent alcohol use and abuse. This is particularly relevant for children and adolescents, who are not only at risk of developing alcohol-related problems in adulthood, but also, as different research has shown, if alcohol consumption begins at an early age.

This project aims to foster collaboration between civil society experts and organisations in the United States and Europe to develop an increased understanding on what are the issues relating to underage drinking, the effects on adolescents, the problems for individuals, groups and communities, and identifying mechanisms for control.

The objectives identified include:

1. To identify research on the implications of underage drinking on adolescent development, and longer term impacts (including as far as appropriate an indication of how costing the impacts might be undertaken).
2. To identify public health surveillance mechanisms for underage drinking, potential risk factors, (and protective factors) and downstream affects. To consider how to identify as far as possible distributional effects (e.g. by educational status).
3. To explore policy options including minimum age policy, regulation of alcohol products and marketing, density of outlets, and also look at harm reduction strategies re accidents and injuries, and supporting families, and enforcement of alcohol policy.

The project has developed through face-to-face meetings in both the United States and Europe bringing together the partners and other key experts in alcohol policies and underage drinking. A unique feature acknowledged by all the partners and participants of this dialogue process is that it is the first time that there is transatlantic collaboration, exchange and learning around alcohol policy. From the first of these meetings, the different stakeholders agreed that the focus of the transatlantic collaboration should be on identifying what works in the implementation and enforcement of alcohol control policies. There is work readily available on effective policies to reduce alcohol consumption and harm from alcohol ("[Alcohol- No Ordinary Commodity](#)"). This project is working around four key themes with different aims and products on alcohol control, which support "*Alcohol- No Ordinary Commodity*", based on experiences from the United States and Europe. The four interwoven themes are the following:

1. *Research/data collection/ evaluation and monitoring*
Will look at the evidence to include a) a template with the standard data set to comprehensively monitor alcohol consumption and trends, b) a list of effective policies to tackle underage drinking, c) a brief report on responding to industry arguments in the form of 'frequently asked questions' and d) a review on self-regulation.
2. *Message framing-both macro and local level*
Will introduce a strategy to reframe the alcohol problem in the public discourse, which will a) address the misinformation and myth that the industry perpetrates (i.e. exposing the industry and their tactics); and b) raise awareness on alcohol-related harm to the individual (e.g. health) and the harm caused to others (e.g. safety).

3. *Organising and advocacy strategies and models*

Will provide easily transferable strategies and information in the form of factsheets, which will include: a) Advocacy Principles, b) Building Alliances, c) Advocacy Curriculum for Training Workshops and d) Recommendations.

4. *Policy and enforcement- identifying best practices*

Will use the evidence-based policies that address underage drinking identified by Theme 1 to collate best practices, which will be evaluated and presented to reflect policy implementation and enforcement, and civil society organisations' contribution to this.

The products will complement other material available on alcohol policies and underage drinking. The unique contribution will be in addressing existing gaps, such as, the lack of information and knowledge on common transatlantic issues, the difference between effective practices and local coalition interests, how to win public support for policies and how to include ethical investment as a strategy.

A series of factsheets will summarise the main differences between alcohol policies in Europe and the United States, but policy makers on both sides of the Atlantic will have a series of recommendations and guidelines on implementing effective measures based on shared concerns regarding alcohol consumption and its effects on children and adolescents. Furthermore, the products will help to develop a coherent voice for alcohol control experts in the United States and European member states.

On the other hand, the user-manual will move beyond the evidence to also provide stakeholders working at intermediate levels (e.g. civil society organisations, public health practitioners) with solutions that are transferable at the international, national, regional and local levels.

The final products from this project will put forth a series of recommendations for policy and practice with regard to control of underage drinking. To address the latter, however, it is necessary to look at the mechanisms already put forth in both the United States and European Member States at the population level. The different themes will address alcohol-related measures from this whole population perspective and will build on the specific findings regarding prevention and control of underage drinking from the work on Research/data collection/ evaluation and monitoring to make recommendation of best practices. The objective is to support alcohol control policies, which not only address underage drinking but also those population-level policies whose effects trickle-down to prevent alcohol consumption and harm to children and adolescents.

7. EU Framework for Health and Economic Analysis

Tender Submission: No: EAHC/2010/HEALTH/01 (Lot 2)

Overview

The overall purpose of this tender (Lot 1 and 2) is to support one of the objectives of the Health programme: dissemination and application of European health information

The HAPI Consortium tendered for the contract which involved the production of evidence on the numerous relationships between health parameters and socio economic variables.

The HAPI Consortium comprises 15 members forming a strong research team of substantial, relevant experience and including leading experts in the field of Health Economics. The team also includes a strong management and support group, excellent communication and expertise and the support of an advisory group to provide added value to the work outlined in this tender.

The HAPI Consortium is lead by Health Action Partnership International which was part of the National Heart Forum. UEA Consulting Limited also play a critical part in the HAPI Consortium, with strong support from the London School of Hygiene and Tropical Medicine and other academic institutions. The Consortium members have already worked together at International level and bring a breadth of experience and leading expertise in health economics to deliver excellent outcomes for the 3 elements of Lot 2.

It is driving the prevention agenda across the UK and hosts HAPI – Health Action Partnership International – whose team brings a wealth of expertise to this project and will lead this consortium tender.

HAPI is an international health partnership bringing together leading professionals and organisations from across the world to promote and maintain health through technical assistance such as twinning, partnerships and consultancy. It has directly relevant experience to this tender.

UEA Consulting Ltd was set up in 2008 as the vehicle for consultancy for the University of East Anglia. It is a wholly owned subsidiary company of the University of East Anglia in Norwich. It has no employees as the running of the company is managed by University staff. A percentage of the consultancy income is retained by the University for the provision of this service. It supports academics in all areas of their consultancy and has developed a number of clusters of activity.

The Faculty of Health at UEA conducts research that enhances health, quality of life, and the experience of care of people and the populations in which they live. This is achieved through a strong track record in research with (in 2008) 78% of research judged as of international standard and 37% assessed as world leading or internationally excellent.

The Consortium of UEA and HAPI also comprise members from London School of Hygiene and Tropical Medicine, Oxford University, the University of Padua, the London School of Economics as well as an advisory group of specialists from Imperial College London, OECD, and WHO.

8. WHO Technical Assistance

HAPI and WHO Office for Investment in Health and Development (WHO EURO, Venice office) Collaboration – APW 2011

Governance of Social Determinants of Health and Health Equity Companion Resource Guide - Authors' Workshop

In July 2011, HAPI participated in an expert workshop to review the chapters that make up the Social Determinants of Health (SDH) and Health Inequalities (HI) Governance Resource Guide. The workshop was organised by the WHO Venice Office in collaboration with HAPI.

The Guide is part of the SDH/HI Governance Appraisal Service, which is a tool designed by WHO to assist countries in undertaking a strategic review of their governance capacity to better address SDH and reduce HI. The HAPI team participated in the design and pilot testing of this service in Slovenia in 2009. The Resource Guide is the result of an in-depth evaluation of the Slovenian experience, which highlighted the need to complement the appraisal service with . The Guide provides an overview of main evidence, current thinking, and promising approaches in governance of SDH & Health Equity across Europe and internationally, reflecting local sub national and national governance arrangements.

As part of the appraisal service, the guide aims to 1) foster dialogue between relevant stakeholders around SDH and HE; and 2) inform the analytical aspects of the SDH/ HI Governance appraisal in countries, i.e. - desk reviews, in-country generation and testing of options, diagnosis report and roundtable review of recommendations.

The SDH/HI Governance Appraisal Service will be published in 2013.

The Appraisal Service tool will complement the new Health 2020 strategy by serving as one of the operational mechanisms to implement and work towards governance for health. The appraisal is not to be seen as finalised product, but as being in an on-going developmental process that will be informed by the other studies and products. Furthermore, it will be pilot tested in different countries to get further feedback on its usefulness.

Workshop on financial strategies of public payers for reducing social inequalities in health

This workshop is one of several initiatives provided by WHO Venice Office to support the Ministry of Health in Poland to strengthen Policy, Governance and Human Resource capacity in addressing the Social Determinants of Health (SDH) and reducing Health Inequities (HI). This partnership event is organised by the Ministry of Health of Poland, the National Health Fund and the WHO Venice Office with HAPI.

The workshop has been organised to support options for strengthening the equity focus of contracts with health service providers working at the district level in Poland. The National Health Fund (NHF), together with Local Authorities and Ministry of Health, manages over 90 percent of the health budget and has the responsibility for the content and regulation of contracts with health service providers in Poland. As such they will be the principal audience of this workshop, but different stakeholders from health and other sectors will also participate to begin to foster a common compromise to reduce health inequalities in Poland.

To help design and orientate workshop participants, HAPI commissioned the production of a background paper to provide an overview of methods and approaches that have been tried or implemented in different European countries to ensure equity is addressed when commissioning and purchasing health services. The paper draws out critical learning based on a review of the literature and evaluations conducted of national-level policies and programmes.

The workshop will present cases from Finland, Spain, Germany and Poland, which will serve to prompt a dialogue with participants on promising practices to reduce health inequalities.

A mission to Poland has resulted in an initial report to the government of that country and implementation of recommendations is under discussion.

Support to the Caribbean Public Health Agency Transition (circa £60,000)

It was agreed that if funding was forthcoming to support the transition process that it would need to start once the Chief Exec., and core transition team had been appointed (estimated to be Jan to March 2012).

We discussed using a call down contract so that transition advice (e.g. legal aspects, managing HR, managing stakeholders) could be spread over a number of months and years, and not all used in one single block, to ensure advice was timely and available.

We discussed the possibility of an advisory visit from HPA to help identify specifications for the public health laboratory build to replace the current CAREC facilities. They would also cover networking of labs across the region, and information flows to monitor outbreaks and provide timely information to the islands.

Future Process:

Transition planning advisor

1. Jerome Wallcott and Myrna Bernard will draw up the person specification and terms of reference for the transition/change management consultant.
2. HAPI/NHF to agree or revise spec in consultation with Jerome and Myrna.
3. Jerome and Myrna to identify potential candidates for the position, HAPI/NHF to also seek to identify consultant.
4. HAPI/NHF to appoint consultant, and contract (once new implementation team in place)
5. Day to day management of consultant by implementation team, overall management through HAPI/NHF with quarterly reporting to HAPI/NHF and DH.
6. Indication of possible contract circa £50,000

The Department of Health UK (DH-UK) keen to support health development

The DH-UK were keen to provide support to UKOTs on health issues that they had identified as important to them. To this end, the international branch asked the Health Action Partnership International who had been working on cost effectiveness of health systems in UKOTs in the Caribbean to consult key stakeholders there. In liaison with DFID, the CMOs and key stakeholders in several UKOTs in that region were consulted and the issue of mental health in prisons was highlighted as a priority.

HAPI worked with the DH to undertake a mapping exercise of assets and need on this issue across the region and from this it was decided to initiate a rolling programme starting in the Eastern Caribbean to:

Provide support and technical assistance in the psychiatric assessment of and treatment planning for individual prisoners.

Provide training for health and prison staff on mental health issue, particularly in terms of identifying needs in the general prison population and in the treatment of those with diagnosed mental illness.

Make recommendations for service and systems improvements, taking into account cultural and economic issues.

The RC Psychiatrists were consulted and appropriately qualified forensic psychiatrists were suggested to undertake this work, with support from another psychiatrist and nurse.

To date missions to fulfil the above tasks have taken place in Anguilla and Montserrat and reports are available. A mission to Montserrat is currently underway.

Discussion is underway with Oxleas NHS Foundation Trust who employ the team members as to ways of developing more sustainable organisational links.