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HEALTH EVIDENCE NETWORK SYNTHESIS REPORT 52

Key policies for addressing the social determinants of health and health inequities

Matthew Saunders | Ben Barr | Phil McHale | Christoph Hamelmann

The Health Evidence Network

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Health Evidence Network synthesis report 52

Key policies for addressing the social determinants of health and health inequities

Matthew Saunders | Ben Barr | Phil McHale | Christoph Hamelmann

HEN Health Evidence Network
EVIDENCE FOR DECISION-MAKERS

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Abstract

Evidence indicates that actions within four main themes (early child development, fair employment and decent work, social protection, and the living environment) are likely to have the greatest impact on the social determinants of health and health inequities. A systematic search and analysis of recommendations and policy guidelines from intergovernmental organizations and international bodies identified practical policy options for action on social determinants within these four themes. Policy options focused on early childhood education and care; child poverty; investment strategies for an inclusive economy; active labour market programmes; working conditions; social cash transfers; affordable housing; and planning and regulatory mechanisms to improve air quality and mitigate climate change. Applying combinations of these policy options alongside effective governance for health equity should enable WHO European Region Member States to reduce health inequities and synergize efforts to achieve the United Nations Sustainable Development Goals.

Keywords

HEALTH EQUITY, HEALTH POLICY, HEALTH STATUS DISPARITIES, SOCIAL DETERMINANTS OF HEALTH, SOCIOECONOMIC FACTORS

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ABBREVIATIONS

ALMPs	active labour market programmes
ECEC	early childhood education and care
EU	European Union
ILO	International Labour Organization
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goals
SROI	social return on investment

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SUMMARY

The issue

Maximizing population health outcomes and reducing health inequities form the basis of the Sustainable Development Goals (SDGs) of the United Nations 2030 Agenda for Sustainable Development. National and international reviews have identified general areas for policy action to target the social determinants of health and health inequities within the WHO European Region. However, there is a need to identify more specific policy options for directly targeting the social determinants of health and for multisectoral actions to improve health and reduce health inequities.

The synthesis question

This report has addressed the following question by reviewing and analysing recommendations and guidelines of intergovernmental organizations and international bodies. "What are the key evidence-informed policy options for each sector, and for multisectoral action, to improve the social determinants of health and reduce health inequities across the life-course?"

Types of evidence

A scoping review of international literature on the social determinants of health and health inequities was first conducted to identify policy themes. Targeted searches of policy frameworks and guidance from intergovernmental organizations and other international organizations were conducted to identify policy options within each policy theme that are likely to be relevant to the WHO European Region. Only documents published in English were included. Visual maps were developed to explore the relationships between the policy options and between themes.

Results

A wide range of policy options for addressing social determinants of health and health inequities were identified across four broad policy themes. The main findings are as follows.

Improving early child development

- Proportionately re-profile resources for early childhood education and care (ECEC) to increase coverage and quality according to levels of need, especially for more deprived groups.

- Promote strong parental and community involvement in ECEC provision, along with better training, standards and monitoring, to improve quality.
- Use universal integrated multiservice delivery models alongside more intensive tailored support, with home visiting for more disadvantaged families, to optimize ECEC provision.
- Implement social protection measures to protect families at risk of poverty and improve family and community resilience.
- Support parents into employment and promote gender equality in employment and education to reduce child poverty.

Improving access to fair employment and decent work

- Create employment opportunities in more disadvantaged areas by expanding public and private infrastructure investments and investing in health services, social care, and education and training services. These investments can improve the employment potential of populations in need, enhance resilience and strengthen responses to crises. Such approaches need to be sustainable, while avoiding insecure employment and poor-quality work.
- Implement good-quality active labour market programmes (ALMPs) to support people into employment while enhancing resilience. ALMPs that provide job search assistance and vocational training, start-up finance for small businesses, and integrated support for disabled people are more likely to be effective.
- Improve working conditions through better worker representation, effective health and safety legislation, extended employment rights, an adequate minimum wage for healthy living and improved management practices.

Improving social protection through social cash transfers

- Increase investment in social cash transfer programmes. The International Labour Organization (ILO) has outlined several fiscal mechanisms for this.
- Improve the effectiveness of programmes by increasing coverage, adequacy and uptake and ensuring an effective combination of universal and targeted approaches (with appropriate use of conditionality).
- Improve the coordination and management of social transfer schemes to make them as simple and efficient as possible for beneficiaries, thereby saving costs and maximizing effective reach.

Improving the living environment

- Ensure legal security of tenure for all, protect citizens from unlawful eviction, establish and enforce minimum housing standards and upgrade homes in

poorer areas (including better access to safe water, sanitation, energy and water efficiency, ventilation and indoor air quality).

- Increase housing affordability (e.g. through access to more affordable credit, subsidies and an expanded supply of affordable housing) to both improve housing quality and decrease the proportion of income spent on housing, thereby releasing funds for more disadvantaged citizens to access other health-enabling resources.
- Use impact assessments to enhance the health benefits of actions to mitigate climate change and maximize the positive effects of health and social policies on climate change. Actions can include strengthening early warning systems for extreme weather events, improving preparation for disease outbreaks and raising awareness about climate change.
- Implement effective urban planning to promote cleaner, more energy-efficient and healthier transport and housing, which have beneficial effects on health, climate change and pollution.

Policy considerations

Member States can support the proposed roadmap to implement the 2030 Agenda for Sustainable Development through practical policy options, including those outlined above. Countries with few of these policy options in place have the opportunity to do more and those with well-established systems have the opportunity to do even better.

The impacts of these policy options will be greater if actions are combined across multiple social determinants through effective intersectoral or whole-of-government strategies (requiring equity-focused approaches to planning, budgeting and resource allocation across government departments). The outcomes of selected policies addressing the social determinants of health and health inequities should then be monitored through strengthened information systems and adapted to local contexts. With constrained resources, a graded approach to providing services and support proportionate to need is most likely to address inequity.

Many SDGs are important determinants of health and their achievement will lead to improvements in health and well-being; likewise, health is an important contributory factor to achieving other SDGs. As well as reducing health inequities and directly contributing to SDG 3 (healthy lives and well-being), the identified policy options are likely to have multiple benefits across other SDGs:

- improving child development contributes to SDG 4 (quality education), SDG 8 (decent work and economic growth) and SDG 10 (reduced inequalities);

- improving access to fair employment and decent work is needed for SDG 8 and contributes to SDG 1 (no poverty) and SDG 10;
- improving social protection is essential for achieving SDG 1, SDG 2 (zero hunger), SDG 4, SDG 5 (gender equality), SDG 8 and SDG 10; and
- improving the living environment is essential for achieving SDG 11 (sustainable cities and communities), contributes to SDG 13 (climate action) and supports SDG 8.

Implementing the outlined policy options as part of a cross-governmental strategy should lead to long-term health benefits and reduce health equities while achieving sustainable social, economic and environmental development. The social return on investment (SROI) from many of the policy options identified in this report is explored in a companion report from the Health Evidence Network on investment for health and well-being.

1. INTRODUCTION

1.1. Background

Improving health and reducing health inequity is vital for achieving the 2030 Agenda for Sustainable Development and ensuring that no one is left behind (1,2). The SDGs are grounded in the Universal Declaration of Human Rights and are intended to be applied universally (3). The United Nations Development Programme's Regional human development report 2016 states that addressing the social determinants of health and health inequities through action supporting all SDGs will improve health and well-being for all and reduce health inequities within and between countries (4). Whole-of-government and intersectoral policy actions in this area can achieve positive change across all SDGs, especially through health in all policy approaches (5).

The 66th session of the WHO Regional Committee for Europe's resolution, Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region (6), reinforces the mandate of Health 2020 (7) to implement the 2030 Agenda through integrated, multisectoral, health-centred approaches. Health and well-being are recognized as "indispensable requirements for sustainable development" and a means for achieving many other SDGs and their targets.

The social, economic and environmental conditions in which we are born, grow up, live and work are major determinants of health and well-being across the life-course (8–10). These conditions are often unequally distributed between individuals and societal groups, leading to unequal health outcomes. Such differences that are systematically produced by social factors (and are, therefore, preventable) are considered unfair and referred to interchangeably as social inequities in health, health inequities or health inequalities (8). For simplicity, this report will use the term "health inequities".

The SDGs have stimulated renewed global commitments and alliances for universal health coverage. To build stronger, more resilient societies, health service approaches for tackling inequity need to be integrated with whole-of-government and whole-of-society approaches and interwoven with rights-based approaches and improved social protection floors (11). This requires clearer alignment of lead sectors for different social determinants across the life-course and well-coordinated multisectoral action. Universal health coverage can only be achieved and sustained

by adopting holistic approaches to health across society. Actions to address the social determinants of health demonstrate strong SROI and can tackle many of the root causes of health inequities (12).

Several national and international reports, including the Review of social determinants and the health divide in the WHO European Region (10) and the final report of the Commission on Social Determinants of Health (9), have identified key areas for action on the social, economic and environmental determinants of health and health inequities but provide only limited detail on the specific policy options available (8–10,13). Cross-sectoral recommendations developed by United Nations organizations and other international bodies outline more specific policy options. Practical policy options are needed to enable the wide range of Member States in the Region to further improve the social determinants of health, both nationally and subnationally, and to combine these for effective multisectoral and interagency action. In particular, policy options for joint action across government, especially in non-health sectors, are crucial for strengthening action on the determinants of health and health inequities through health in all policy approaches (5).

1.2. Aim

The report aimed to identify and collate evidence-informed policy options and recommendations for improving the social determinants of health and health inequities from international and intergovernmental organizations relevant to Member States of the WHO European Region. It builds on the momentum of the high-level conference, Promoting intersectoral and interagency action for health and well-being, which took place in Paris in December 2016 and focused on multisectoral and interagency action on the social determinants of health and health equities (14). The report draws on Health 2020 implementation processes such as the WHO Regional Office for Europe's action plan for strengthening public health capacities and services (7,15), including whole-of-government and health equity-focused intersectoral approaches at national and subnational levels. It supports new opportunities for multisectoral action within the socioeconomic sphere as national strategies are developed to implement Agenda 2030 and Health 2020 is further scaled up after its midterm review.

1.3. Methodology

1.3.1. Search strategy

Key reviews on the social determinants of health and health inequities (9,10,16–19) were first examined to identify broad policy themes concerning direct action on the social determinants of health and health inequities. This was followed by a search of the official publications of international and intergovernmental organizations that included Member States of the WHO European Region in their membership to derive policy options for each theme that are appropriate for the country contexts of this Region. Official publications of international and intergovernmental organizations were considered reliable sources of policy options because they are generally based on detailed evidence reviews and/or expert panel methods, with clear referencing of the underlying evidence. Policy options for each theme were identified by a keyword search limited to official publications of the selected organizations (Annex 1). Websites of the selected organizations were searched using the integrated search function(s) of the organization's publication database (if available), structured Google site searches and hand-searching to maximize the possibility of finding relevant results. Initial search terms (Annex 1) were refined according to the results returned at each website by restricting or expanding terms to generate relevant results and making use of advanced search features to restrict the number of documents. After title and abstract screening, potentially relevant documents were downloaded and hand-searched for additional references. Identified documents were divided among four reviewers and screened by title, abstract, executive summary or full text (when no summary was available) to apply the selection criteria (Annex 1). Snowball searching was applied by reviewing key documents to identify citations and references to other sources or to inform more specific searches from which further documents were identified. The searches covered the period from 1 January 1997 to 31 March 2017. Searches were performed in February–March 2017. Additional documents identified through expert contributors, peer reviewers and snowballing were added during March–May 2017. Annex 1 outlines the search strategy in more detail.

1.3.2. Data extraction

The searches identified a total of 211 records after duplicate removal. An additional 155 records were identified through contributors and snowballing, resulting in a total of 366 full-text records that were screened against the inclusion/exclusion criteria. Of these, 110 reports were finally included in the review (4,5,7,9,10,14–118). For each broad policy theme, recommendations and practical policy options

were extracted and connections between policy options analysed. Illustrative case studies were also identified. Potential case studies were identified from included documents and additional documents identified during the search, and through consultation with collaborators. In this iterative process, high-level policy areas were first identified, followed by drilling down to identify policy options and case studies within key documents. Mind-mapping software was used to develop policy maps conceptualizing the relationships between policy options within each of the key themes, and interactions between combinations of policy options (Annex 2).

2. RESULTS

The recommendations and commitments for actions to address health inequities within and between countries made by the WHO Commission on the Social Determinants of Health, the Rio Political Declaration on Social Determinants of Health, and European reviews and assessments of health inequities (9,10,16,19) can be classified into three broad categories: (i) policy options aimed at directly influencing daily socioeconomic living conditions that affect health and health inequities; (ii) policies for improving health care provision and coverage; and (iii) actions to improve governance arrangements within and between countries to enable the effective implementation of these policies. This review focused on the first category; the other two categories falling outside the scope of the review.

Reports identified in the literature search consistently argued for policy action within four key themes:

- improving early child development;
- improving access to fair employment and decent work;
- improving social protection through social cash transfers; and
- improving the living environment.

The following sections outline the policy options identified within these four policy themes. The Glossary (Annex 3) defines some of the terms used in this analysis.

2.1. Improving early child development

Addressing the social determinants of early childhood development (from conception to compulsory school age) is essential for improving population health, and especially important for more vulnerable children. Evidence indicates that actions to improve early child development have the most cost-effective impact on health equity (9,10,12,20). Children's social, educational and health care needs are closely intertwined. Thus, inadequate socioeconomic conditions, care, health, nutrition and physical and emotional nurturing can reduce educational attainment by impairing cognitive and behavioural capacities, delaying motor development, causing depression and generating difficulties with concentration and attention (21). Although actions for health services are not detailed in this report, access to high-quality affordable sexual and reproductive health services is crucial for improving child development and needs to be integrated with actions in other sectors (10). Social determinants of health at this stage of life affect the child, the mother

(especially during pregnancy, but also during early childhood) and the child's immediate family, with multiple interacting factors influencing early development and long-term outcomes. Focused action on the social determinants of health during the early years has the greatest potential to reduce the intergenerational transmission of poor health outcomes and health inequities (10).

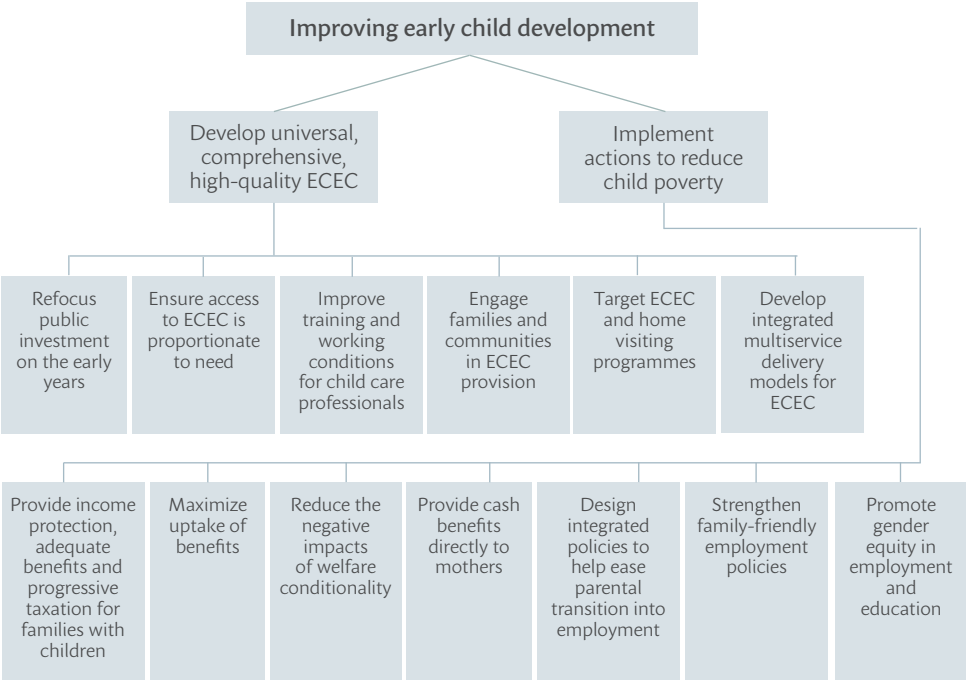
Maternal health and living conditions are key determinants of infant mortality and morbidity. Policies and strategies to improve living and working conditions and the educational attainment of women, particularly women experiencing the greatest socioeconomic disadvantage, will also benefit the health and well-being of their children, while maximizing gender equality. Policies supporting parents need to empower women, support their children's development and promote a greater parenting role for men.

Actions for improving the conditions in which children live and supporting healthy child development have combined benefits for several SDGs including SDG 1 (in particular, by reducing child poverty), SDG 2 (by reducing malnutrition), SDG 4 (by ensuring that all children have access to quality ECEC and reducing gender education inequities affecting mothers), SDG 8 (by promoting decent work for mothers and improving lifelong employment chances for children) and SDG 10 (by reducing economic, development, and health inequities). Improvements in early child development will also contribute to SDG 3, particularly by reducing child mortality and altering the life-course trajectories of disadvantaged children. Policy options for improving child development are outlined in the following sections (summarized in Fig. 1).

2.1.1. Develop universal, comprehensive, high-quality ECEC

ECEC is defined as the provision of care and education for children under compulsory school age (which varies between Member States) (22). Several international reviews highlight strong evidence that universal high-quality ECEC (9,10) is effective in improving child development, and a linked report on investment for health and well-being demonstrates the SROI of both early and later education in the life-course (12). A number of longitudinal studies investigating the expansion of free preschool education have demonstrated that children who attend preschool have a higher income in later life and reduced socioeconomic inequalities, with children from least-advantaged backgrounds benefiting more (20). Actions in this area are supported by the United Nations Educational, Scientific and Cultural Organization's Moscow Framework for Action (23), which calls on governments to take greater responsibility and action across both government and society to protect children's rights and

Fig. 1. Policy options for improving early child development



improve neonatal health, birth outcomes, nutrition and care. The Organisation for Economic Co-operation and Development (OECD) report series, Starting strong (24,25), outlines key components of strategies to develop universal, comprehensive ECEC, including issues of access, quality and staff training, along with the need for good data collection, research and evaluation of services.

Refocus public investment on the early years

Most countries spend a greater proportion of public money on older citizens; spending on children tends to focus on children after entry into compulsory education (24,25). Providing universal, comprehensive ECEC services requires investing more resources on the period from conception to school entry (12). This can enhance equity in access to resources, thus reducing health inequities (22).

Substantial government investment in this area is needed to secure access to high-quality services for all so that those with a greater need for ECEC services (usually poorer citizens) do not have worse access to services. This can be supported through subsidies to parents (who then purchase provision) or through direct public provision. Without this, the intergenerational transmission of adverse health risks may continue or worsen. At the 2002 European Council in Barcelona, European Union (EU) Member States agreed to ensure provision of full-day formal child care by 2010 for at least 90% of children from age 3 years to compulsory school age and for at least 33% of children under age 3 years (26). However, implementation has been slow, with most countries failing to achieve this target. Whether based on public or private models, transparent mechanisms are needed to ensure equity in provision. Evidence suggests that direct public funding of services brings more effective governmental steering of early years services, with advantages of scale, better national quality, more effective training for educators and more equity in access compared with parent subsidy models (25).

Ensure access to ECEC is proportionate to need

Governments should commit proportionately more resources to groups of children at higher risk of adverse health and development during early childhood. High risk factors are low parental education levels, low income, poverty, parental absence, young mothers, large families, parental mental illness, parental drug and alcohol dependence, social isolation and older siblings with health and development problems (22). It is also important to ensure equitable access to support through high-quality provision in areas with more children in need (Case study 1). Special efforts are needed to include children most at risk of experiencing multiple exclusion processes, particularly those with disabilities, migrants and minority ethnic groups such as Roma (27).

Case study 1. ECEC for immigrant children in the Flemish community of Belgium

The Milestones towards Quality though Equality programme in Leuven, Belgium supports women from immigrant backgrounds who are likely to feel excluded from discussions about child care and either miss out on services or find them insensitive to their needs (24). Women in this group have often left school early and are less likely to be employed (except informally); their children are less likely to attend subsidized child care.

Moving away from conventional models of child care (which were thought to exclude migrant and ethnic minority women), the programme re-conceptualized

Case study 1. Contd

and re-aligned ECEC services around the needs, customs and language of the target group, and set up a training and employment programme for immigrant women. Participating day care centres were also offered educational, mentoring, training and supervision modules on multiculturalism and multiethnic issues.

Improve training and working conditions for child care professionals

Strengthening the quality of ECEC is also important for health and requires well-trained staff with sound employment and working conditions. This includes remuneration sufficient to ensure that the best people are attracted and maintained where they are needed most. It also includes regular access to effective training and professional development opportunities to strengthen the skills of ECEC workers (Case study 2) (24,28,119).

Case study 2. **Strengthening ECEC training in the United Kingdom**

In 2004, the Department for Education and Skills defined a 10-year strategy for improving ECEC in the United Kingdom (119). It included strengthening workforce ECEC qualifications by implementing a workforce model in which a lead professional supports lower-qualified workers. The lead professional should be a teacher and pedagogical leader with a professional focus on care, upbringing and learning in ECEC socio-educational settings.

Since this strategy was implemented, over 16 000 specialist graduates have been trained (120). These graduates enter training with the same entry requirements as primary school teachers and are required to meet defined teaching standards for early years education to attain the status of early years teacher.

This approach entailed the creation of multiple routes to training, including additional training for existing members of the workforce. The process gave more value and importance to early years care and education through the training and recognition of a better-qualified workforce (25,120).

In populations with a mixture of public and private ECEC providers, training and professional development for staff varies, with some providers unable to provide regular training or opportunities for improving practice. Action is needed to recruit, retain and strengthen the skills of ECEC staff by ensuring careers are satisfying,

well-respected and adequately paid (24). ECEC provision accessed by families with greater needs should be staffed by more highly qualified professionals.

Standards and curricula for ECEC should focus on the holistic developmental needs of children, encompassing emotional development and the development of creativity, self-determination and well-being, alongside classic forms of education such as literacy and numeracy. A growing body of research highlights the importance of "play": some OECD nations consider this a separate activity, while others include it as a cross-cutting theme (28).

Engage families and communities in ECEC provision

Setting curricula and standards for ECEC should involve children, families and staff to strengthen the democratization of ECEC approaches (24). Enabling local communities to adapt curricula can increase the relevance of ECEC to those communities (28) and might enhance access by improving uptake of the services.

In many countries, ECEC is a shared responsibility between national and local government. A positive consequence of such decentralization has been the integration of ECEC services at local level, along with greater sensitivity to local needs. However, decentralization can also raise challenges: OECD reviews suggests that devolving power and responsibilities may widen differences in access and quality between regions (25). In the devolution process, it is important to ensure that early childhood services form part of a well-conceptualized national policy with a national approach to goal setting, legislation, regulation, financing, staffing criteria and programme standards.

Target ECEC and home visiting programmes

To be effective, ECEC needs to be targeted within the overall framework of a universal system (22). For children requiring stronger early environmental enhancements, targeted, high-quality, intensive early childhood education, parenting support and home visiting programmes should be considered (Case study 3). The most successful programmes place a strong focus on cognitive outcomes, which are more malleable earlier in life. More information on the importance of these approaches for SROI is provided in the linked report on investment for health and well-being (12). Such programmes provide disadvantaged children with an enriched out-of-family environment while also working to raise the quality of the home environment (22). Home visiting improves service uptake by reducing the cost of family travel and allows a trained visitor to assess the home environment and refer to other services. Home visiting programmes can also support parenting

skills and reduce the incidence of low birth weight, which correlates strongly with lower cognitive ability (24).

Case study 3. La Maison Ouverte [The Open House], Marchienne-au-Pont, Belgium

La Maison Ouverte is a reception centre for young children that supports families, with a special focus on those experiencing poverty (29). The project focuses on educational support and advice, parents' relationship to work, supporting and involving parents in children's activities, arranging group exchanges and working to create trust between different services and the family. The overall aim is to improve family well-being. The project was awarded the Belgian federal prize for fighting poverty in 2009.

Develop integrated multiservice delivery models for ECEC

Models that integrate support for children across health care, education and social care are becoming more common (20). These services extend beyond the provision of ECEC by taking a cooperative approach with health, education and social care to coordinate support across the full range of children's needs (30). These models offer integrated multidisciplinary services within easy reach of parents and families, usually at community centres or similar settings (Case studies 4 and 5).

Case study 4. Multiservice delivery in Amsterdam

Since 1997, parent and child centres in Amsterdam have offered an integrated service designed to improve parenting and provide early health and social interventions for both parents and children (20). Integrated services offered in community locations provide information, advice and support for parents (including parenting support), secondary care referrals and close links to education services and primary health care.

Such parent and child centres represent one option for delivering multisectoral services within a community setting.

Case study 5. Sure Start, United Kingdom

The Sure Start programme in England, United Kingdom, is an example of an integrated approach to early years intervention (121). This programme is centred on children's centres, which are purpose-built community centres in

Case study 5. Contd

strategically targeted areas that provide services from pregnancy to preschool. These services support families and often use local birth datasets to target approaches to local need.

The founding goal of Sure Start was to enhance health and well-being during the early years, especially in disadvantaged neighbourhoods, for improving developmental trajectories and breaking the intergenerational cycle of poverty. Health, education, social and voluntary sectors work together to transcend sectoral boundaries and improve health and well-being through innovative practice, early recognition of need and early referral. Centres were set up in both deprived and less deprived areas, but were specifically required to provide services to more deprived communities.

Recent evaluations suggest that benefits are sustained for parents but not necessarily for children, indicating that such approaches need to be strengthened (20).

2.1.2. Implement actions to reduce child poverty

A report prepared for the WHO European Regional Office in 2014 highlighted the need for strategies aimed at reducing health inequities to prioritize improvements in the economic conditions of women of childbearing age and families with young children (10). Child poverty is associated with a broad range of poor health, educational, social and psychological outcomes, many of which are long term (122,123). The risks associated with family poverty for young children are greatest during the period from birth to 3 years (especially in the period immediately following birth) (31).

Evidence indicates that approaches to alleviating child poverty are most effective when they form part of a broad national strategy involving multisectoral action and collaborative working (32). Collaboration can be enhanced in many ways, including through the appointment of children's commissioners or ombudsmen to offer independent advocacy for children at a strategic level. Developing cross-cutting strategies to counter child poverty and action plans can enable different departments (e.g. health, education and welfare) to work together more effectively to improve early years outcomes (124). Strategies to reduce child poverty and its consequences generally involve three key components: ECEC (see section 2.1.1), income redistribution through benefit and tax systems, and actions to increase

employment chances and wages for families living in poverty (33). The latter two components are described in this section.

Provide income protection, adequate benefits and progressive taxation for families with children

Actions to redistribute income are particularly amenable to multisectoral approaches, with strong crossover between actions to reduce the effects of child poverty, to improve social protection (section 2.3) and to integrate people into the workforce (section 2.2.2). Without effective multisectoral action in these areas, attempts to tackle the negative effects of child poverty will be less effective, with more crossover and waste. The most effective actions (i.e. those with the strongest SROI) combine universal support for all children with targeted policies for the most vulnerable (12,34,123). Universal benefits are distributed to all families with children, often depending on family size. The main advantages of these schemes are that they help to create a favourable environment for families with children, are non-discriminatory and are not reduced when parents get a job. They also recognize that raising a child increases the risk of family poverty.

Targeted benefits support the most vulnerable families (e.g. low income, lone parent, large families and those with disabled children.). Their purpose is to provide income to those most in need, but they can create disincentives for families to take up work or increase their engagement with employment. The effects of narrow targeting of social protection should also be considered to avoid excluding those with high, but not the highest, levels of need.

Providing cash benefits rather than tax concessions tends, on the one hand, to redistribute more income to the poorest children. On the other hand, tax concessions tend to create less distortion in terms of work incentives, with better uptake (35). A range of social protection benefits should be set up to provide adequate income support to households with children, taking into consideration the different costs associated across the age range. These should comprise tax relief or credit, family and child benefits, housing benefits and minimum income schemes aimed at supporting children to live dignified lives (27).

Maximize uptake of benefits

High uptake of targeted benefits should be ensured by facilitating access and outreach to beneficiaries according to level of need. Steps are necessary to avoid stigmatization in benefit delivery and to ensure that benefits are sufficient to address

children's needs while minimizing the risk of unintended work disincentives due to reduced total income when taking up work (see section 2.3.4) (27).

Reduce the negative impacts of welfare conditionality

Action should be taken to assess and prevent the negative impacts of conditionality measures and financial sanctions on children. For example, financial sanctions linked to parents' activation into work and parenting behaviour (such as children's school attendance) may negatively impact children through the loss of household income, thereby increasing their risk of poverty (see section 2.3.4) (27).

Provide cash benefits directly to mothers

There is evidence that payment of a child benefit directly to mothers means that a greater amount will be invested in children. The alternative of salary tax reduction has been shown to be less effective, with less of the benefit spent directly on children (22).

Design integrated policies to help to ease parental transition into employment

Tax, benefits and minimum wage policies should aim to ensure that work provides an adequate income and does not force parents into inadequately paid, insecure or unhealthy employment (124). Redesigning benefits is necessary to ensure that those starting work see genuine increases in take-home pay (27). Measures to keep long-term unemployed parents close to the labour market are useful and may include, for example, supporting participation in voluntary, supported employment or non-commercial (e.g. social economy) activities. Policy-makers can also provide enhanced support for labour market reintegration after parental leave through targeted training measures and job search support, with a specific focus on groups with a higher risk of poverty (e.g. single parents, large families, long-term unemployed). Supporting entrepreneurial skills and self-employment can also be useful (27).

Strengthen family-friendly employment policies

Measures are needed to support parental access to quality employment while maintaining an adequate degree of flexibility (but without turning to insecure contracts) (10,27). These could encompass promoting work patterns and environments that enable all workers to balance work with parenting, including workplace support and flexible working arrangements (27). Measures to further promote gender equity in the labour market and in family responsibility, as well as active fatherhood, include guaranteeing paid parental leave of least six months (31) and

supporting the participation of second earners (as well as single parents) in paid work (27). Ensuring access to affordable high-quality child care is an essential component of such policies (see section 2.1.1).

Promote gender equality in employment and education

The position of women in society is associated with the health and survival of children. The interaction of gender inequities with socioeconomic inequities has adverse consequences for children (36). Therefore, improving employment and educational opportunities for women, particularly those from marginalized and excluded groups, has been highlighted in many international policy frameworks as a key factor in breaking the cycle between child poverty and adverse child outcomes, and has positive economic effects, including SROI (12,37,38). The evidence suggests that of all education levels, secondary education has the greatest impact on women's empowerment (39). The education and training of women was also highlighted as an area of concern in the Beijing platform for action (40).

Addressing inequities in workforce participation for women is one of the most effective ways to increase economic growth and improve broader living standards (41). Since most single parent families are led by women, actions to promote women's economic empowerment can help to lift single parents out of poverty and reduce child poverty (42). Although in many European countries there are limited gender inequities in school participation and attainment (43), national averages on girls' participation and attainment mask the continuing disadvantage of excluded groups (10). For example, there is high gender inequity in educational attainment related to socioeconomic and immigrant status in Europe (10). Gender inequities also arise in the transition from school to work (43). Conditional or unconditional social cash transfers and tuition stipends to women can increase school attendance for girls with low levels of education (44,45). Actions that encourage girls to choose science, technology, engineering and mathematics (fields of study that are underrepresented by women in many countries (46)) and support women in the transition from education into employment can enhance their future employment prospects. Legislation also needs to be in place and enforced to support gender equity in employment.

2.2. Improving access to fair employment and decent work

There is clear, consistent evidence of links between employment, good-quality work and health. The regular income, social status and psychosocial well-being

brought about by employment can break the cycle of intergenerational poverty, improve health and reduce health inequities. Youth unemployment has increased in Europe in recent years; a prominent challenge for policy-makers is to support this group and prevent young people from being left behind (12), which can have particularly detrimental effects on health and health inequities. Prolonged unemployment among young people can have a scarring effect, negatively affecting long-term labour market and health outcomes (47). Creating fair and decent work is an essential part of SDG 8 (decent work and economic growth) (125). Actions across several SDGs also contribute to this, including actions to improve gender equality in education and the labour market (contributing to SDG 5) and improve education (contributing to SDG 4). As well as health improvements (contributing to SDG 3), improving access to fair employment and decent work also contributes to reducing income inequalities (SDG 10). Improving access to fair employment and decent work requires coordinated actions to increase levels of employment (particularly for the most disadvantaged groups) and improve working conditions for those who are in employment.

2.2.1. Develop investment strategies for an inclusive economy

Ensuring inclusive economic growth in times of economic instability, uncertainty and rapid technological revolution is widely recognized as one of the most pressing challenges of our time (48,49). This necessitates developing economic activity that raises the living standards of the poorest fastest so that those already behind can catch up and no one is left behind (41). High-level economic policies and activities have a major impact on employment levels and the types of job created, including through international trade agreements and public investment. It is crucial that, wherever possible, these levers support fair employment and decent work, particularly for more disadvantaged groups. Current evidence demonstrates that successful inclusive growth can result in faster growth (41).

A specific area of inclusive investment (i.e. inclusive growth in the health sector workforce) was highlighted by the High-Level Commission on Health, Employment and Economic Growth and the WHO Global strategy on human resources for health (50,51). This area is also discussed in the linked report on investment for health and well-being in relation to SROI (12). Inclusive growth can be strengthened through adopting approaches to health sector job-growth for specific groups such as women and young people. In May 2017, the seventieth World Health Assembly adopted the Commission's five-year action plan for health, employment and inclusive economic growth (2017–2021) (52). The resolution underlines the multiplier effects of investment in the health and social sector workforce for developing universal

health coverage and strengthening resilience and preparedness for public health threats. The health sector has a key role here – as both a provider of health care services and a major employer and component of local economies (50). Although a single ideal policy mixture for ensuring inclusive economies has not been identified, several components highlighted in international policy frameworks are discussed in the following sections.

Support investment in human capital and improvements in infrastructure in disadvantaged areas

The World Economic Forum recommends that countries set investment targets for key areas of human capital formation to promote inclusive growth, including public and private investment in ALMPs, equitable education and gender equality (41). Creating and maintaining infrastructure (public services, transport) is an important investment to support inclusive growth, especially in disadvantaged areas (53). Better-designed and greener energy infrastructure can help to combat energy poverty (12,53) while strengthening sustainable development. Strengthening the monitoring frameworks, regulations and incentive structures in this area is necessary to attract and create such investments. This can be achieved, for example, by developing policies to support access to finance for small and medium-sized enterprises, including through the use of development banks, microfinance and other financial intermediaries (54,126).

Social impact bonds can also be effective in incentivizing private investment for social programmes by offering public sector financial returns if programmes achieve positive social outcomes (54). Public procurement can also be used to improve social, economic and environmental well-being in disadvantaged areas with high unemployment by reserving a percentage of public sector contracts for small to medium-sized enterprises from these areas, ensuring contractors employ people from disadvantaged groups and including working condition standards in tender specifications (55). The public procurement regimen of the EU includes social considerations in procurement, such as compliance with labour standards and "the social integration of disadvantaged persons or members of vulnerable groups among the persons assigned to perform the contract" (56). All public investment policies should ensure that they comply with the United Nations Guiding Principles on Business and Human Rights (57) and core labour standards of the ILO (58).

Create decent health and social sector jobs in disadvantaged areas

The creation and development of decent health and social sector jobs with adequate wages and working conditions (see section 2.2.3), particularly for people from

disadvantaged, lower-educated backgrounds, can help to strengthen the health and social care sectors while simultaneously reducing economic and subsequent health inequities, strengthening health in more deprived groups and strengthening the economic infrastructure required for economic opportunity and growth (41). This action requires scaling up the provision of training, skills and education to match health needs; developing women's participation in leadership roles throughout the health and social care sector; and tackling gender concerns in educational training and reform processes (50).

Optimize the health and health inequity impacts of economic strategies

Various forms of impact assessment tools are used in many countries to review how policies across sectors affect health and health inequities (both positively and negatively) and identify areas for improvement (i.e. to optimize positive impacts). These assessments can be carried out quickly to provide feedback within the time constraints of policy-makers or more intensively for larger issues (5,7).

2.2.2. Introduce effective ALMPs

Active policies aimed at reintegrating unemployed people into the workforce (ALMPs) can increase employment rates, particularly for low-skilled workers (59,60). Recent research highlighted in the Health 2020 strategy shows that effective ALMPs and return-to-work interventions have a protective effect on health during periods of economic downturn and rising unemployment (7). Further, EU guidance recommends that Member States introduce ALMPs known to be effective in combination with flexible and reliable employment contracts, effective lifelong learning, policies to promote labour mobility and adequate social security systems (61). Not all ALMPs are effective, however, and they need to be sufficiently resourced. Policy options for effective ALMPs as highlighted in international frameworks and guidance are outlined in the following sections.

Provide high-quality counselling, case management and job search assistance

Counselling and job search assistance are most effective for the short-term unemployed, particularly as part of high-quality individualized advice packages and combined with a range of potential interventions, including vocational training, job search assistance, social support and courses on motivation (61,62). The OECD found that monitoring and verifying the job search activity of jobseekers can considerably improve re-employment rates (62). Strong public employment services are important in offering vacancy databases and, increasingly, digital services to connect jobseekers with employers. Those aligned with employers'

skill needs are most effective. ALMPs that spend a greater share of funding on public employment services are more effective at reducing unemployment, particularly for low-skilled workers (59). Job search assistance may, however, have limited impact in areas where structural unemployment is high and there is a lack of demand for labour, especially when used in isolation. There are also some questions about the coverage and effectiveness of these services in countries with a high number of informal labour market transactions (63).

Provide subsidies for employers hiring the long-term unemployed

The payment of hiring subsidies to employers can positively impact future employment outcomes if targeted at disadvantaged groups for whom other measures have proved ineffective (62), They can motivate employers to hire people during economic downturns and in the short term, but they may be ineffective in times of economic growth. However, subsidies can have unintended effects if applied incorrectly. For example, programmes that allow employers to choose candidates without explicit criteria can become ineffective and those targeted at large groups of long-term unemployed people may increase overall unemployment as employers reduce hiring among the short-term unemployed. Subsidy programmes should also lead to sustainable quality employment so that the health benefits are maintained.

Provide high-quality training for the most disadvantaged

Evidence indicates that participation in training programmes has a long-term positive impact on employment and earnings (Case study 6) (62). Studies show that both general training and education and specific skills training are effective, with some evidence for greater effects in groups with lower education levels (61,62). Training programmes demonstrate a positive effect on long-term unemployment, even during periods of economic recession when unemployment rates are high, through a bridging effect (i.e. improving the human capital of participants until they gain re-employment). This effect depends, however, on re-establishing long-term job prospects (62). Evidence from the United States indicates that programmes prioritizing job search and including training activities (i.e. mixed programmes) are more effective in the short term than those prioritizing educational activities alone, although long-term effects are similar. To address inequities, the standard programme should be enhanced by a more generous education and training offer for disadvantaged groups (people out of work, at risk of job loss or in informal employment). The most disadvantaged youth may require more intensive programmes with a strong focus on education, work experience and adult mentoring (47).

Vocational training for informal workers may be effective in supporting them into the formal economy (64).

Case study 6. Vocational and educational training in Germany

The national vocational and educational training programme in Germany (127,128) has close links with industry, offering large numbers of apprenticeships nationally and subnationally with clear legal and regulatory frameworks at multiple levels. The programme offers initial and further vocational education and training, careers and employability advice, and occupational training. Cooperation of small and medium-sized companies with public vocational schools is regulated by law, with excellent engagement and co-ownership from companies, which see the programme as a good way to recruit skilled staff.

The system is well resourced with both public and private funding, and support was maintained after the 2008 economic crisis.

Develop high-quality education and training programmes for young people

Vocational education and training programmes for young people should respond to labour market skill deficits by training participants to a level that allows them to secure gainful employment in an area of skills shortage. Approaches combining work-based training and classroom learning are effective in delivering such skills if they provide a good learning experience and a gateway to a good-quality job (Case study 7) (65). Workplace-based programmes, in particular, should actively involve social partners such as labour unions (47) and ensure that young people are not exploited, but instead gain the skills needed for continued employment (12,66).

Support the transition from school to work

Improving education so that all young people gain the transferable skills needed for employment can improve the transition from school to work, thus preventing unemployment and supporting the economy. A combination of career guidance, information about labour market opportunities and good-quality work experience opportunities can support young people to make effective career choices. The school-to-work transition can also be improved by developing high-quality career pathways (41,47,54).

Although many countries in the WHO European Region have limited gender inequality in school participation and attainment, inequalities often arise during

the transition from school to work (43). It is, therefore, particularly important that young women receive additional support for this transition, including high-quality career counselling, adult education, internships, apprenticeships and targeted financial support (46).

Case study 7. Scholarships for education and training in Slovenia

The Human Resources Development and Scholarship Fund is the main central public institution for funding and promoting youth education and skills in Slovenia, including development of workplace skills (65). The fund provides scholarship funding for Slovenes to study abroad, on condition that they return to the country and work in Slovenia for at least as many years as they received funding support. It also provides funding for international exchange of students and researchers to and from Slovenia.

From 2015 to 2019, the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the European Social Fund will fund up to 1000 scholarships for young people training in undersubscribed professions. These professions are identified according to national need by the Ministry, with youth representatives to improve uptake.

Develop targeted public works programmes

Public works programmes such as direct employment and job creation schemes are typically targeted at medium- and longer-term unemployed people (61) and can be used to enhance income security and employability (67). They consist of regular direct payments by government or nongovernmental organizations to individuals in exchange for work. In Europe, programmes in Latvia and Greece (129) were initiated in response to the post-2008 financial crises to reduce unemployment, build skills in the workforce and carry out works of social value. Such programmes can support targets across the range of SDGs, for example by temporarily reducing income inequality while supporting environmental sustainability through public works in the green economy. However, drawbacks of public works programmes are that they can be expensive and may not result in long-term job stability because the number of people employed in these programmes is often greater than the market demand for labour (67).

Provide small business support in disadvantaged communities

Programmes supporting the start-up of small businesses (including microfinance initiatives) are effective in reducing unemployment (59,68), although their impacts

may be greater for older and better-educated workers (63). Policies such as special taxation gradients for unregistered small and home-based firms should be developed to reduce the size and associated dis-benefits of the informal economy (65).

Support people with chronic illness and disabilities through workplace adjustments and vocational rehabilitation

People with chronic illness and disabilities are more vulnerable to being out of work, with an average disability employment gap across Europe of about 20% (130). Disadvantaged groups are more likely to develop chronic illness and disability, which may cause them to leave the labour market. This increases their risk of poverty and further exacerbates health inequities. Addressing the employment consequences of disability is, therefore, important for tackling health inequities.

Multiple different approaches can be taken to improve employment for disabled workers (69). Many countries have passed legislation to prohibit discrimination against people with disabilities, including those in employment; however, there is little evidence that these laws have improved their employment chances. In contrast, there is evidence that workplace accommodations can improve employment chances for disabled people (131).

Appropriate vocational rehabilitation measures are needed for all categories of people with chronic illness and disabilities, and employment opportunities for disabled people should be promoted (70). Early intervention is likely to be more effective, so support needs to be available as early as possible. A case management approach addressing underlying health problems is likely to be most effective, especially for the most disadvantaged groups in which individuals and families need assistance in several aspects of life (Case study 8). This should coordinate support from employers, health specialists, psychologists, social insurance case workers and other professionals (62). Combining vocational rehabilitation with wage subsidies may also be effective.

Case study 8. Qualification programme, Norway

In 2007, the Norwegian Labour and Welfare Administration introduced the Qualification Programme for people with significantly reduced earning ability and no or limited national insurance rights, including people with chronic health problems and disabilities (62). The Qualification Programme provides selected, hard-to-employ people (i.e. those receiving social assistance and at risk of

Case study 8. Contd

permanent exclusion) a standardized non-means-tested payment (providing a typical increase in net income of 50%) in return for full engagement in an individualized work qualification and activation plan. The programme raised the employment rate of participants by an estimated 18%. The jobs gained were, however, often part-time or poorly paid.

2.2.3. Improve working conditions

The WHO Commission on Social Determinants of Health recommends that supportive working environments should be a key factor in decision-making for national policy-makers to enable fair and decent work (9). Through the Decent work agenda, the ILO has highlighted the importance of policies to improve pay and working conditions, including worker representation, safe work environments and employment rights. It also demonstrated strong links between decent work and many of the SDGs (68,71). Investing to improve working conditions can also generate SROI (12).

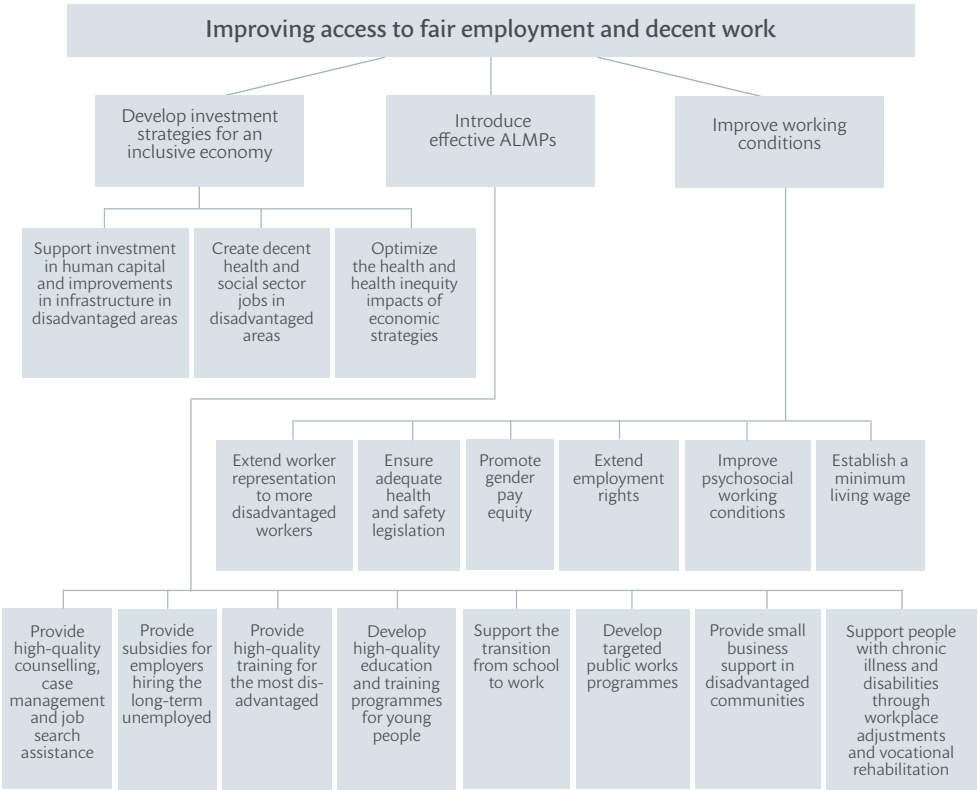
Although the position of women in the labour market improved dramatically over the last century, their pay and working conditions continue to lag behind those of men. Women in the EU earn about 16% less per hour even when equally or better qualified than male counterparts, and are more likely to be in part-time and temporary work with fewer employment rights (72). Actions to improve working conditions should, therefore, also promote gender equity.

The following sections describe policy options with the potential to improve working conditions (summarized in Fig. 2).

Extend representation to more disadvantaged workers

Freedom of association and effective recognition of the right to collective bargaining are fundamental rights outlined in ILO labour standards (73). Increased collective bargaining is associated with reduced incidence of low pay, reduced pay inequalities and improved working conditions (68,747). Promoting the representation of workers at senior corporate level may also help to reduce pay inequalities and improve working conditions (75). Support is needed to create informal workers' organizations based on relevant shared features such as occupation (e.g. domestic workers, taxi drivers), workplace location (e.g. farmers' markets, streets) and conditions

Fig. 2. Policy options for improving access to fair employment and decent work



(e.g. being a migrant worker). These organizations, like labour unions, can strengthen and make politically visible the interests and needs of informal workers (65).

Ensure adequate health and safety legislation

Enacting, maintaining and enforcing adequate health and safety legislation is important for improving working conditions and health (9). The ILO Constitution

specifically provides for "the protection of the worker against sickness, disease and injury arising out of his employment" (76). The convention concerning the promotional framework for occupational safety and health (77) requires that countries establish, maintain, progressively develop and periodically review a national system for occupational safety and health, in consultation with the most representative organizations of employers and workers. Occupational health practitioners have an essential role in implementing and strengthening health and safety approaches.

The right of all workers to working conditions that respect their health, safety and dignity is proscribed within the Charter of Fundamental Rights of the EU (78), and EU guidelines for the employment policies of Member States call for quality employment to be ensured in terms of working conditions, including health and safety (79). However, their application varies significantly between EU Member States, leading to variations in workers' health protection (80).

The existence of increasing numbers of temporary workers, atypical contracts and self-employed workers in the Region raises concerns about the coverage and effectiveness of health and safety provisions (80). To address these concerns, policy-makers could extend coverage to all workers, including those in informal employment, and widen the provision of basic occupational health services to prevent work-related diseases and injuries, especially for more disadvantaged workers.

Enforcement of health and safety standards through independent labour inspectors could be enhanced by, for example, evaluating the performance of national labour inspectorates. Compliance can be improved by strengthening workers' awareness of required health and safety information and involving workers in compliance monitoring (81). Practical support must be provided to small and medium-sized businesses to support better compliance with health and safety rules without damaging their economic activities. Businesses can benefit from technical assistance and practical tools, such as the Online Interactive Risk Assessment, which is a web-based platform providing risk assessment tools (132).

Promote gender pay equity

Although most European nations now have legislation supporting equal pay and against gender-based discrimination, further actions can be taken to strengthen implementation (82). Some EU Member States have legislation in place for mandatory reporting of gender pay equity plans for companies above a certain size. Others may benefit from introducing similar policies or from strengthening or extending these policies to cover more of the workforce, especially those most in need (82,96).

Extend employment rights

Several ILO conventions contribute to workers' employment rights. For example, the ILO Termination of Employment Convention, ratified by 10 EU Member States, protects workers' rights against the termination of employment (83). It guarantees that employment will not be terminated for reasons of discrimination on a range of grounds and provides that workers receive a period of notice, right of appeal and income security, as well as a valid reason and motivation for dismissal. A right to be protected in the event of unjustified dismissal is also enshrined in the EU Charter of Fundamental Rights (Article 30) (84). In particular, self-employed, temporary, part-time and informal workers tend to have weaker statutory benefits and protections in many countries, which may lead to worsening socioeconomic inequities as these forms of work become more common in Europe (85), thus widening health inequities.

Countries can develop legislation to ensure equality of treatment for these non-standard workers by supporting equal treatment by courts and adjudicating bodies, including rights to parental leave, paid annual leave, child care and flexible working hours. Countries should consider the possibility of defining in law the existence of an employment relationship to support the application of employment rights to informal workers (56). Countries can additionally restrict the use of non-standard employment by prohibiting the use of fixed-term contracts for permanent needs, limiting the use of temporary agency work and restricting or prohibiting the use of on-call employment (also known as zero-hours contracts). These measures will particularly benefit women and young people, who are more likely to work in temporary, part-time or informal settings (46,67).

Improve psychosocial working conditions

Addressing psychosocial risks in the workplace can reduce stress-induced physical and mental illnesses such as heart disease, anxiety, depression and musculoskeletal disorders (86). Work–environment differences among workers from different social strata, such as workload, task design, organizational culture, role, level of decision control, in-work relationships and work–life balance, contribute to social gradients in work-related psychological risks (133,134).

The ILO recommends that workplace stress should be treated as an occupational risk and mitigated by implementing risk assessment and management measures, adopting collective and individual preventive and control measures, increasing the coping ability of workers, improving organizational communication, increasing

worker participation in decision-making, providing workplace social support systems and strengthening health and safety (87,134).

Establish a minimum living wage

A statutory minimum wage is common globally: most countries in the Region have minimum wage laws, including nations in the Commonwealth of Independent States. The health and health equity benefits of a living wage produce a positive SROI and are mediated through effects such as better mental health and reduced mortality (12).

The ILO recommends that setting a minimum wage should be carefully considered, especially for low- and middle-income countries. The process should be evidence informed and heedful of concerns that statutory minimum wages may reduce employment opportunities. For high-income countries, the evidence suggests that negative effects of minimum wages are minor; for lower-income countries, the evidence is unclear. This evidence gap highlights the importance of monitoring the effects of new policies in this area (88). The overall aim should be to ensure that the minimum wage is sufficient to provide workers with a minimum standard for healthy living based on the current cost of living: minimum wage policies will become less effective if wages are too low to maintain a healthy standard of living or if policies are circumvented (9). Minimum wage legislation can be strengthened by increasing wages in line with inflation, as attempted through indexing in the Russian Federation (88,135). Minimum wage policies should also complement social protection policies (section 2.3) to reduce poverty both in and out of work.

2.3. Improving social protection through social cash transfers

The term social protection can refer to (i) social cash transfers direct to individuals or households and (ii) the provision of social, health and welfare services. This section will focus on social cash transfers. The report, Review of social determinants and the health divide in the WHO European Region, highlighted that social protection systems, and social cash transfers in particular, should ensure minimum income standards for healthy living (10). There is good evidence that effective social protection systems improve population health, but the relationship between total spending on social protection and health outcomes is not linear (there are diminishing health returns at higher social spending levels). This suggests that, although increasing social spending may further improve health outcomes and

reduce health inequities, the largest gains can be made in countries with less-developed social protection systems (89).

Social cash transfers are emerging as a key strategy among governments and international institutions worldwide to accelerate progress towards the SDGs. They are not only important for protecting people against economic shocks and addressing persisting inequality (SDG 10) and exclusion but are also associated with improved health (SDG 3) (136,137), improved educational outcomes (SDG 4) and reduced poverty levels (SDG 1 and SDG 2) and vulnerability (90). These policies invest in human capital by strengthening economic growth and promoting political stability (91). Moreover, by recognizing and supporting the incomes of people providing unpaid care, they can also contribute to gender equality (SDG 5).

Although access to social protection is a fundamental right, this right remains unfulfilled for many people in Europe (91). The adoption of the ILO's Social protection floors recommendation of 2012 (92) marked a significant step towards realizing social protection as a universal right. It calls upon countries to achieve universal coverage with minimum levels of protection (i.e. social protection floors) as a matter of priority and to progressively ensure higher levels of protection. This should include universal access to basic income security sufficient to allow citizens to live dignified lives, particularly children and people unable to earn sufficient income due to maternity, sickness, old age, unemployment or disability (91).

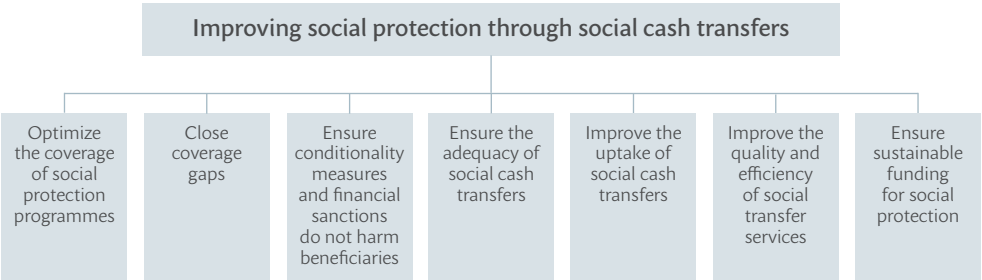
A wide range of social cash transfer systems exist among countries, usually combining contributory social insurance schemes with tax-financed universal and social assistance programmes. However, the percentage of gross domestic product spent on social protection varies widely (93). Although some high-income countries are reducing the scope of their social cash transfer systems, others have maintained them despite economic pressures, and many low- and middle-income countries have significantly extended coverage (91).

The following sections describe policy options for extending social protection and implementing the ILO's Social protection floors recommendation (Fig. 3).

2.3.1. Optimize the coverage of social protection programmes

Social transfer schemes with complex eligibility criteria and targeting mechanisms often face difficulties in reaching target groups. For example, unemployment-linked programmes often exclude most of the working poor, and those in precarious employment may have reduced entitlement in their employment (10,90).

Fig. 3. Policy options for improving social protection through social cash transfers



Assessing and monitoring the coverage of social transfer schemes can help to identify coverage gaps amenable to policy changes. Eligibility criteria, such as requirements for a permanent address and ensuring children attend school, can also exclude the most vulnerable groups (67).

Narrow targeting of social transfer schemes requires large amounts of information and is expensive. Targeting also increases stigma and discrimination against targeted groups and undermines political support for social transfer schemes (94). Information from the United Nations Children's Fund suggests that narrow targeting is inadequate for reaching the poor and other vulnerable people in society (90) as it can exclude those with high levels of need who are not considered to be in the most need. Reviews of targeted programmes should include an analysis of all costs and consequences of different targeting options including administrative costs, private costs (e.g. opportunity costs and travel costs), social costs (e.g. erosion of community cohesion), psychosocial costs (e.g. stigma and loss of self-esteem), political costs (e.g. loss of political support) and incentive-based costs (e.g. behavioural change to meet eligibility criteria) (67).

2.3.2. Close coverage gaps

Social cash transfer programmes should aim to provide for all those unable to earn sufficient income because of sickness, unemployment, disability or caring responsibilities. Where some groups are not provided with adequate social protection, existing schemes need to be extended or new schemes established to cover these groups (Case study 9) (92,95). Coverage gaps can be closed through a combination of contributory and tax-financed social protection programmes. The expansion of

social protection programmes to cover families with children should be prioritized to achieve basic income security for all children (90). This is particularly important for strengthening family and community resilience, especially in light of changing employment patterns and financial instability. It is also important to address the gender pension gap, that is, the difference between the level of pension received by men and women (96).

Case study 9. **Targeted Social Assistance Programme, Georgia**

Introduced in 2006, the Targeted Social Assistance Programme offers a minimum subsistence floor (95). It uses a proxy means-testing approach to determine the level of support a family needs. This approach successfully reduced the poverty level by 2.4% and the extreme poverty level by 2% after one year.

Although the programme offers income for beneficiaries in the target group and can help to reduce poverty and social exclusion, it cannot, by itself, fundamentally improve the situation in Georgia's labour market or incentivize work (4).

2.3.3. Ensure conditionality measures and financial sanctions do not harm beneficiaries

In most countries in the Region, proof of job search is required for receipt of unemployment benefits, and there is some evidence that this encourages people to find work or re-enter education and training (97). Close monitoring is needed, however, to ensure financial sanctions do not adversely affect certain groups (27). Social cash transfers conditional on school attendance or use of health services have shown positive results for child health and educational outcomes, but these measures can inadvertently penalize the poorest households (94). For example, if poorer households cannot afford the costs associated with school, such as transport or uniforms, attendance may be reduced and the household may lose further income through conditionality measures.

There is growing evidence that the money is spent on children and child-related materials when households receive unconditional social cash transfers, particularly those targeted at women (94). This calls into question the value of conditionality, and, consequently, the added value and additional costs of conditionality measures need to be carefully assessed.

2.3.4. Ensure the adequacy of social cash transfers

Reviewing the value of social cash transfers can help to ensure that they provide a minimum standard for healthy living (7), especially for more vulnerable children and families (Case study 10) (90). These can be reviewed against national poverty lines, average household consumption, average household income, national minimum income or objective estimates, according to guidance provided by the ILO and social security standards (10,91). Social cash transfers also need to be properly indexed to inflation to ensure that their value does not diminish over time (90). The adequacy of social cash transfers should take into account the costs of health, housing, education and social services, and the extent to which these are subsidized.

Case study 10. Setting the value of child benefits in Belarus

Belarus has recently changed the criteria for setting the value of its child allowance. It is now calculated according to average salaries in the country and not the minimum subsistence budget. This has resulted in benefit amounts that better meet the needs of recipient families and children (90).

2.3.5. Improve the uptake of social cash transfers

Uptake of social cash transfers can be improved by devising mechanisms to (i) broaden access to information about the availability of social protection benefits, services, and eligibility criteria; and (ii) simplifying application procedures for benefits (Case study 11) (91). One method is to develop a one-stop shop model for social protection systems to simplify organization, enhance delivery and increase uptake of services (54). Services delivering social cash transfers also need to be accessible and incorporate delivery methods that avoid stigmatization (27).

Case study 11. Cash Transfer Programme, Kyrgyzstan

The Government of Kyrgyzstan recently revised its means-tested monthly benefit Cash Transfer Programme (90). Evaluation of the Programme revealed that families were unclear about how to access poverty-targeted social cash transfers, free medicines and health services, and had limited knowledge about their social entitlements and where to obtain assistance if their rights to social assistance were violated. In Batken District, a comprehensive information campaign directed towards rural families included leaflet distribution to all households and posters detailing benefit and assistance entitlements, enrollment

Case study 11. Contd

procedures and contacts for enquiries and complaints. The intervention also mobilized community-based organizations, village health committees and local radio outlets to disseminate information. At one year after the start of the campaign, formal evaluations were ongoing, but anecdotal evidence suggested positive impacts.

2.3.6. Improve the quality and efficiency of social transfer programmes

Most countries in the Region have national-level strategies, legislative frameworks or both for social protection. Problems typically arise at the level of secondary legislation and regulations (90). Actions include developing overarching standards and protocols to improve the quality of social transfer programmes by enabling better coordination and integration of administrative systems to provide cash benefits and social support at local levels and to improve links with parallel systems for other services. Comprehensive training and support is needed to build capacity for action programmes at all governance levels. Efficiency can be improved by establishing a separate unit to administer social cash transfers within a broader social protection framework (98). This unit would require oversight by a policy-making body (with senior leadership) equipped with electronic or paper-based identification and registration processes, payment systems, management information systems, and monitoring and evaluation systems.

2.3.7. Ensure sustainable funding for social protection

Evidence shows that social cash transfer systems providing adequate social protection can be developed in all country contexts. These, however, need to be adequately funded (91). The ILO has identified several options for governments to achieve increased funding for social protection, which include reallocating public expenditure from other priorities and increasing tax revenues and/or social security contributions. Where social protection systems are devolved to subnational governments, systems may need to be in place to redistribute resources from wealthier to poorer regions (Case study 12).

Case study 12. **Funding social protection at subnational and local levels in Bosnia and Herzegovina and the Ukraine**

In Bosnia and Herzegovina, the proximity of local authorities to the needs and situations of their constituents was a key determining factor in decentralization

Case study 12. Contd

linked with democratic development (90). However, local governments have limited institutional mechanisms to translate policies into effective programmes with adequate budgeting. They also have more difficulty collecting revenue and maintaining fiscal resources compared with national counterparts, leading to underfunding and budget shortfalls unless central government provides additional resources. One problem with this funding strategy has been that delegating funding to local or district-level agencies created disparities between communities and regions: child allowance benefits are 11.75–17.75 BAM (€6–9) per month in Zenica-Doboj Canton and 80–120 BAM (€40–61) in Brcko District, while others have no child benefits at all.

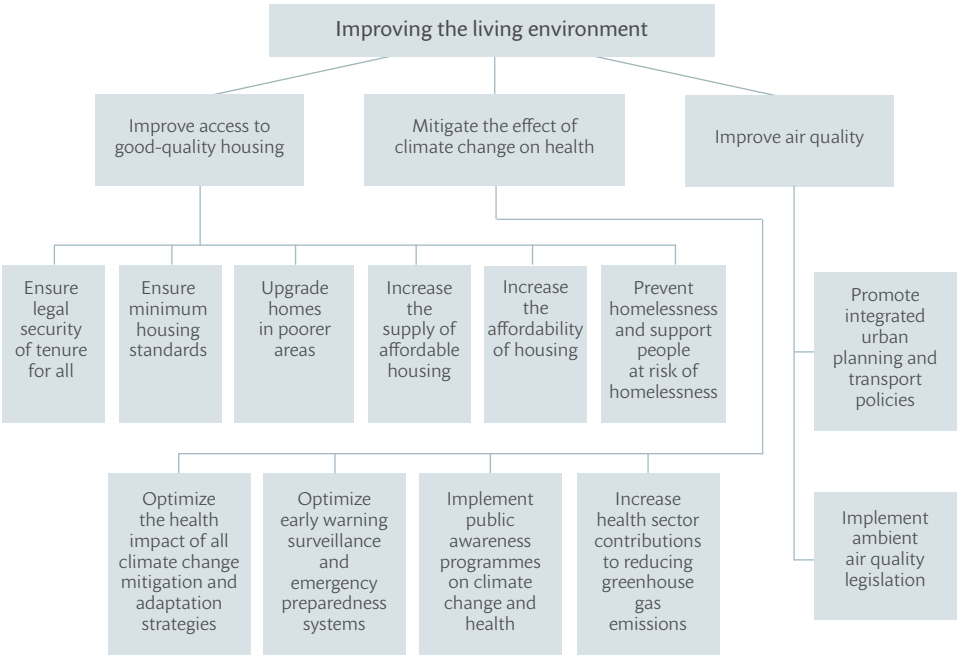
In countries such as the Ukraine, equalization strategies have been designed to help to reduce interregional disparities in revenue collection capacity and funding for social programmes (90). These strategies could be adopted by other countries (such as Bosnia and Herzegovina) to fund and deliver social protection programmes more equitably to families in different geographical areas.

2.4. Improving the living environment

The physical environment in which people live affects their health and is an important determinant of health inequalities. The Review of social determinants and the health divide in the WHO European Region (10) highlights three aspects of the physical environment that are important determinants of health: poor housing, the effects of climate change and air pollution. Although most areas of the Region have good access to clean water and sanitation, significant numbers of households, particularly in eastern Europe, still do not. Inadequate housing is responsible for more than 100 000 deaths in Europe each year, and stark housing inequalities persist. Many disadvantaged households live in damp, overcrowded housing without basic amenities and are less able to afford home heating in winter or cooling in summer. These unequal conditions are important factors in generating health inequities (17). Over the coming decades, climate change in the Region is expected to cause worsened health through extreme weather events, increased malnutrition in some countries, the spread of infectious disease and the displacement of people (99). These health effects will be further influenced and stratified by socioeconomic inequities and could widen health inequities. With increased urbanization, air pollution – particularly that generated from motorized transport – is becoming a growing public health problem and a major avoidable cause of mortality and noncommunicable diseases (100).

Ensuring access to good housing, mitigating the impact of climate change and reducing air pollution are all essential for achieving SDG 11 (sustainable cities and communities) and will contribute to SDG 13 (climate action), SDG 3 (healthy lives and well-being), and SDG 8 (decent work and economic growth) through supporting sustainable economic growth and green industries. Identified policy options for improving the living environment are outlined in the following sections (Fig. 4), many of which also demonstrate positive SROI (12).

Fig. 4. Policy options for improving the living environment



2.4.1. Improve access to good-quality housing

Improving access to good-quality housing has been shown to benefit physical and mental health. This requires actions to increase the supply of quality housing and improve the standard of existing and new housing. However, these actions alone will not ensure access for the most disadvantaged groups: good-quality housing

also needs to be made affordable to families on low incomes and those families need to have security of tenure. Where the housing system fails, responsive support is needed to prevent the adverse consequences of homelessness. Policy options for improving access to good-quality housing, as highlighted in international frameworks and guidance, are outlined in the following sections.

Ensure legal security of tenure for all

Legal frameworks for guaranteeing rights for tenants and protecting against forced evictions that are contrary to the law need to be in place, including for disadvantaged groups such as migrants (101). These frameworks can also include legal minimum periods for rental contracts to enable tenants to have fixed long-term, stable tenancies (102).

Ensure minimum housing standards

Minimum housing standards can be established and enforced to ensure that newly built dwellings are safe, healthy and hazard free (12,103). For existing housing, there should be national and local policies and programmes with defined, prioritized target areas where the worst housing conditions are likely to occur. Although the owner of the dwelling should pay for maintenance and improvement of that dwelling, there is good justification for some form of state subsidy to protect residents when the owner cannot afford the cost of works. There is a risk that minimum housing could become the norm, discouraging further improvements in housing standards. To overcome this, landlords of large housing stock could be required to adopt an improvement scheme for upgrading conditions annually or biannually (104).

Upgrade homes in poorer areas

Existing housing in disadvantaged areas can be improved to ensure access to safe water and sanitation (105), greater energy and water efficiency and improved ventilation and indoor air quality (Case study 13) (106). These changes can bring multiple benefits including reducing the direct health risks of poor housing, increasing disposable income, reducing fuel poverty and mitigating climate change. Local authorities should be equipped with a clear mandate to improve existing housing by including a minimum set of services for households living in private housing stock (107).

Increase the supply of affordable housing

The supply of affordable housing can be expanded through provision of public housing, regulatory measures and market incentives (101). The combination of

Case study 13. Improving ageing housing blocks in Riga, Latvia

The Sun Energy Programme of Latvia's energy service company (ESCO) used private funding to carry out deep refurbishment of ageing Soviet-era apartment blocks (107). Many such housing blocks in Latvia are at least 50 years old and in need of significant repairs, with high owner occupancy rates. Housing is often very poorly insulated and, in combination with Latvia's cold winters, residents spend a sizeable proportion of their income on heating costs. This programme used the money saved from residents' heating bills to pay off loans used to finance building refurbishments and carry out additional works. In addition to improving home insulation, the project focused on an array of works to improve the building, include aesthetic, safety and lighting improvements. Refurbishments were tailored to the need of each block and those of residents, with peer-to-peer marketing of the project between block residents.

The project is thought to have directly benefited residents' quality of life and improved personal and economic circumstances, with one unpublished study noting a 30% drop in consultation rates for respiratory issues (106).

approaches depends on a careful assessment of local housing markets because policies can have unintended effects on the housing supply. As well as directly providing affordable housing, governments can support community-based, cooperative and non-profit-making rental and owner-occupied housing programmes. Regulations that control rental prices can increase the affordable housing stock in the event of rental market imbalances (102). Such rent controls exist in many European countries including Austria, Germany and Sweden. There is, however, a risk that setting rent controls too low may reduce the supply of rental accommodation as landlords reduce the number of properties they rent when renting becomes less profitable.

Effective sustainable urban planning can support an adequate mixture of housing to ensure sufficient affordable provision (101). This should be a participatory process that integrates sustainable housing with economic, social, recreational and other land uses. Subdivision regulations can encourage mixed land uses, including affordable housing provision, mixing populations of different social and income levels and upgrading infrastructure to meet new housing needs (108).

Increase the affordability of housing

Affordable housing can be ensured by providing subsidies and expanding access to credit. Many EU countries provide direct subsidies for housing costs to people

on low incomes. Effective schemes for people living in difficult housing conditions cover running charges and energy costs, especially during winter (102). To extend more credit to people living in poverty, governments can encourage communities to form housing and community development cooperatives by strengthening legal and regulatory frameworks and the institutional basis for credit cooperatives, credit unions, cooperative banks and cooperative insurance enterprises. They can support the establishment of local financial institutions by trade unions; farmers', women's and consumer organizations; and organizations for people with disabilities (101).

Prevent homelessness and support people at risk of homelessness

Well-timed family counselling to prevent early school-leaving can prevent youth homelessness and associated socially stratified health effects. Early interventions are needed to identify groups most at risk of youth homelessness (e.g. those leaving care, people with mental health problems, families in poverty and some minority groups) (102), including tailored job search assistance, housing support and follow-up. Minority groups, such as Roma, benefit from support to avoid or leave homelessness.

Those experiencing homelessness need access to decent emergency accommodation that is locally available and accessible, matches users' needs, offers information and other services on the spot and involves users in shelter or accommodation management (102).

2.4.2. Mitigate the effect of climate change on health

The European Regional Framework for Action has outlined objectives for protecting health in a changing climate (99). Policy options for mitigating the effect of climate change on health as highlighted in this and other international frameworks are outline in the following sections.

Optimize the health impact of climate change mitigation and adaptation strategies

Many measure to mitigate climate change have a high potential for health co-benefits, particularly those promoting energy-efficient buildings and renewable energy; access to safe transport modalities that encourages physical activity and social contact; improved outdoor and indoor air quality; and food choices with a lower carbon footprint (12). However, some mitigation measures could have adverse health effects and worsen health inequities. The potential impacts of climate mitigation measures on health and health inequities should be assessed

at all levels and in all sectors, and then adapted to maximize the positive and minimize the negative impacts on outcomes (99,109).

Optimize early warning surveillance and emergency preparedness systems

The extent to which an individual's health is affected by extreme weather events and changes in disease distribution caused by climate change will depend on the resilience and ability of local systems to identify and respond to these events by providing support to those affected (99,109). Preventing adverse health and health equity impacts of these events depends on adequate preparedness and community resilience, particularly for more vulnerable populations. Poorer citizens and excluded groups often suffer disproportionately worse health effects during natural disasters (110).

Preparations should include, for example, effective action plans for heat and health, as outlined in WHO Regional Office for Europe guidance (111), and public health emergency preparedness planning in line with the principles and practices outlined in the WHO International Health Regulations (112) and the Sendai Framework for Disaster Risk Reduction (110). Vital actions include establishing standardized risk-monitoring indicators and emergency response programmes, stockpiling and maintaining emergency materials and supplies and establishing emergency operations centres to coordinate responses (112,113).

Implement public awareness programmes on climate change and health

Public awareness programmes on climate change and health should be developed and implemented to encourage healthy, energy-efficient behaviours in all settings and provide information on opportunities for mitigation and adaptation interventions, with a particular focus on vulnerable groups and subregions. Actions could include developing curricula, communication strategies and advocacy campaigns and activities to improve health-related and climate change-related knowledge, as well as training for health and environment professionals on the health effects of climate change and co-benefits and risks of mitigation and adaptation measures (99,109).

Increase health sector contributions to reducing greenhouse gas emissions

In line with the commitments of WHO European Region Member States through the Parma Declaration on Environment and Health (105), the impact of health policies and infrastructure on climate change should be assessed and adapted to maximize the positive and minimize the negative impacts. This should include strengthening health sector leadership in efficient and sustainable management of

health sector supplies, utilities and waste, with the aim of stimulating other sectors to do the same. The health sector could also engage in research and innovation to develop mitigation and adaptation measures, sharing best practice (99,109).

2.4.3. Improve air quality

Improving air pollution was identified as a priority for Member States of the WHO European Region in the Parma Declaration on Environment and Health in 2010 (105), and the World Health Assembly in 2015 adopted a resolution to address the health impacts of air pollution (100). Policy options to improve air pollution are outlined in the following sections.

Promote integrated urban planning and transport policies

Integrated policies that promote effective, sustainable urban planning and transport provision by encouraging cleaner, more energy-efficient and healthier modes of transport can have multiple benefits for the local environment, climate change and health. Increasing the use of fuel-efficient and clean public transport and active transport (e.g. walking and cycling) will reduce air pollution, reduce greenhouse gas emissions and promote physical activity, with added public health benefit (12,114).

Implement ambient air quality legislation

Countries should seek to implement and enforce air quality legislation, with the aim of moving closer to WHO recommended levels. Reducing air pollution is a well-established and successful policy area for the EU, which has achieved successful reductions in pollutant emissions through enforcing legal limits to emissions and mitigation controls (Case study 14) (115). Investment in air pollution monitoring and compliance is, however, limited in some countries, and measures could be adapted and applied to achieve positive outcomes in non-EU countries.

Case study 14. The health effects of reducing air pollution in Switzerland

Overall average exposure to outdoor particulate air pollution fell in eight Swiss communities between 1991 and 2002 (114). This reduction was associated with improvements in various measures of lung function and fewer reports of respiratory symptoms in adults and children, including chronic cough, bronchitis, common cold, nocturnal dry cough and conjunctivitis symptoms. These findings suggest that modest improvements in ambient air quality are beneficial to respiratory health in both children and adults.

3. DISCUSSION

3.1. Strengths and limitations

The policy options outlined in this review were derived from recommendations made by several intergovernmental and international organizations. They indicate potential mechanisms for improving child development, fair employment and decent work, social protection and the living environment. Official publications of international and intergovernmental organizations were considered reliable sources of policy options because they are generally based on detailed evidence reviews and/or expert panel methods, with clear referencing of the underlying evidence. However, the strength of the evidence underlying the recommendations was not assessed in this review, and this is likely to vary for each policy option. As all of the outlined policy options are complex social interventions, and therefore difficult to evaluate, there may be limited high-quality evidence of their impact. Where evidence is available, it is likely to be highly context dependent, thus limiting generalizability. The intergovernmental organizations making these recommendations include WHO European Member States and these organizations have extensive experience of policy implementation in these countries; consequently, their recommendations are likely to be appropriate and feasible. This report is not a systematic review of all the research evidence, and national policy documents or documents not in English were not reviewed. It is likely, therefore, that other evidence-informed policy options (as well as other policy options for which there is currently insufficient evidence) were not included in the reviewed documents. The focus was on policy options with a direct impact on social determinants of daily living conditions in the short to medium term. Other, broader national and international policy actions that influence structural inequities over the longer term, such as free trade agreements, progressive taxation and political participation, were not included in this review. However, these will be important for sustained improvements in the social determinants of health and health inequalities.

3.2. Policy considerations

This review brings together and discusses policy options from a wide range of intergovernmental policy frameworks and recommendations relevant to action on the social determinants of health. The Review of social determinants and the health divide in the WHO European Region, the review by the Commission on the

Social Determinants of Health and other reviews (10,13,19) highlight the evidence for action for improvements in four key policy areas:

- early child development;
- access to fair employment and decent work;
- social protection through social cash transfers; and
- the living environment.

Improvements in these areas are most likely to contribute to the Health 2020 strategic objective of improving health for all and reducing health inequities through action on the social determinants of health (7). But what are the specific policy options for acting in these four areas? That is the question this review seeks to answer.

3.2.1. Improving early child development

Policy frameworks from across sectors indicate that governments have several options for improving child development, including increasing the coverage and quality of early years care and education through increasing investment proportionate to need, involving parents and communities in provision and improving staff training and care standards. Child poverty can be reduced through implementing social protection measures, supporting parents into employment and promoting gender equality in employment and education.

3.2.2. Improving access to fair employment and decent work

This review found that governments need to act on both demand and supply factors to achieve fair employment and decent work. Various mechanisms are outlined that can be used to increase investment in more disadvantaged areas for improving infrastructure and health and social services, developing skills and creating more jobs. As a major employer and key player in the local economy, the health sector has a crucial role to play in many of these actions. Effective ALMPs are likely to promote employment through developing high-quality vocational training, providing start-up finance for small businesses in deprived areas and integrating employment support for people with chronic illness and disabilities. Working conditions can also be improved through better worker representation, effective health and safety legislation, extended employment rights (including an adequate minimum wage) and improved management practices.

3.2.3. Improving social protection through social cash transfers

Improving and sustaining social protection coverage are recognized as major policy goals across many sectors. The policy frameworks considered in this review

indicate that social cash transfer schemes are a feasible way to reduce poverty and its consequences in countries at all income levels. The ILO has described several approaches for increasing investment in social transfer schemes. The effectiveness of such schemes can be improved by increasing coverage, adequacy and uptake, while ensuring an effective combination of universal and targeted approaches with the appropriate use of conditionality. Actions are highlighted to improve the coordination of social transfer schemes to make them as simple and efficient as possible for the beneficiaries.

3.2.4. Improving the living environment

The impact of poor housing, air pollution and climate change can be ameliorated through regulatory, planning and investment actions. Access to quality affordable housing can be enhanced by acting to ensure legal security of tenure, minimum housing standards and actions to increase the availability and quality of affordable housing. To mitigate the effects of climate change on health, countries need to ensure that health is central to climate change policy through health and health equity impact assessments and that climate change is considered in health policy. This includes strengthening early warning and preparedness systems for extreme weather events and disease outbreaks and raising awareness about climate change. Effective urban planning and air quality legislation can have benefits in terms of health, climate change and pollution by promoting cleaner, healthier and more energy-efficient transport and housing.

3.3. Multisectoral action

There are multiple interactions and intersections between the four policy themes:

- actions to improve child development rely on effective social protection measures;
- actions to promote child development and improve social protection include investment in human capital to promote educational attainment, economic growth and employment;
- actions to promote employment and decent work can reduce demand for social cash transfers; and
- investment in housing and other infrastructure can have benefits for economic growth and decent work.

Inappropriate economic developments could, however, have negative impacts on climate change and the environment, while green development can lead to environmental improvements. Gender equality has an important impact across

the social determinants of health and is the key to improving child development and employment and working conditions.

Implementing the policy options described in this review will support Member States of the WHO European Region to achieve the Health 2020 strategic objective of improving health for all, will reduce health inequities and will contribute to SDG 3 (healthy lives and well-being); it will also contribute to many other SDGs and their specific targets. Actions across the four policy themes in this review are fundamental to social investment, directly contributing to SDG 1 (no poverty), SDG 2 (zero hunger), SDG 4 (quality education), SDG 5 (gender equality), SDG 8 (decent work and economic growth), SDG 9 (industry, innovation and infrastructure), SDG 10 (reduced inequalities) and SDG 11 (sustainable cities and communities). Table 1 outlines the specific SDG targets likely to be addressed through the policy options across the four identified themes of this review.

The identified policy options can be implemented in isolation but integrating support across sectors will have the most impact on health and across SDGs. Effective and integrated delivery of the outlined policy options across sectors will depend on achieving the second Health 2020 strategic objective: improving leadership and participatory governance for health (7). To improve governance and delivery of multisectoral action for health (see Annex 4), governments are recommended to:

- promote inclusion and transparency in decision-making for health and health equity);
- develop a comprehensive strategy to tackle the social determinants of health and health inequities across the whole of government and whole of society;
- develop equity-focused approaches to planning, budgeting and resource allocation;
- strengthen health information systems (measure and monitor the social determinants of health and health equity, and assess the impacts of policy actions); and
- ensure policies are evidence informed and that systems are put in place to evaluate the implementation and outcomes of policy options so that they can be refined.

Multisectoral action can be enabled by establishing common goals and mechanisms for coordination across government departments and levels of government (e.g. central, regional, municipal). Knowledge translation platforms, such as EVIPNet (Evidence-informed Policy Network), and strong health information systems supported through the WHO Health Information Inititative can help in adapting

Table 1. SDG indicators addressed by each of the four policy option themes.

SDGs	Descriptor
1 NO POVERTY	End poverty in all its forms everywhere
2 ZERO HUNGER	End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3 GOOD HEALTH AND WELL-BEING	Ensure healthy lives and promote well-being for all at all ages
4 QUALITY EDUCATION	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5 GENDER EQUALITY	Achieve gender equality and empower all women and girls
6 CLEAN WATER AND SANITATION	Ensure availability and sustainable management of water and sanitation for all
7 AFFORDABLE AND CLEAN ENERGY	Ensure access to affordable, reliable, sustainable and modern energy for all
8 DECENT WORK AND ECONOMIC GROWTH	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Policy theme			
Improving early child development	Ensuring fair and decent work for all	Improving social protection	Improving the living environment
1.1, 1.2, 1.3, 1.4, 1.5, 1.b	1.1, 1.2, 1.4, 1.5, 1.b	1.1, 1.2, 1.3, 1.4, 1.5, 1.b	1.1, 1.2, 1.4, 1.5, 1.b
2.1, 2.2	2.1, 2.2	2.1, 2.2	–
3.1, 3.2, 3.7, 3.8	3.2, 3.4, 3.8, 3.c	3.2, 3.4	3.2, 3.4, 3.6, 3.9, 3.d
4.1, 4.2, 4.6	4.3, 4.4, 4.5, 4.b	4.1	–
5.1, 5.4, 5.6, 5.c	5.1, 5.4, 5.5	5.4	–
–	–	–	6.2
7.1, 7.2, 7.3	–	–	7.1, 7.2, 7.3
8.1, 8.2, 8.5, 8.6	8.1, 8.2, 8.3, 8.5, 8.6, 8.8	8.1	8.1, 8.4
–	9.1, 9.4	–	9.1, 9.4

Table 1. Contd.

SDGs	Descriptor
10 REDUCED INEQUALITIES	Reduce income inequality within and among countries
11 SUSTAINABLE CITIES AND COMMUNITIES	Make cities and human settlements inclusive, safe, resilient and sustainable
12 RESPONSIBLE CONSUMPTION AND PRODUCTION	Ensure sustainable consumption and production patterns
13 CLIMATE ACTION	Take urgent action to combat climate change and its impacts
16 PEACE, JUSTICE AND STRONG INSTITUTIONS	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Policy themes identified in this report do not address SDGs 14, 15 and 17.

Policy theme			
Improving early child development	Ensuring fair and decent work for all	Improving social protection	Improving the living environment
10.1, 10.2, 10.3, 10.4	10.1, 10.2, 10.3, 10.4	10.1, 10.2, 10.4	10.1, 10.4
–	11.1	11.1, 11.5	11.1, 11.2, 11.3, 11.5, 11.6, 11.7, 11.b
–	–	–	12.7
–	–	–	13.1, 13.3
16.1, 16.2, 16.7	–	16.1	–

policy options to local circumstances (138–140). Defining the roles of organizations (e.g. ministries, specialized public agencies, nongovernmental organizations) and levels of government can enable integration and coordination of actions across sectors (90). Health and environmental, or integrated, impact assessments are also key tools for promoting multisectoral action (141).

3.3.1. Integrated children's health, education and social care services

Recognition that the social, educational and health care needs of children are closely intertwined has led to the development of models that integrate support for children across health, education and social care sectors (20). These offer integrated multidisciplinary services within easy reach of parents and families, usually in community centres and similar settings. Close links between service sectors at a local level allows for simpler, more targeted approaches to multisectoral working and referrals that can respond to the needs of local families. These models can be used to target services towards the most disadvantaged groups by siting the centres near to those with the greatest need.

3.3.2. Integrated social transfer systems and children's services

Additional benefits of strengthening the links between social cash transfer systems and other children's services sectors (e.g. through formal or informal agreements, partnerships, networks or co-location) include helping to address the multiple complex social problems faced by the most vulnerable children (90), supporting increased uptake of social transfers and strategies to tackle child poverty (20), increasing efficiency and saving resources (90), and supporting information-sharing between sectors about recipients of benefits and services to develop more effective integrated multisectoral working. Actions to reduce child poverty and improve child development are more effective when social transfers are combined with interventions that facilitate access to services, provide social care and support and are integrated across health, social care and education (Case study 15).

Case study 15. **Leave No Child Behind project, North Rhine–Westphalia, Germany**

In 2012, the State Government of North Rhine–Westphalia decided to focus on a preventive welfare policy to improve conditions of early child development and, together with the Bertelsmann Foundation, initiated the four-year Leave No Child Behind pilot project. This project was extended across the state starting from 2017 (115).

This initiative supports the establishment of local government-run "prevention chains" from prenatal to working-life transition age, providing support services

Case study 15. Contd

across different sectors and along life-course trajectories. Support is provided by public institutions and community organizations. Within prevention chains, services are synchronized and coordinated to provide sustained assistance and support. There is also a strong focus on transition periods, such as the changeover from preschool to school (142).

3.3.3. Integrated social protection and decent work provision

Actions to improve social protection and access to fair employment and decent work are key pillars for social investment, as outlined in the European Commission's Social investment package, which requires the integration of policy actions on ECEC, ALMPs, education, health, social care and social protection (116). ALMPs need to be linked to social protection measures to ensure that people can maintain adequate incomes when they are out of work. Labour market disadvantage starts early in life, so actions to improve child development and education are crucial for improving the employment prospects of disadvantaged groups over the long term. Improving the employment conditions of women, in particular, contributes to reduced child poverty and improved child health. Poor health conditions are a major barrier to employment; consequently, the integration of health services with ALMPs and vocational rehabilitation services is essential (117). Regardless of whether social cash transfers are conditional or not, there is evidence that they are more effective when combined with educational, employment, health and social care services. This is particularly true of programmes that aim to address the economic and social vulnerabilities of women and children (90). Although there is a risk that social cash transfers might reduce employment incentives, ensuring links between social protection and ALMPs can help to promote higher rates of labour force participation (7).

3.3.4. Integrated housing and environmental policies

Housing and environmental policies also need to be integrated with actions in other sectors. The expansion and improvement of housing can drive economic growth by creating jobs and enabling workers to move for work, in addition to the social benefits of affordable housing provision. Investing in housing is known to have a large multiplier effect of generating income within the economy (118), thus providing a large SROI (12). For economic developments to be sustainable, housing developments need to be adequate planned and coordinated with improvements in services

and transportation. The environmental impacts of new developments need to be carefully managed to maximize benefits for residents and mitigate climate change. Housing development, therefore, need to be integrated with economic, social, recreational and transportation policies to support the development of sustainable and health-promoting communities. There is also evidence that connecting the provision of low-income housing to social programmes such as employment and training advice for residents can increase their effectiveness (106).

3.4. Different country contexts

Although the policy options described are applicable to all Member States of the WHO European Region, the policy frameworks included in this review highlighted several dimensions that need to be considered in different country contexts. For example, the mixture of private and public sector organizations delivering ECEC services varies among countries. Evidence from the United Nations Children's Fund comparing direct public funding of ECEC with models in which parents purchase subsidized care indicate that publicly funded models demonstrate a better ability of governments to manage ECEC services nationally, better national quality, higher quality of training for workers and more equitable outcomes (25). In more mixed systems, the quality and provision of ECEC vary more widely.

When dividing the responsibility for ECEC between national and local levels of government, experience from the OECD suggests that devolving responsibility for ECEC provision to local government may widen inequities in access and quality between regions and perpetuate health inequities (25). Therefore, countries with mixed provision and devolved responsibilities have a greater need than their counterparts for robust national goal setting, regulations, programme standards, legislation and staffing criteria.

Suitable approaches for improving employment are likely to differ according to country context. Job search assistance may, for example, have limited impact where structural unemployment is high, there is a lack of demand for labour or there are high numbers of people working in the informal economy (63). Countries with high levels of unemployment and participation in informal work need to combine ALMPs with interventions to create new employment and increase regulation of the informal economy.

The ILO recommends careful consideration when setting a minimum wage, especially in low- and middle-income countries. It should be based on local evidence

and take into account concerns that introducing a statutory minimum wage may reduce employment opportunities. Evidence suggests that the negative effects on employment are small for high-income countries but is less clear for lower income countries. This highlights the importance of monitoring the effects of new policies when they are introduced (88).

Although narrow targeting of social cash transfers can be ineffective in reducing poverty, there is often a trade-off between the amount of money that people receive and the number of people receiving transfers (90). Policy-makers may need to narrow eligibility criteria to ensure that those receiving the benefit receive a sufficient amount to lift them out of poverty. Although it is possible to increase the resources allocated to social transfer schemes, even in low-income countries, this may not always be politically feasible. The evidence reviewed here indicates that the additional costs of targeting (administrative, financial, psychosocial, behavioural, political) should be carefully appraised before deciding on alternative options for targeting (67).

4. CONCLUSIONS

Many SDGs are important determinants of health and achieving them will lead to improvements in health and well-being, leaving no one behind. Reviews of health inequalities and the social determinants of health have highlighted that actions to improve child development, fair employment and decent work, social protection and the living environment are likely to have the greatest impact on health and health inequity. A wide range of policy options across these four themes are outlined to help Member States of the WHO European Region to support the proposed roadmap to implement the 2030 Agenda for Sustainable Development. Countries with few of these policy options in place have an opportunity to do more, and those with well-established systems across these four themes have an opportunity to do even better.

Improving health and reducing health inequities are crucial contributory factors for achieving other SDGs. Investment in health reduces poverty and contributes to economic growth, human capabilities and reduced inequalities. Many of the policy options identified here demonstrate a return on investment, as highlighted in the linked report investment for health and well-being. Testing and implementing combinations of policy options through intergovernmental, whole-of-society strategies and approaches provides an opportunity to take positive actions to improve the social, economic and environmental determinants of health and well-being.

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ANNEX 1. SEARCH STRATEGY

Organizational websites searched

- Asian Development Bank (https://www.adb.org/)
- Commonwealth of Independent States (http://www.cisstat.com/eng/cis.htm)
- European Union (https://europa.eu), European Commission (https://ec.europa.eu) and relevant agencies of the European Union (https://euagencies.eu/)
- OECD (http://www.oecd.org)
- Relevant agencies of the United Nations (http://www.un.org/en/sections/about-un/funds-programmes-specialized-agencies-and-others/index.html), including the ILO (http://www.ilo.org/global/publications/lang--en/index.htm)
- World Bank (http://www.worldbank.org/en/publication/reference)
- World Economic Forum (https://www.weforum.org)
- WHO (http://who.int/)

Search terms

The following inclusion and exclusion criteria were used.

Inclusion criteria:

- full text available;
- English language version available;
- document relevant to countries in the WHO European Region;
- contains policy options, policy considerations, policy guidelines or recommendations relating to the social determinants of health and/or health inequities; and
- official publication of a listed international organization.

Exclusion criteria:

- opinion pieces
- news articles
- press releases
- editorials
- conference proceedings (included for case studies)
- abstracts
- working papers (included for case studies).

The following MeSH terms or keywords were used for database searching.

Improving early child development: early years, early life, education, best start in life, childhood, child care/child care, child development, child poverty.

Gender equality: gender equality, gender equity, gender rights, women's rights, men's rights, women's health, men's health.

Fair employment and decent work: work, working conditions, work access, decent work, employment access, employment conditions, employment safety, employment rights, wages, active labour market policies, employment support.

Improving social protection: social protection, social security, social transfers, poverty reduction, welfare, benefits, cash transfers, taxes and transfers.

Improving the living environment: living environment, living conditions, home environment, home, housing, climate change, pollution, housing environment, housing conditions, environmental hazards.

ANNEX 2. POLICY MAPS

Fig. A2.1. Addressing health equity: overview

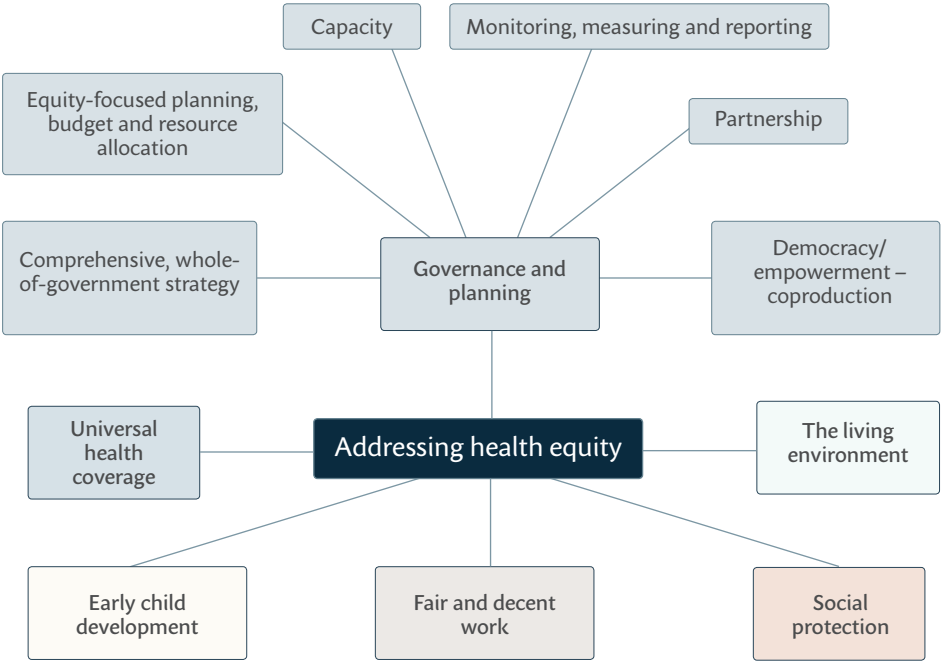
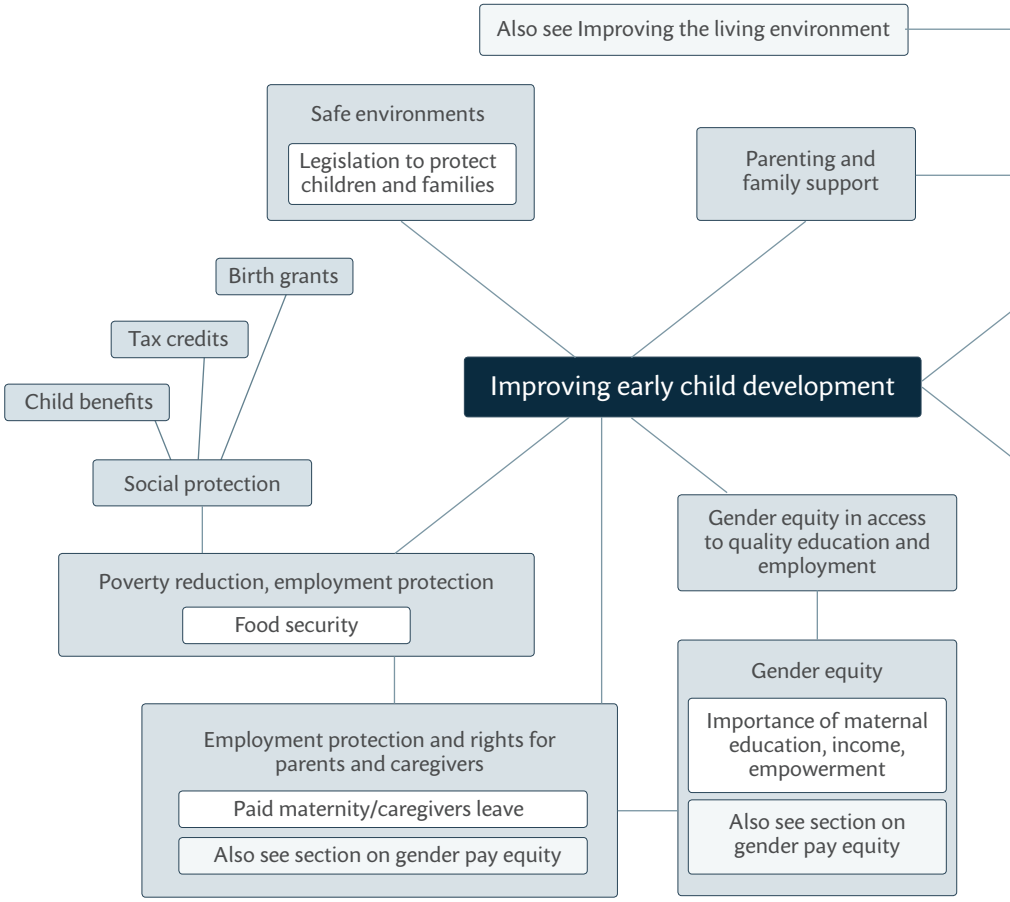


Fig. A2.2. Early years



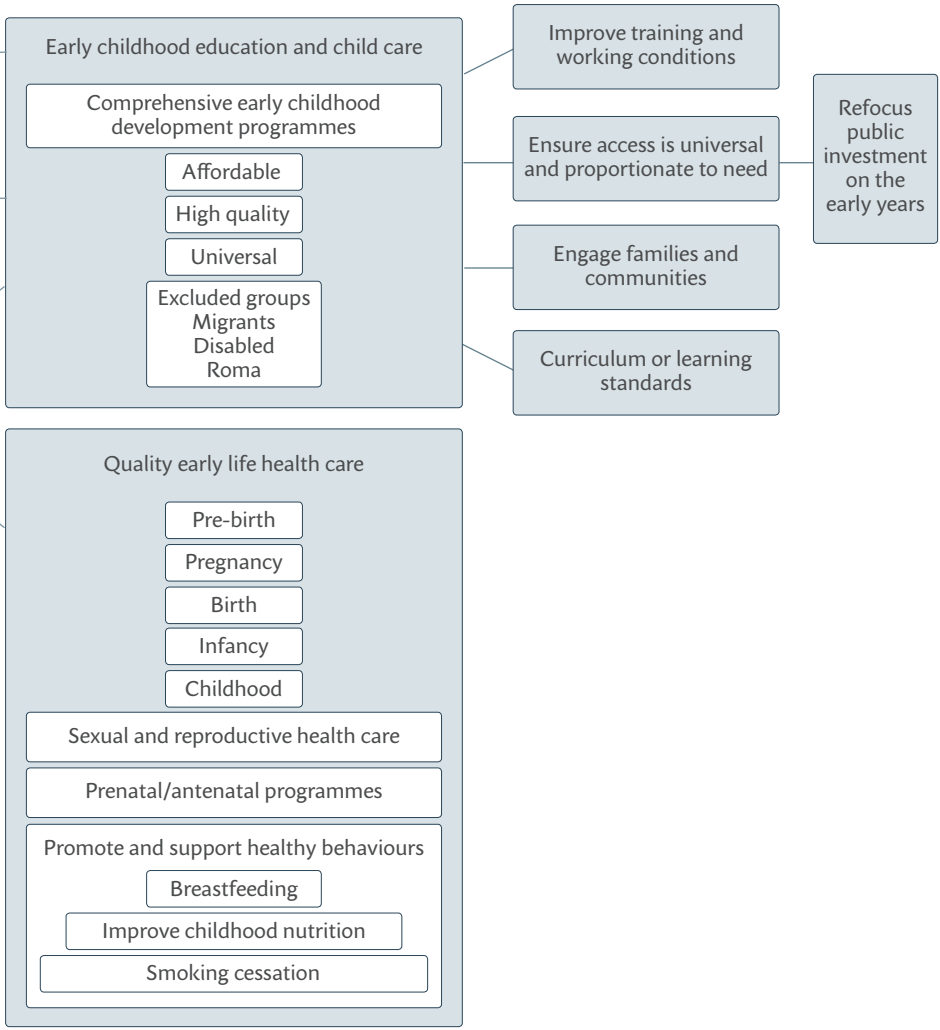
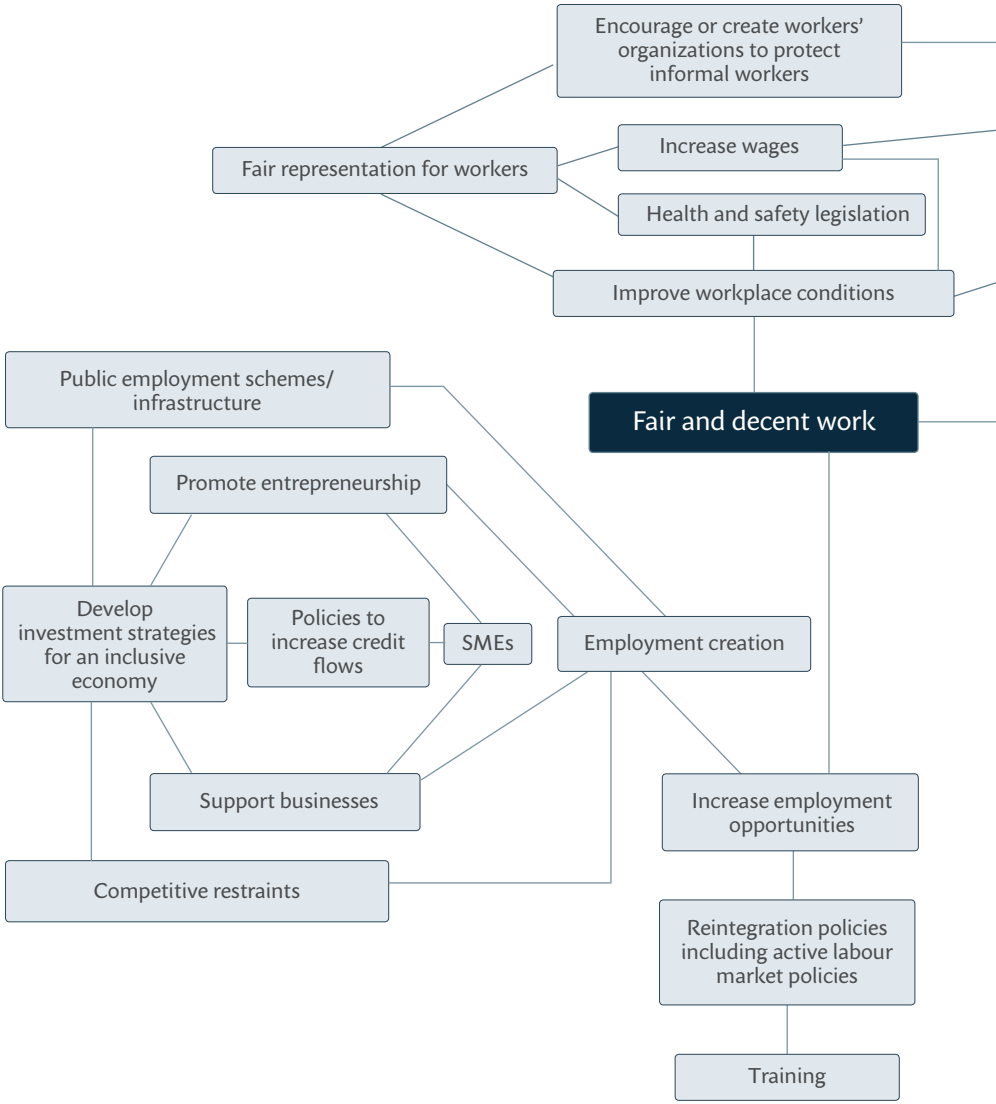

Early childhood education and child care
Comprehensive early childhood development programmes
Affordable
High quality
Universal
Excluded groups
Migrants
Disabled
Roma
Improve training and working conditions
Ensure access is universal and proportionate to need
Engage families and communities
Curriculum or learning standards
Refocus public investment on the early years
Quality early life health care
Pre-birth
Pregnancy
Birth
Infancy
Childhood
Sexual and reproductive health care
Prenatal/antenatal programmes
Promote and support healthy behaviours
Breastfeeding
Improve childhood nutrition
Smoking cessation

Fig. A2.3. Fair and decent work



SMEs: small and medium-sized enterprises.

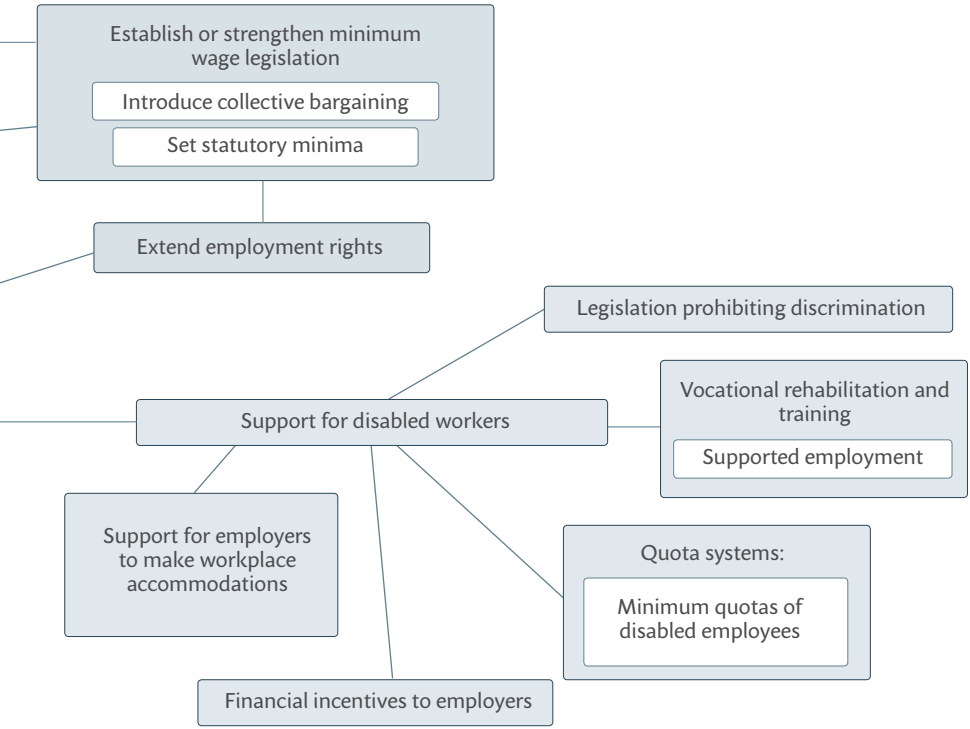
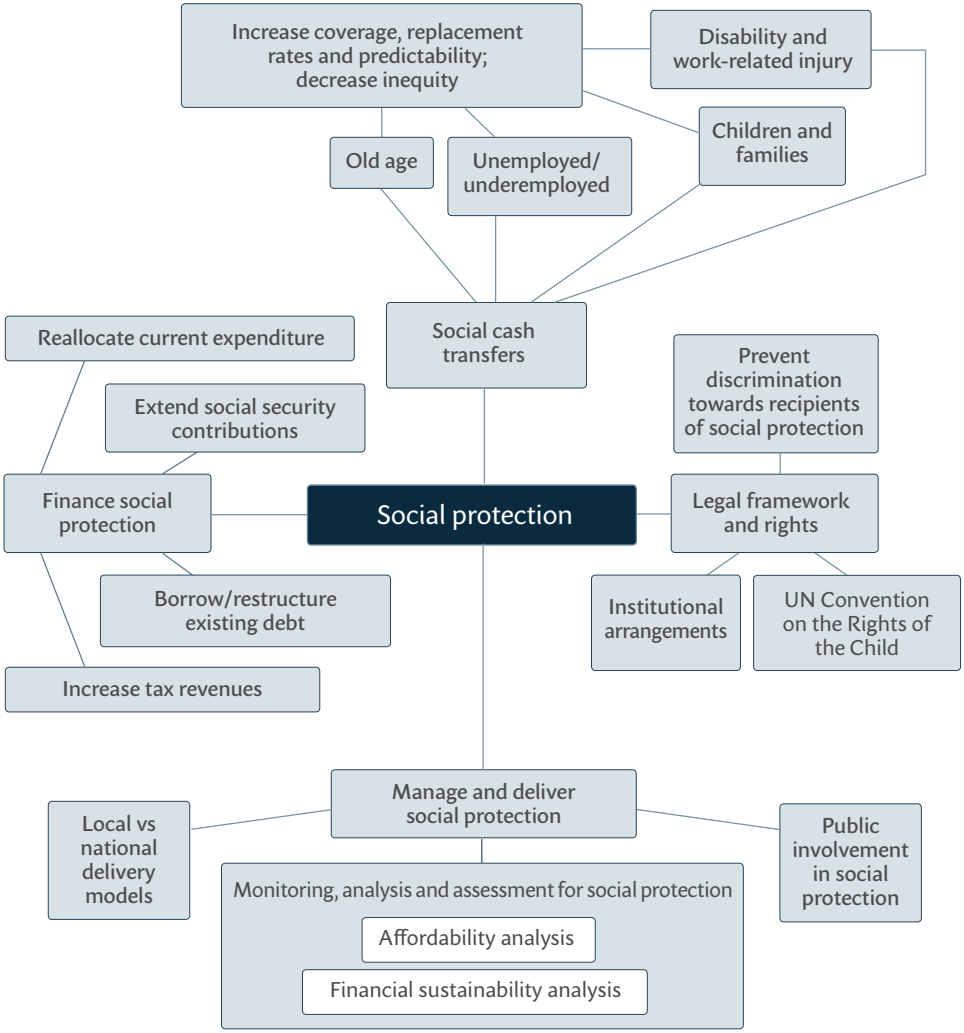
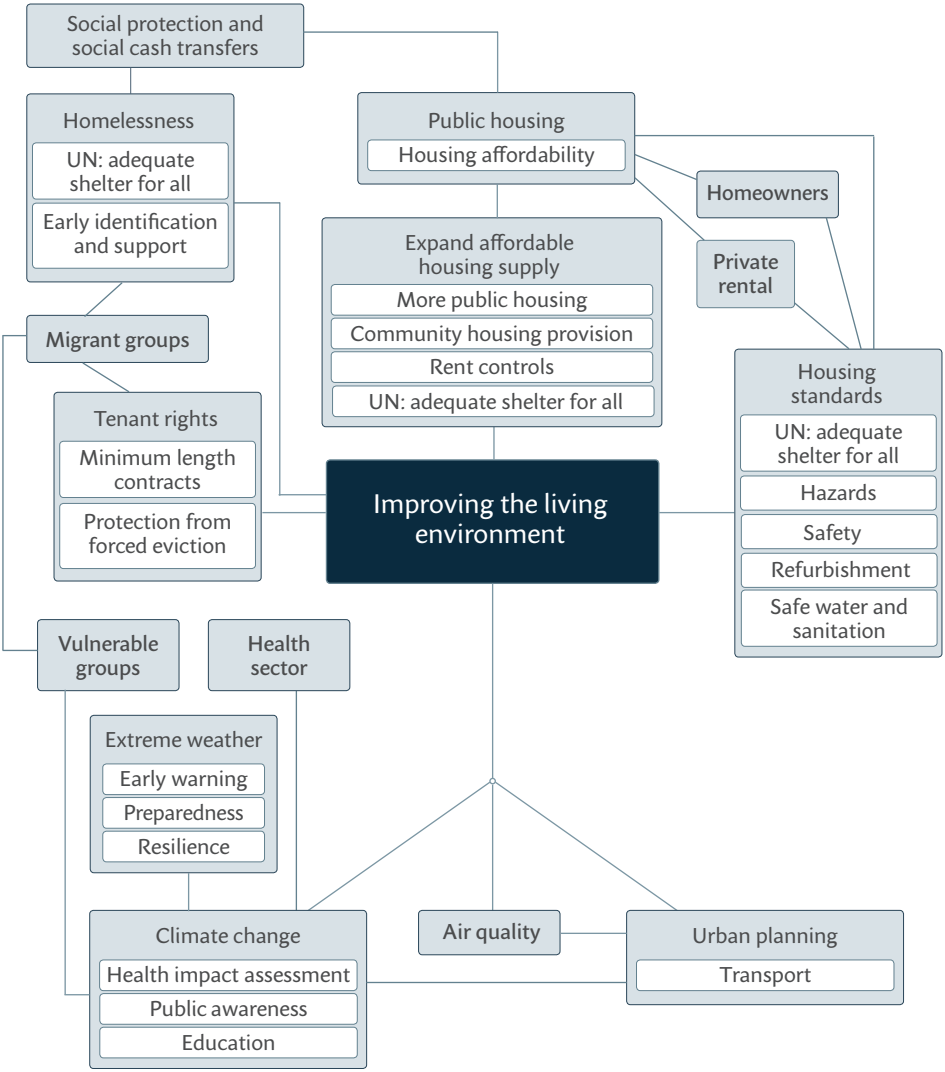

Establish or strengthen minimum wage legislation
Introduce collective bargaining
Set statutory minima
Extend employment rights
Legislation prohibiting discrimination
Support for disabled workers
Vocational rehabilitation and training
Supported employment
Support for employers to make workplace accommodations
Quota systems:
Minimum quotas of disabled employees
Financial incentives to employers

Fig. A2.4. Social protection



UN: United Nations.

Fig. A2.5. Living environment



UN: United Nations.

ANNEX 3. GLOSSARY

Child poverty. A state in which children lack the material resources needed to develop and thrive, enjoy their rights, achieve their full potential and participate as full and equal members of society. Child poverty is usually measured as the proportion of children living in households below a certain threshold income level. This threshold can be defined in absolute terms (e.g. the World Bank defines extreme poverty as living on less than US$ 1.90 per day) or in relative terms (e.g. households living on less than 60% of the median income for the country as whole).

Decent work. Work that is productive and delivers a fair income, a secure job, good working conditions and social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and equality of opportunity and treatment for all.

Health equity/inequity. The distribution of health between socioeconomic groups and across the social gradient can be fair (equity) or unfair with systematically produced differences (inequity),

Human capital. The collective skills, knowledge and other intangible assets of individuals that can be used to create economic value for individuals, their employers or their community.

Multisectoral action. Coordinated actions across government sectors/ministries to achieve a common outcome, including joint working and policy action across sectors to achieve better health outcomes for more socioeconomically deprived citizens, usually through multiple, interacting policies and health in all policy approaches.

Policy options. Actions that can be taken by governments and other agencies that directly influence rights and regulations, the allocation of resources and/or the provision, coverage and quality of services.

Public health. The health of a population or subpopulation in general (e.g. women in Belarus) and also the science and art of promoting health, preventing disease and prolonging life through the organized efforts of society.

Resilience. The individual and collective ability to positively adapt and respond to challenging circumstances, crises or stress. The ability to withstand, cope with or recover from the effects of such circumstances.

Social cash transfers. Predictable direct transfers of money to individuals or households to ensure their basic income security and relieve them of the financial burden of several risks and needs, including those related to disability, sickness/health care, old age, bereavement, caring responsibilities, unemployment and housing.

Social determinants of health. The social, economic and environmental conditions in which people are born, grow up, live and work that impact health and well-being across the life-course. These are shaped by the distribution of money, power and resources at international, national and subnational levels and determine health outcomes, including health inequities between different groups and across the social gradient.

Social gradient in health. The progressive improvement in health outcomes as the socioeconomic status or class position is raised, when comparing members of a society. It can also be represented as demonstrable progressive worsening of health outcomes in groups of progressively lower social status, income, social class, occupation or education.

Social protection. Transfers to households, either in cash or in kind, intended to ensure basic income security and provide relief from the financial burden of several risks and needs, including disability, sickness/health care, old age, bereavement, caring responsibilities, unemployment and housing.

Social return on investment. An analytical assessment of investment for health and well-being that aims not only to capture the financial aspect (i.e. monetary or monetarized economic and socioeconomic benefits) but also the social aspects, such as empowerment, social cohesion and political participation, which have costs for society and individuals. For example an investment of $1 in early childhood interventions gives a return on investment of $1.3 to $16.8 in terms of reduction in expenditure in later life on social problems (e.g. crime, mental ill health, family breakdown, drug abuse and obesity).

Sustainable development. Development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

ANNEX 4. GOVERNANCE FOR HEALTH EQUITY

Reviews of health equities and the social determinants of health outline four essential components of governance arrangements that are necessary for effective action on the social determinants of health and health inequities.

Promote inclusion and transparency in decision-making for health and health equity

Actions to reduce health inequities involve changing the distribution of power within society by empowering communities with the least influence to enable their effective participation in public decision-making (1,2). Socially excluded individuals and groups, such as Roma, irregular migrants and sexual minority groups, need to be involved in developing and implementing policy and actions by recognizing their human rights and putting in place effective mechanisms to give them a real say in decisions affecting their lives (2). Those affected need to be involved as equal partners in the development of actions to address the social determinants of health (1,2) and to ensure gender equality is promoted in decision-making processes. A life-course approach is central to any health inequities strategy, with a key focus on children (for whom maximal health gains are possible), the elderly and the disabled. Each of these key groups should be involved in decision-making.

Develop a comprehensive whole-of-government strategy to tackle health inequities

A comprehensive multisectoral response to health equity and the social determinants of health is needed; it should place responsibility for action at the highest level of government and outline responsibilities at national, regional and local levels (1). Partnerships should be built across sectors and specific roles identified to support long-term improvements in health and reduction of health inequities (3), and health equity objectives should be linked to existing cross-cutting strategies, wherever feasible. By setting out explicit quality goals and regulations, policy-makers can align resources with prioritized areas and promote more coordinated service integration and cooperation.

Develop equity-focused approaches to planning, budgeting and resource allocation

Effective actions on the social determinants of health need to be adequately and equitably resourced. Actions include ensuring fair taxation mechanisms and sustainable finance for social programmes, supporting cross-government action and ensuring fair allocation of public resources for action across the social gradient proportionate to need (i.e. through a proportionate universalism approach) (1,2). For example, equitable allocation should be ensured between geographical regions and social groups and resources allocated to close gender gaps in employment and education.

Measuring the social determinants of health and health equity and assessing outcomes

To act on health equity, countries need to measure and understand the problem and monitor progress. This involves developing routine monitoring systems for health equity and the social determinants of health across the life-course and on the social and geographical distributions of outcomes (1); the progress reports should be regularly available for public scrutiny (2). Developing these systems involves establishing minimum data standards.

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