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early-life conditions
education employment
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welfare



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Tackling health
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The experience of
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Abstract

Despite remarkable health gains, inequities persist between and within countries in the WHO European Region and Sweden is no exception. Actions to effectively tackle health inequities need to be carried out at all levels of government. Regions have a key role to play in tackling health inequities in that they are close to their populations and have the power and skills to develop efficient public health policies that may contribute in reducing health disparities by changing the distribution of social determinants of health.

The report is about the process that the Region of Västra Götaland followed to mainstream the health equity dimension in its regional health plan and which resulted in the Action Plan for Health Equity in Region Västra Götaland. This publication is an account of the factors that made it possible, but it also presents a fair account of the obstacles encountered and the measures to overcome them. The report is a good illustration of how whole-of-government and whole-of-society approaches proposed by Health 2020 have been implemented in a real setting.

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Foreword

It has been called the Swedish Paradox, the fact that, in spite of an advanced welfare society, health inequalities in Sweden have increased since the late 1970s. This is a phenomenon that Sweden shares with all European countries. The “Review of social determinants and the health divide in the WHO European Region” from 2013 showed that Europe has seen remarkable health gains, but inequities persist between and within countries. Regions have a key role in tackling health inequities in that they are close to their populations and have the power and skills to develop efficient public health policies that may contribute in reducing health disparities by changing the distribution of social determinants of health. However, we live in a complex society, and it is important to take advantage of scientific knowledge and practical experiences.

The global WHO Commission on Social Determinants of Health published a report “Closing the gap in a generation” that has been the inspiration for many nations, regions and cities all over the world to perform similar reviews albeit at a lower geographical level. Denmark, Norway and England (the United Kingdom) are but three examples at national level; in Sweden, the Malmö Commission, Region Västra Götaland, the Östgöta Commission and a joint collaboration coordinated by the Swedish Association of Local Authorities and Regions are examples of reviews or action plans developed at subnational level.

*Inspired by the WHO Commission, the Regional Executive Board in Västra Götaland assigned its Public Health Committee to produce an action plan to tackle the growing health inequalities within the region. It should be developed **together** with relevant stakeholders in Västra Götaland and aim at **concrete** actions that could be implemented within a short timeframe.*

*This report is about the process that led to the final action plan, now approved by the Regional Council, and thus an important document for public health in Västra Götaland. It is an account of the achievements but also of the mistakes we have experienced during the process. I think that the process we have been running is a good illustration of the WHO strategy Health 2020 **in practice**. Health 2020 has proved to be valuable and useful for us as health policy-makers, not only providing us with a theoretical framework to organize our work but also giving legitimacy to our arguments. By accounting for the lessons we have learnt and by sharing them with you, we wish to contribute to the capacity-building mentioned in Health 2020 as a priority area.*

This is, indeed, a good example of how regions might benefit from collaborating with WHO and, hopefully, how WHO might find it useful to collaborate with

regions to strengthen and enrich the social movement against health inequities initially suggested by Sir Michael Marmot (Professor, Epidemiology and Public Health, University College, London, United Kingdom and Chair of the WHO Commission on Social Determinants of Health) and now taking shape. Therefore, I wish to express my sincere gratitude to the WHO Regional Office for Europe and its WHO European Office for Investment for Health and Development in Venice, Italy for their unfailing support in our endeavour to fight back the unfair inequalities in health that, to a growing extent, are limiting the capabilities of so many people to be healthy, thereby threatening a sustainable development for us all.

Jan Alexandersson
Chair, Public Health Committee
Region Västra Götaland
Sweden

Foreword

Health 2020 was adopted in September 2012 by the 53 Member States of the WHO European Region. Built on solid evidence, the policy framework for health and well-being represents a watershed in the European public health scene. It sets clear goals to improve populations' health and clearly identifies strategic areas of action. The unanimous endorsement of Health 2020 put the spotlight on the serious problem of health inequities. Health 2020 has contributed to place them at the top of the political agenda of European countries.

Many of the actions to tackle health inequities are taken at the subnational level of governance, especially in those countries with a high level of devolution. It is often at this level that initiatives are taken and scaled up to the national level.

Thanks to an incredible variety of socioeconomic contexts and political and institutional arrangements, the WHO European Region is a huge repository of processes, policies and interventions implemented to confront various health challenges. Health inequities are no exception. The body of knowledge in terms of measures to tackle them in the European Region is substantial.

With this publication, the WHO Regional Office for Europe focuses on the process of incorporating the equity dimension into regional health planning by describing the experience of the Swedish Region of Västra Götaland.

This publication offers a bird's eye view of the overall problem of health inequities and, equipped with a broader overview of the different stakeholders that come to play in various institutional arrangements. Then it delves into specific topics. These include theoretical frameworks, possible organizational structures and systems to increase ownership and accountability of the involved stakeholders. These elements are complemented by a checklist, which helps readers understand where they stand on the pathway to ensure that reducing health inequities is part of their regional health planning process.

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