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International Health

International Horizon Scanning and Learning Reports

Summary Calendar
April 2023 to March 2024

Canolfan Gydweithredol Sefydliad
Iechyd y Byd ar Fuddsoddi
ar gyfer Iechyd a Llesiant

World Health Organization
Collaborating Centre on Investment
for Health and Well-being

Background Information

The COVID-19 pandemic has led to unprecedented challenges for health systems, as well as to long-lasting well-being, social, and economic impacts on societies. Population health and well-being have been further impacted by more recent public health concerns, such as the cost of living crisis. To understand, mitigate, and address these issues, joined-up, collaborative, and evidence-informed public health actions have been essential across all governance levels, sectors and stakeholders, nationally and internationally. Continuous and timely learning from the experience of other countries and the emerging evidence and guidance, provided by key international organisations, was critical to inform such actions, approaches and decision-making processes in Wales.

International Horizon Scanning and Learning

The International Horizon Scanning and Learning work stream was initiated by the Policy and International Health World Health Organization Collaborating Centre on Investment for Health and Well-being (hereafter referred to as PIH WHOCC) at Public Health Wales, to inform the COVID-19 public health response and recovery in Wales. Initially the work stream primarily focused upon COVID-19 international evidence, experience, measures as well as transition and recovery approaches; and explored solutions and measures to mitigate and reduce harms from the emerging health, wellbeing, social and economic impacts.

The scope of the reports was expanded in spring 2022 to cover priority and emerging public health issues, including in the areas of health improvement and promotion, health protection, and health care public health. Supporting the Well-being of Future Generations (Wales) Act, the work stream contributes to a healthier, more equal, resilient, prosperous and globally responsible Wales.

All International Horizon Scanning and Learning reports can be found here: International Horizon Scanning - World Health Organization Collaborating Centre On Investment for Health and Well-being (phwwhocc.co.uk)

Methodology

The International Horizon Scanning reports synthesise data, evidence and empirical learning from key organisations, research and relevant countries. The reports draw from a variety of data sources including scientific literature, government communications, and non-governmental organisations' reports and analysis. The methodological approach involves a three step process consisting of a scoping review, evidence synthesis, and final edit. This systematic approach aims to provide dynamic and up-to-date actionable intelligence and to communicate key findings to decision- and policy-makers in an easy to understand and clear way.

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Key Findings

In focus: **Universal Primary Free School Meals**

Introduction

Under universal primary free school meal (UPFSM) programmes, all primary school age children receive school meals at no cost to families, regardless of socioeconomic status.
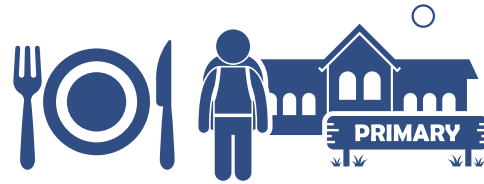
The type and number of meals provided vary between countries and programmes.

It is important to ensure UPFSM provision is appropriate, and children are consuming meals.

Children eligible for means-tested FSM are more likely to take up school meals under UPFSM, suggesting wider provision reduces stigma and other barriers.

The international policy scoping review identified examples of UPFSM policy and practice; learning from academic and grey literature and data were extracted on delivery models and outcomes including health, equity, sustainability, and economic well-being.

💬 **"Offering free meals for all is an investment in equality and the future."** (Education Finland)

https://www.educationfinland.fi/school-meals/finnish-model

Key Messages and Impact

Economic, social, educational, health and environmental outcomes of UPFSM programmes include:

- Promoting nutritional, balanced diet and healthy eating habits
- Helping to prevent and reduce childhood and adult obesity, diet-related disease and disability
- Supporting children's growth and development of social and emotional learning and skills
- Improving educational attainment, learning and school performance and reducing absenteeism
- Increasing students' lifetime earning potential, improving productivity and employment
- Reducing food insecurity, balancing food budgets and alleviating poverty, particularly for low-income families
- Increasing parents' workplace participation, particularly women
- Positive impact on environmental and climate sustainability, and the foundational economy, through promotion of local procurement and green production practices
- Promoting active citizenship, trust and participation in bringing change

These outcomes provide returns to the health and education sector and improve gender equity.

Country insight

Brazil

The world's second largest universal school feeding programme (approximately 40 million children in over 60,000 schools across 5,570 municipalities).

40 million children

It prioritises local procurement, sustainable practices and reducing food waste.

Public schools are required to spend >30% of their meal budgets on family farmers' produce. This provided food and nutrition security to students in poor communities and boosted local agriculture, helping close to 4 million small farmers.

4 million small farmers

School gardens are used to grow produce on vacant land and school yards, promoting healthy eating practices, local produce and sustainability. In Sao Paulo, 'cities without hunger' helped develop over 40 school gardens, reaching more than 14,500 children.

40 school gardens

Finland

All children between 6-18 years old (850,000 students) are entitled to free school lunch.

850,000 children

The programme works to build equity between children from different backgrounds, strengthening equal opportunities.

The Finnish National Board of Education recommends that sweets, sugary drinks and energy drinks should not be made regularly available in educational settings

Schools providing nutritionally, educationally and ecologically sustainable school lunches are awarded the "School Lunch Diploma".

Meal breaks allow students to enjoy meals in a calm, social, enjoyable and unhurried manner.

In addition, parents and guardians are consulted about school meals and snacks.
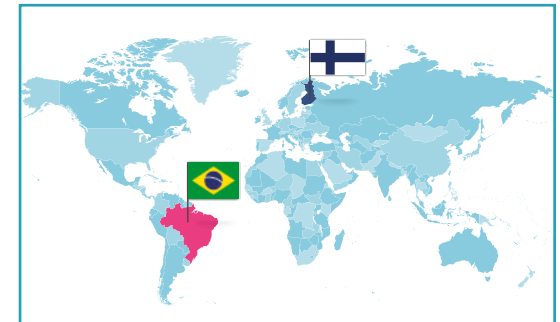
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Well-being of Future Generations Act Goals:

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A healthier Wales

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Universal Primary Free School Meals
Food and drink in schools

PHW's work

Universal free school meals scoping

Key Findings

In focus: **Mental Health and Well-Being of Refugees and Asylum-Seekers**

Introduction

The mental health of refugees, asylum-seekers and forcibly displaced people is poorer than that of the general population and can affect their functioning and ability to care for themselves or their families.

Refugees and asylum-seekers remain among the most vulnerable members of society often faced with poor living, housing and working conditions, including:

- financial challenges in relation to transport and childcare
- unemployment and poor socioeconomic conditions
- experiencing adverse childhood experiences (ACEs)

Refugees and asylum-seekers contribute positively to society, which can be enhanced by:

- ensuring they are in good physical and mental health
- safeguarding mental health through providing basic services, safety and social support

> **"The best way to improve the mental health of refugees is to find lasting solutions to the crises they are fleeing. ...it is the right of every refugee to be able to access appropriate care and support."**
> (Sajjad Malik, UNHCR)

Refugees need better mental health support amid rising displacement | UNHCR UK

Challenges faced by migrants in accessing mental health services include:

- Practical issues: language barriers, lack of information, difficulties accessing services, high costs and long waits
- Social and cultural issues: stigma about mental health challenges and taboos, lack of awareness of mental health issues, lack of trust in service providers and socio-economic disadvantages

Mental health needs of refugees and asylum-seekers should be addressed by:

- organising inclusive and accessible promotion and prevention programmes
- strengthening mental health as part of general services
- ensuring timely diagnosis, treatment, and rehabilitation
- integrating mental health in primary health care

International approaches to integration include:

- Migrant Integration Policy Index (MIPEX) assesses policies across eight areas: labour market mobility; education; political participation, access to nationality, family reunion; health; permanent residence; and anti-discrimination
- Including specific/tailored services and interventions in relevant national and health strategies and policies
- Building strategic partnerships and capacity building across Health, Social and other public services

Country insight

Republic of Ireland

Social capital contributes to health and quality of life and can protect and improve the health and well-being of refugees and asylum-seekers through:

- bonding with individuals with common identifiers
- bridging through institutions, such as schools, workplaces and clubs
- social ties and social networks

Healthy Ireland works in partnership with local government and communities through the Sláintecare Healthy Communities Programme and the Healthy Cities and Counties initiative to support Ukrainian refugees build healthy lives.

- Some projects focus on supporting integration into the local community
- Some projects focus on physical activity and movement
- Some projects offer therapeutic interventions to provide support in coping with the trauma of war and displacement

Germany

Education and labour market integration provide sources of structure and distraction, supporting young people in gaining control through political, economic and social mobilisation.

German authorities are increasing health literacy within migrant communities through the "With Migrants for Migrants – Intercultural Health in Germany" programme, which recruits, trains and supports intercultural mediators to teach on the German health system and related health topics.

The government provides German courses free of charge to individuals who are granted asylum. Civil society organisations fill the gap before asylum is granted, opening courses for residents in temporary housing.

Many universities allow students and potential students of refugee background to study their language preparation courses for free.
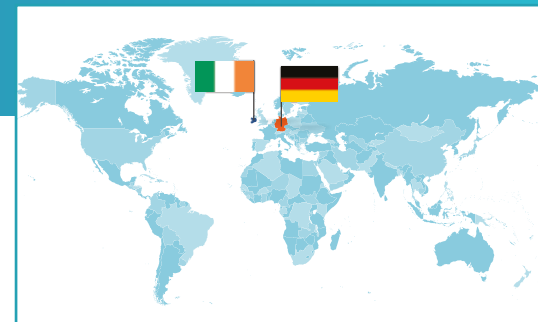
This report links to:

Well-being of Future Generations Act Goals:

A healthier Wales

A more equal Wales

A Wales of cohesive communities

A globally responsible Wales

Welsh Government's work:

Nation of Sanctuary Refugee and Asylum Seeker Plan (gov.wales)

PHW's work

The Health Experiences of Asylum Seekers and Refugees in Wales Technical Report

Health Experiences of Asylum Seekers and Refugees in Wales: How well are interpretation needs met?

Key Findings

In focus: **Five Essential Conditions for Health Equity**

Health equity and approaches to reduce health inequities

Health inequities are avoidable - they are created by structural and political processes and decisions that affect the everyday living conditions of people and populations.

The Social Determinants of Health (SDOH) are largely responsible for health inequities – these are the conditions in which people are born, grow, live, work, and age.

Health inequities have significant individual, social and economic costs and can reduce economic growth, drain household resources and drive families into poverty.

Health inequities can be reduced through a combination of policies and interventions across all SDOH and government levels.

World Health Organization (WHO) Five Essential Conditions framework
This is an innovative, rights- and evidence-based multi-sectoral policy action framework, aiming to address complex and persistent health gaps, accelerate action and increase opportunities to achieve healthy prosperous lives for all, leaving no one behind.

"Why treat people and send them back to the conditions that made them sick?" Sir Michael Marmot, University College London Institute of Health Equity

Marmot M. The Health Gap: The Challenge of an Unequal World. London: Bloomsbury Publishing; 2015

The essential conditions overlap and are interconnected, which highlights the need for cross-sector and systems approach to address health inequity.

1. Health and health services
Policies to reduce health inequities may focus on universal health coverage and universal access to quality services.

2. Health and income security and social protection
Policies to reduce inequities may focus on pensions, support for families (such as, childcare and universal primary free school meals) and financial support for ill-health and unemployment (such as, paid sick leave and universal basic income).

3. Health and living conditions
Policies to reduce (health) inequities may focus on affordable and safe housing, spatial planning, green spaces, and clean air.

4. Health and human and social capital
Policies to reduce (health) inequities may focus on education and skills, social resilience and empowerment, and sense of belonging.

5. Health and employment and working conditions
Policies to reduce (health) inequities may focus on improving the health impact of employment, working conditions, and workplace equality (such as, availability of work, a living wage, physical and mental demands, ensuring health and safety at work).

Country insight

New Zealand

The right to adequate housing is an obligation reflected in national acts and policies.

The Residential Tenancies (Healthy Homes Standards) Regulations 2019, set out minimum standards of habitability (e.g., insulation, ventilation, and heating) in rental housing units.

- A cost benefit analysis estimated benefits relating to tenants' reductions in energy costs and improved health, as well as environmental benefits due to decrease in greenhouse gas emissions

Since 2013, the Healthy Homes Initiative (HHI) has supported families with children with specific health conditions or pregnant women.

- HHI providers carry out a housing assessment of applicants and help them utilise interventions to access warmer, drier, and healthier homes
- This service has helped prevent hospitalisations, GP visits, and pharmaceutical dispensations.

Canada

In 2018, women accounted for only 9% of apprentices; about half were in the low paid trades, such as hairstylist, cook, or baker.

9%
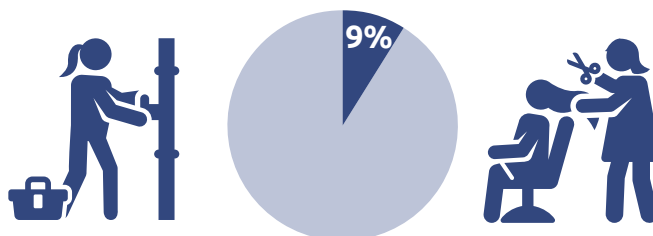
- Barriers include cultural stereotypes about gender norms, workplace discrimination, absence of mentors and role models, lack of facilities for women, and unwelcoming workplaces.

The STAR Program provides $10 million (£7.91 million) annually to encourage those facing barriers to explore and prepare for careers in the skilled trades.

- It aims to build awareness of the trades as viable, high-quality careers, help equip individuals with the skills and support they need to pursue a career in the skilled trades
- 15%-25% of participants intended to continue with apprenticeship training and register in an apprenticeship program; 5%-10% of participants intended to enter a trade.
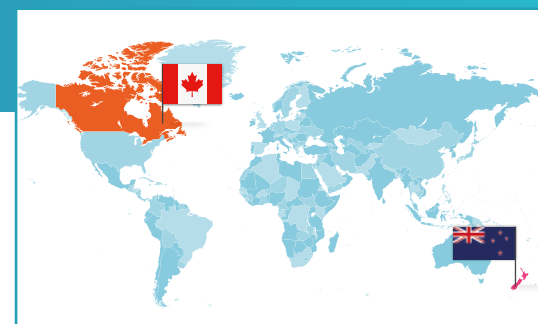
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A more resilient Wales

Welsh Government's work:

WG42004 A More Equal Wales The Socio-economic Duty Equality Act 2010 (gov.wales)

PHW's work

Welsh Health Equity Status Report initiative (WHESRi)

Welsh Health Equity Solutions Platform

Key Findings

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In focus: **Embedding Prevention in Primary and Community Care**

Primary and Community Care

In this report, we define Primary and Community Care (PCC) as healthcare services that people often receive first, providing access to a range of services to help meet their health and well-being needs, and empower them to take charge of their own health.

PCC can strengthen the resilience of health systems to prepare for, respond to and recover from shocks and crises.

Embedding Prevention in Primary Care

The World Health Organization (WHO) is driving global commitment to strengthening and investment in PCC – promoting multisectoral action, empowering local communities, mainstreaming health in all policies, enhancing capacity and infrastructure, and prioritising essential public health functions across the life course.

Integration and co-ordination of care supports the whole person to improve continuity, reduce fragmentation and deliver good outcomes; and requires breaking down traditional barriers between providers, services, sectors and programmes.

A whole-system approach and reinvestment strategies are essential to prevent creating a transition gap in service provision.

Solution-Based Actions and Learning

Core components of a successful integration strategies include:
- defined populations
- aligned financial incentives
- shared accountability for performance using data and reporting
- guidelines to promote best practice and reduce variation
- physician-management partnerships
- effective leadership and collaborative culture, facilitating team working
- patient and carer engagement enabling shared decision-making and self-care

Cross-sector partnerships with local authorities, communities, voluntary sector, and commercial partners enables upstream prevention delivery, such as through social prescribing.

Promoting PCC as an attractive career for health professionals include improvements to medical education, working conditions and remuneration, PCC models and integration of service, workforce planning.

Maintaining well-functioning and resourced PCC practices - establishing community care facilities, extending home-based programmes, expanding the role of PCC workers and increasing telemedicine are key to minimise delays and forgone care for all people.

💬 "There has never been a clearer need to invest in and plan for better integration of primary and community healthcare, alongside an expanded, better resourced, and appropriately trained multidisciplinary public health workforce."

(Lopes et al., 2022) Invest in Primary Health Care and Public Health for the Pandemic and Beyond: An ASPHER Statement

Country insight

Brazil

Brazil's Family Health Strategy is one of the largest community-based PCC programmes in the world.

It emphasises healthcare in community health facilities and at home to a defined local population using Family Health Teams.

Community Health Workers assess the needs of the community, develop trusting relationships with the households, and work with the local PCC team to ensure that any health and social care issues get resolved quickly.

Cardiovascular disease mortality declined by 34%

Stroke mortality declined by 18%

- Infant mortality rates declined from 114 deaths per 1,000 live births (1975) to 19 deaths per 1,000 live births (2007); life expectancy increased from 52 years (1970) to 73 years (2008)

Slovenia

Slovenia's PCC approach delivers person-centred, integrated healthcare through the collaborative efforts of multi-professional teams.

Multi-professional practices enable better care co-ordination and are proactively engaged in preventive care and management of chronic diseases.

Health Promotion Centers encourage healthy lifestyles and address modifiable risk factors such as unhealthy diet.

During the COVID-19 pandemic, Slovenia was one of a few countries that relied on multi-professional team practices to maintain continuity of care for people.

Unmet need for medical examination is very low; in 2022, 0.1% or less of adults reported unmet need due to expense, travel time or travel distance respectively, compared to 3.6% reporting unmet need due to waiting times.

This report links to:

Well-being of Future Generations Act Goals:

A healthier Wales

A more equal Wales

Welsh Government's work:

A healthier Wales: long term plan for health and social care | GOV.WALES

PHW's work

Primary Care Division
Public Health Wales (nhs.wales)

Strategic Programme
Primary Care One (nhs.wales)

Primary Care Model for Wales
Primary Care One (nhs.wales)

Social Prescribing
Public Health Wales (nhs.wales)

Download report ⬇

Key Findings

In focus: **Impact of Poverty on Babies, Children and Young People**

Poverty, Health and Well-Being

Globally, one in five (333 million) children lives in extreme poverty.

2.46 million children aged 0-15 were experiencing relative income poverty in the UK 2022.

Worldwide, the poorest children are twice as likely to die in childhood than their wealthier peers.

Poverty during early childhood is associated with:

- increased susceptibility to asthma, viruses, obesity and poor mental health
- reductions in cognitive performance across many areas, particularly language function and cognitive control (attention, planning, decision-making)
- lower educational attainment
- increased risk of exposure to adverse childhood experiences (ACEs)
- increase susceptibility to heart disease and certain cancers later in life
- poorer socioeconomic outcomes and mental health in later life
- poor living standards, fewer skills and lower wages in adulthood.

Solutions-Based Action

The cross-cutting nature of child poverty means a multi-agency approach and shared understanding of harms is needed.

Early intervention and prevention are essential for developing effective and efficient policies and priority actions have to address it now and in the longer term.

Integrated strategies that combine support to parents to access the labour market with adequate income support, and access to services that are essential to children's outcomes, are most effective.

Policies improving the well-being of all children, whilst giving careful consideration to children in vulnerable situations, are most successful.

Financial Support

Financial support policies include cash transfers and universal child benefits. An adequate income can help families: avoid stress; access experiences, material resources and opportunities for a healthy life; and adopt and maintain healthy behaviours.

Social Support

Social assistance for parents is crucial to help families pursue the opportunities they need to build better futures for their children.

Social protection policies include: child grants; early child education and care; free school meals; skills development.

Reducing Stigma

Addressing poverty-related stigma is crucial to ensure the accessibility and effectiveness of policies and initiatives.

In the current context of limited resources, a focus on the psycho-social dimensions of poverty, such as stigma, is likely to be an effective way of reducing the harms and supporting children out of poverty.

> **"Falling into poverty during childhood can have lasting effects. Rarely does a child get a second chance at an education or a healthy start in life"**

(UNICEF) _Universal child benefits | UNICEF_

Country insight

Scotland

National legislation includes targets to ensure effective implementation and monitoring of outcomes.

The Child Poverty (Scotland) Act 2017 has resulted in several positive outcomes related to poverty, health and well-being.

The Scottish Child Payment is a benefit targeting low-income families with children under 16.

- Modelling suggests that it will reduce the relative child poverty rate in Scotland by around five percentage points in 2023-24, lifting around 50,000 children out of poverty.

Local policies have targeted at-risk populations.

- The Maternity Matters programme provides financial and well-being support to mothers to prevent and reduce poverty among children under one year of age.

Slovenia

Slovenia's policies combatting child poverty focus on harmonised childcare and social protection, including: investing in education, health, and nutrition; and implementation of labour market reforms.

The Government is specifically acting in the areas of cash benefits, addressing both the initiation and enhancement of these financial measures to support families in various forms, including:

- Childbirth grant
- Parental allowance
- Child benefit
- Special needs child allowance
- Large families support
- Discounts on kindergarten fees

Families and children receiving financial support in Slovenia were associated with an increase in the likelihood of escaping poverty, by nearly 30 percentage points.
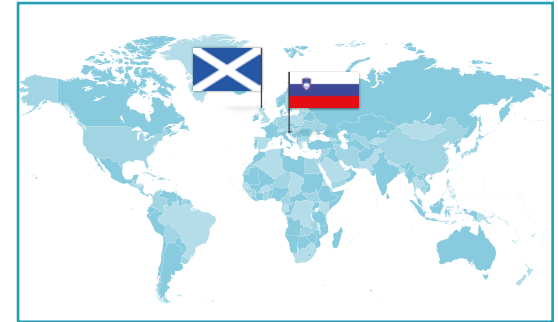
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A healthier Wales

Welsh Government's work:

Child Poverty Strategy for Wales 2024 GOV.WALES

PHW's work

Children and the cost of living crisis in Wales

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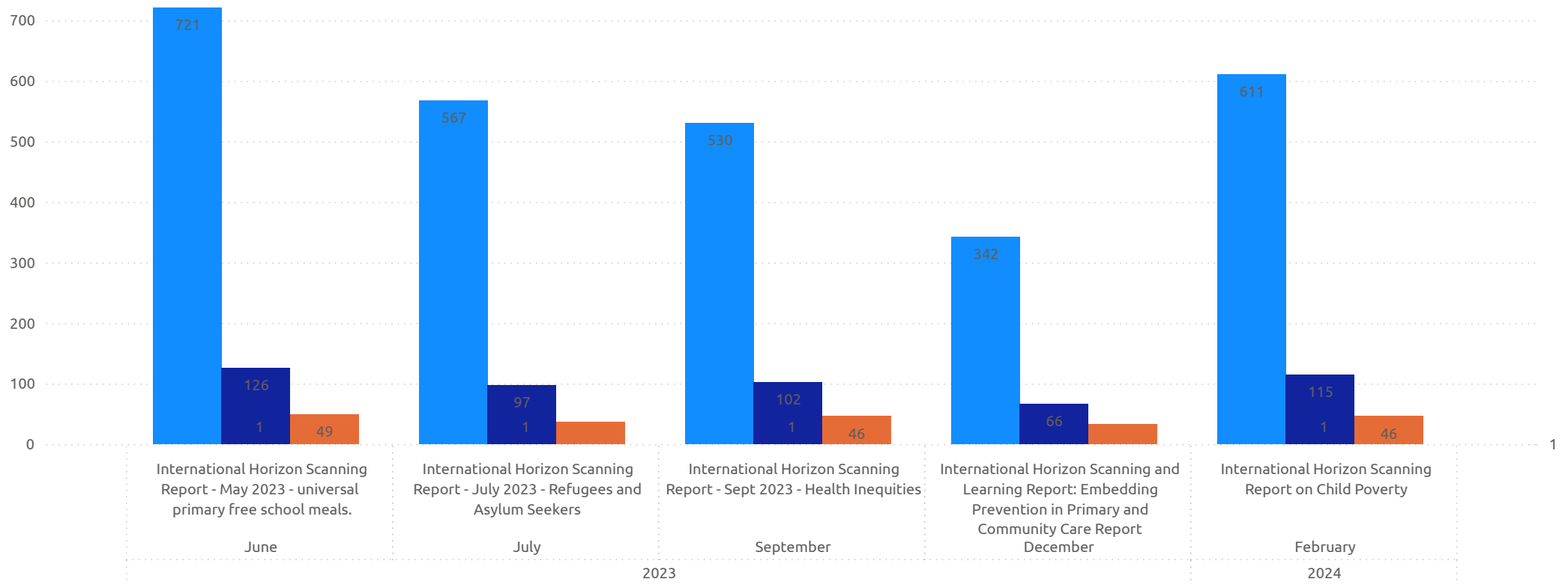Multiple selections ∨

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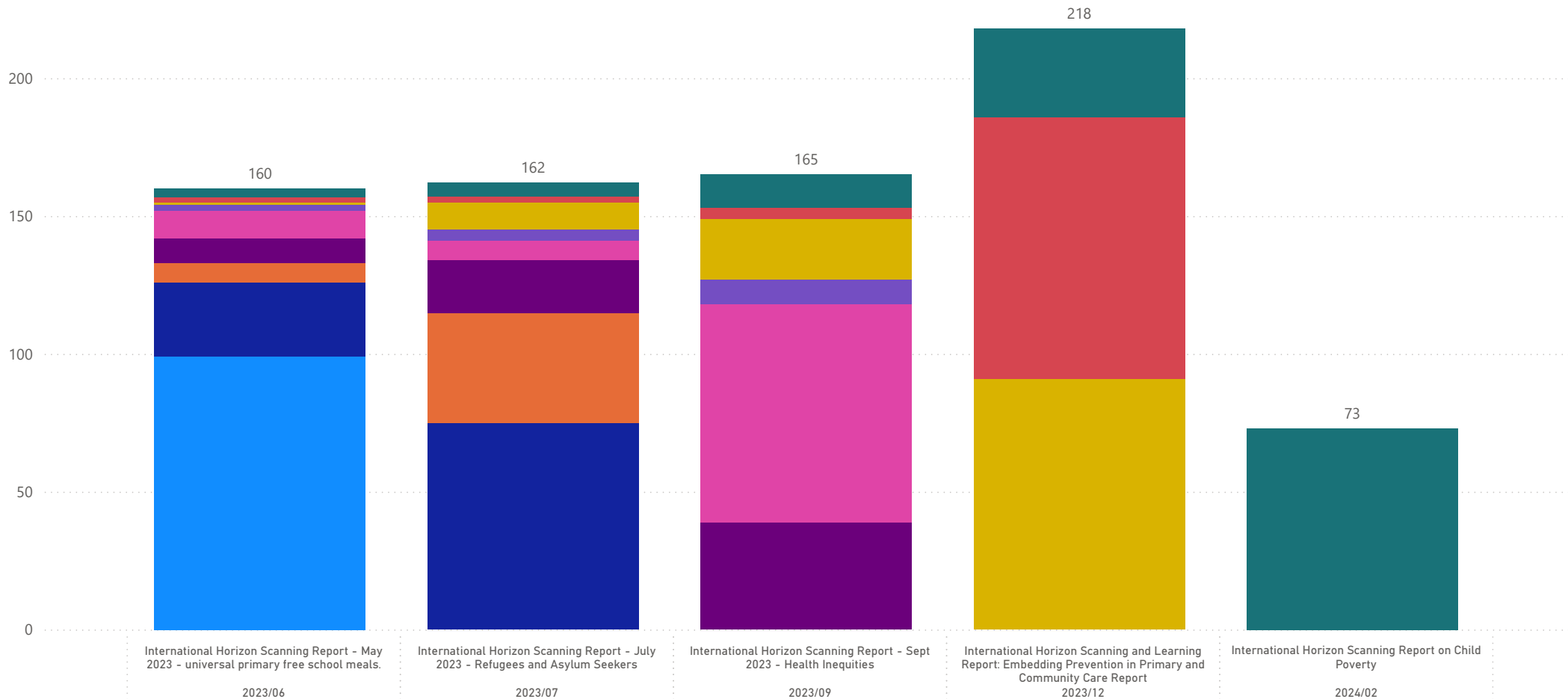
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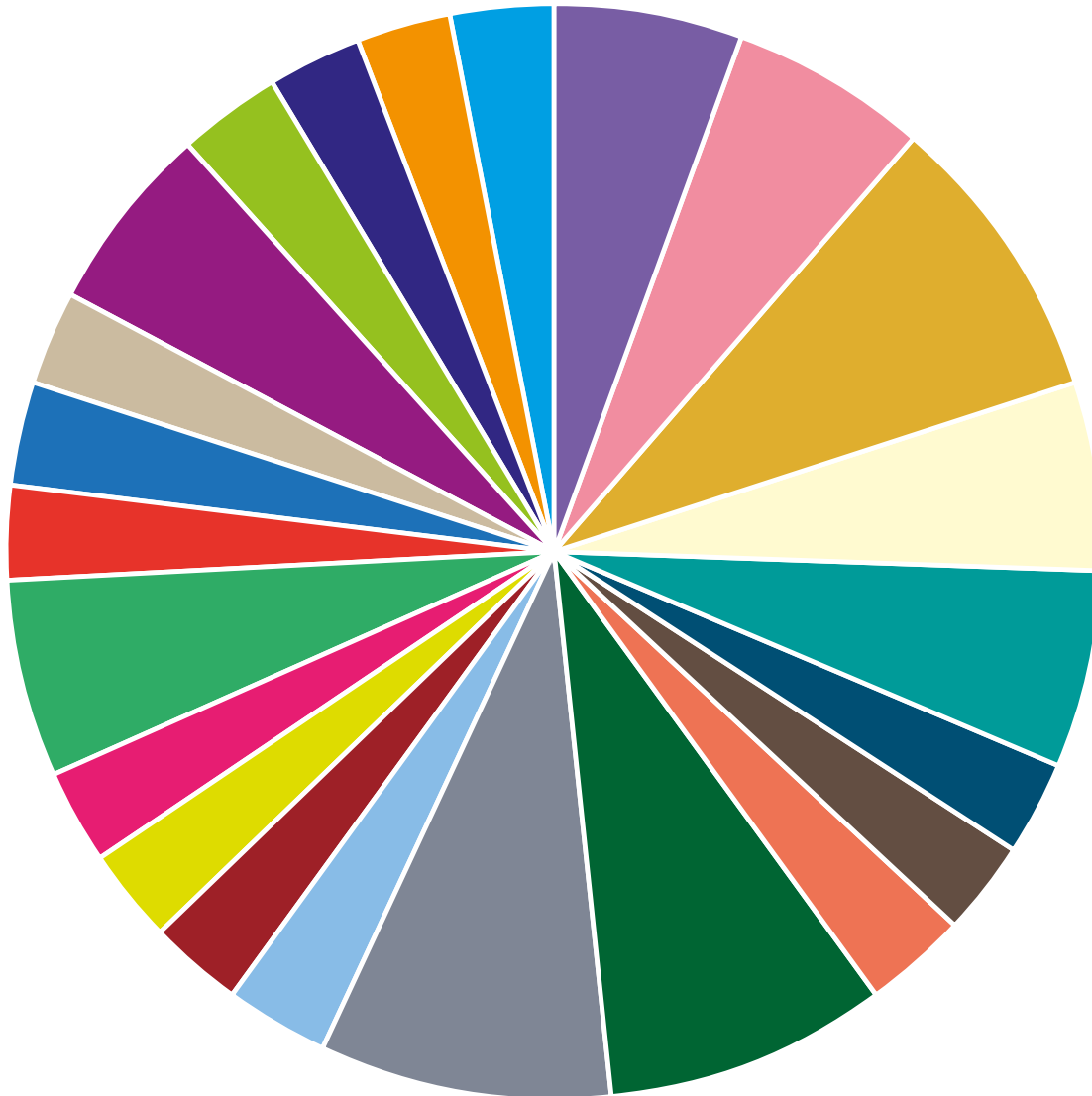
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