Proportionate universalism for equitable health and wellbeing

Torgersen, Norwegian Health Association

National Health and Family Planning Commission of the People's Republic of China

Tone P. Torgersen, Shanghai 2016
The health equity challenge
– Norwegian policy response

• Measures should be directed towards the entire population (not only high-risk groups)
• Measures should be directed towards social structures (not only towards individual behaviors)

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## Intervention map for comprehensive policies

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<th><strong>Upstream</strong></th>
<th><strong>Midstream</strong></th>
<th><strong>Downstream</strong></th>
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<td><strong>Universal Measures</strong></td>
<td>education, taxes, labour market policies, housing</td>
<td>working environment, living environment</td>
<td>Universal health care</td>
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<tr>
<td><strong>Targeted Measures</strong></td>
<td>social security, child welfare</td>
<td>targeted lifestyle measures</td>
<td>targeted health services</td>
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</table>

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Comprehensive when targeting:  
- the 0-24 collaboration

- Action across sectors for vulnerable children and young adults under the age of 24 to:
  - decrease the dropout rates from school
  - to increase the employment rate among youths

Vulnerable children and young adults often have complex difficulties such as school difficulties, health problems, poverty in the family, that require follow-up from several municipal services locally

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Returns to a unit invested

Common guidelines from collaborating ministries to directorates across sectors:

- Education and Training
- Labour and Welfare
- Children, Youth and Family Affairs
- Health
- Integration and Diversity
Monitoring equity of health and well-being requires monitoring equity of social determinants of health across all the SDGs