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Iechyd Rhyngwladol
International Health

International Horizon Scanning and Learning Reports

Summary Calendar
April 2022 – March 2023

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 for societies. This has been further impacted by more recent public health concerns, such as the cost of living crisis. To understand, mitigate, and address these issues, a joined-up, collaborative, and evidence-informed public health action was 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 World Health Organization Collaborating Centre on Investment for Health and Well-being (hereafter referred to as WHO CC) 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 \(phwwhocc.co.uk\)](https://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.

International Horizon Scanning and Learning: Summary Calendar

This International Horizon Scanning and Learning Summary Calendar is the third in the series, following the Summary Calendars from 2020/21 and 2021/22. This Summary Calendar has collated, synthesised, and presented a clear and concise synopsis of the five International Horizon Scanning Reports over the past year, since April 2022 through to March 2023. In addition, the two summary reports (published in 2022) are included. The International Horizon Scanning and Learning work stream has proved to showcase informative and impactful research whilst collating data from other countries and has provided guidance, recommendations, and useful insights regarding the evolving nature and uncertainties of emerging public health topics, which has sought to improve and inform such actions and approaches in Wales.

The summary aims to inform a succinct overview of comprehensive, coherent, inclusive and evidence-informed policy action, which has supported and continues to support the national strategies towards a healthier, more equal, resilient, prosperous and globally responsible Wales. This calendar includes key messages and key recommendations from the high level synthesis pages of each International Horizon Scanning report.

This document is best viewed on a desktop or laptop computer using Adobe Acrobat Reader (available [here](#) as a free download).

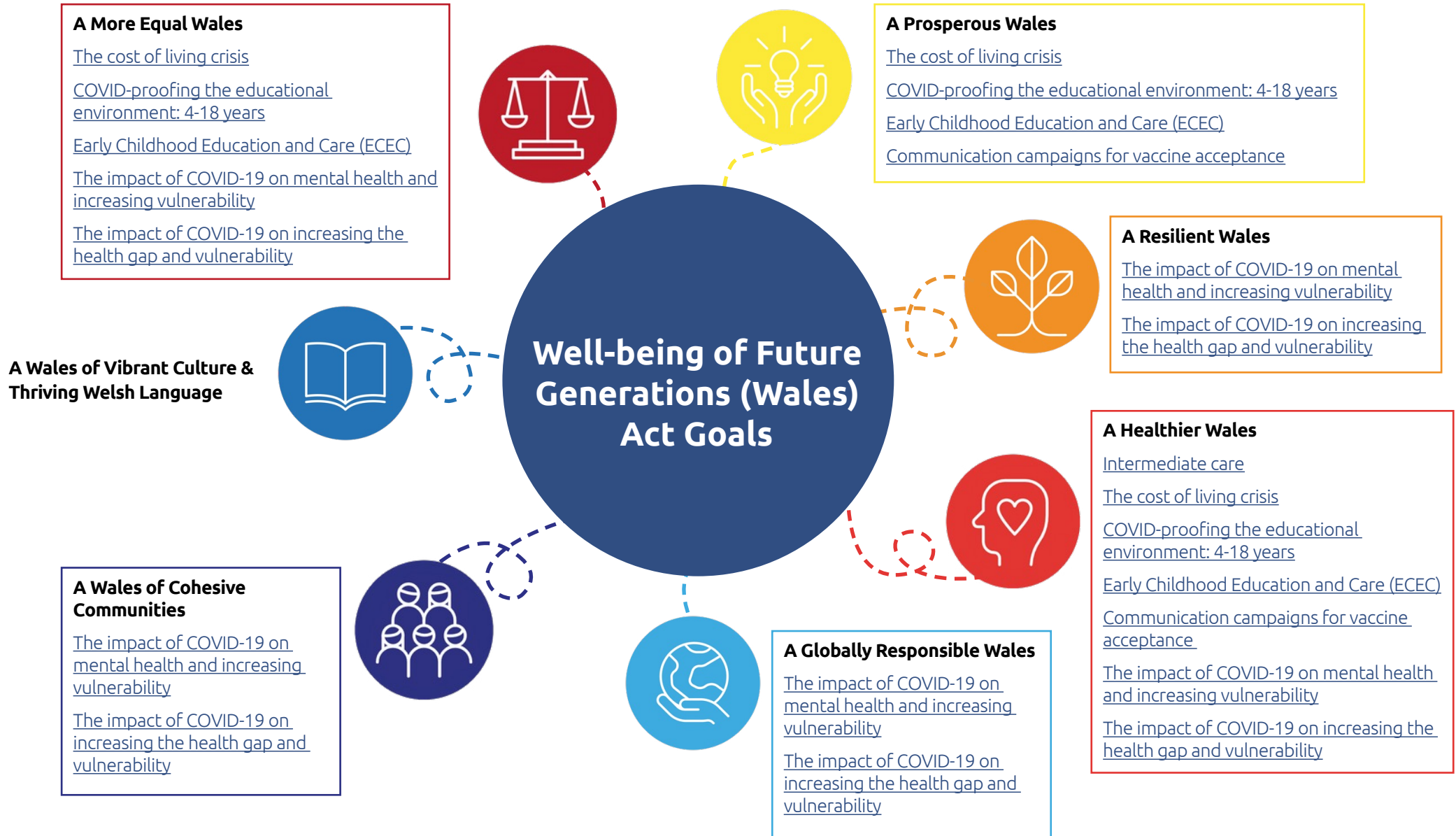
Disclaimer

The reports provide a high-level summary of learning from real life experiences from selected countries, and from a variety of scientific and grey literature, including sources of information to allow further exploration. The reports are not comprehensive and are not aimed at providing detailed, robust or in-depth evidence review, analysis or quality assurance. They are meant to offer a brief snapshot of current evidence, policy and practice, sharing relevant country examples and key (reputable) international bodies' guidance and principles.

Contents

Reports

Well-being of Future Generations (Wales) Act Goals



Intermediate care • June 2022

There is no universally accepted definition of intermediate care internationally.

Intermediate care has developed in response to the:

- Changing demographics and increasing long-term conditions and multi-morbidity
- Need to improve outcomes and value for people/patients and families
- Need to decrease costs and increase value for money

Intermediate care is applicable to any age group (including children) for a wide range of needs (such as illness or injury)

Key principles and characteristics of intermediate care include:

- Implementation of integrated health, social, and other care services using a collaborative inter-disciplinary approach with service users as partners
- Person-centred, focusing on outcomes that matter to the user/s, promoting faster recovery, maximising independent living and reducing in/out-patient delays
- Home/locally delivered care which is short term and time limited
- Accessible, flexible, responsive through a single point of contact available 24/7
- Clear governance and accountability, monitoring delivery and quality
- Use of technology and digital tools to support self-management and care
- Workforce education and training that fosters trust and collaborative working

Intermediate care can help:

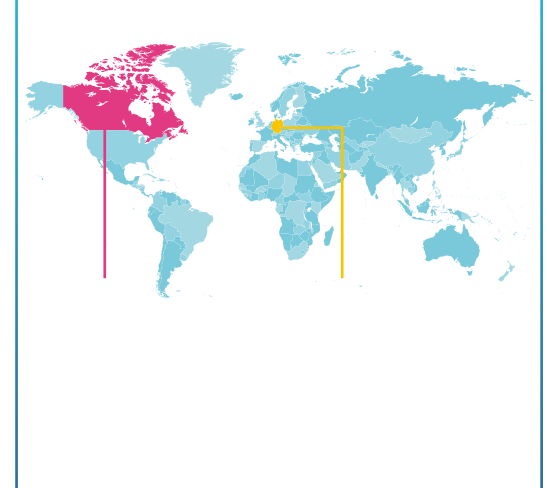
- Prevent unnecessary or premature admission to hospital/long term care facility
- Faster recovery after illness or injury, rehabilitation and reablement
- Discharge from inpatient settings and transition between settings (“transitional care”)
- Facilitate people’s independence and confidence
- Reduce the need for long term and inpatient care services
- Reduce costs for the health and social care system

The WHO has recognised transitional (intermediate) care as a priority, showcasing that effective transition between hospital and home improves the quality of care, patient satisfaction and recovery; and reduces re-hospitalisation risk and costs

COVID-19 has impacted supply and demand for intermediate care:

- Due to resource reallocation, some hospital patients were discharged into long term care facilities instead of receiving intermediate care
- Demand for specific intermediate care services (e.g. pulmonary rehabilitation) is expected to increase following COVID-19

Country Insight



This report links to:
Well-being of Future Generations Act Goals:

Welsh Government

[Rehabilitation | Sub-topic | GOV.WALES](#)

[Integrated Care Fund evaluation \(summary\) | GOV.WALES](#)

PHW

[Annual Health Check - Public Health Wales \(nhs.wales\)](#)

[Evidence Tables](#)

[Safe Care Partnership - Public Health Wales \(nhs.wales\)](#)

The cost of living crisis • August 2022

The cost of living crisis is described as: “the fall in ‘real’ disposable incomes (that is, adjusted for inflation and after taxes and benefits) [...] caused predominantly by high inflation outstripping wage and benefit increases and has been further exacerbated by recent tax increases”

The current cost of living crisis is complicated by:

- Global economic shock due to the COVID-19 pandemic and mitigation measures
- Rising inflation
- Supply chain disruptions

This disproportionately impacts the most disadvantaged and vulnerable groups in the population creating a more “systematically unfair” society.

Health impacts of the cost of living crisis are multifaceted

Direct and indirect implications of an economic crisis on (public) health can be understood through the following critical themes:

Housing

- Reduction in social housing and increase in unaffordable housing has led to social exclusion and adverse consequences on the economy
- Poor housing contributes to respiratory, cardiovascular, and infectious diseases, as well as poor mental health

Mitigation measures, achieved through taxation, spending, regulation, and urban planning include:

- ✓ Housing allowances
- ✓ Social housing
- ✓ Financial support for home ownership and housing regeneration
- ✓ Focus on healthy housing

Employment

- Health impacts of unemployment include anxiety disorder, suicide, and health harming behaviour such as excess alcohol consumption

Mitigation measures include:

- ✓ Wage subsidy schemes; minimum wage increase
- ✓ Extension/increase of benefit payments; one off payments
- ✓ Tax relief/deferrals
- ✓ Job retention schemes

Food

- Food prices have increased due to increased costs of fuel, energy, fertiliser, and supply chain disruption
- Food insecurity is associated with a range of health harms and excess burden of non-communicable diseases, including weight gain, obesity, type 2 diabetes, cardiovascular diseases, and cancers; as well as mental health impacts

Mitigation measures include:

- ✓ National food policy
- ✓ Reducing food waste
- ✓ Free school meal programmes

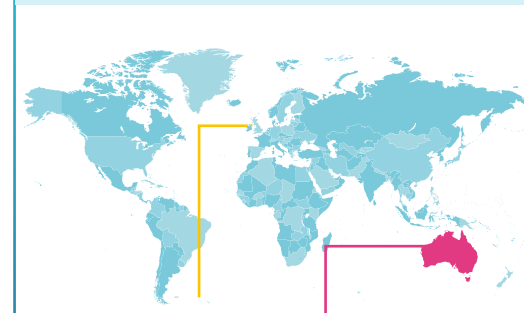
Fuel

- People in energy poverty have poorer self-reported physical and mental health.

Mitigation measures include:

- ✓ Consumer protection
- ✓ Financial interventions
- ✓ Energy saving / efficiency policies
- ✓ Consumer information provision

Country Insight



This report links to:
Well-being of Future Generations Act Goals:

Welsh Government

[Get help with the cost of living | GOV.WALES](#)

[Response to the cost of living crisis: distributional analysis | GOV.WALES](#)

PHW

[The Cost of Living Crisis - Public Health Wales \(nhs.wales\)](#)

[Cost of living crisis in Wales: a public health lens](#)

[How is cost of living crisis affecting people in Wales? - Public Health Wales \(nhs.wales\)](#)

² More than half a billion people pushed or pushed further into extreme poverty due to health care costs (who.int)

COVID-proofing the educational environment: 4-18 years • October 2022

Guiding principles

- The continuity of education should be at the forefront of decisions to support children's well-being, health, safety, and learning
- Implementing combinations of non-pharmaceutical interventions can significantly reduce the risk of COVID-19 transmission in school settings
- Measures should be equity-proofed, and adapted to levels of community COVID-19 transmission as well as to the educational setting, age group, and the measures' impact on learning and psychosocial development
 - ✓ Additional support should be provided to schools in deprived areas and for children living in vulnerable situations
 - ✓ Children with pre-existing health conditions should be assessed individually

Sustaining behaviour change

- To embed and sustain behaviour change around mitigation measures, behaviours should be NEAR: Normal, Easy, Attractive, Routine
- The Capability-Opportunity-Motivation Behaviour (COM-B) model can support implementation of general behaviour change principles

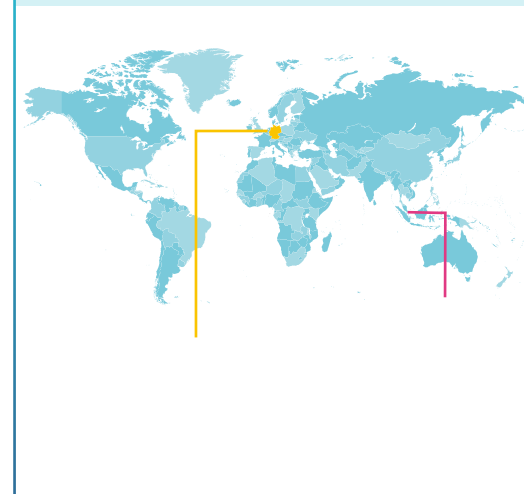
Mitigation measures

- Ventilation
 - ✓ Investing in healthy air in schools settings may reap benefits beyond the COVID-19 pandemic through reducing the risk of other infectious diseases, and improving educational attainment
 - ✓ CO2 monitoring is a tool to guide other mitigation measures and can be used as a proxy for ventilation effectiveness and air quality
- Physical distancing measures can prevent crowding and reduce the number of contacts
- Face masks are recommended in specific situations, according to age and underlying child's health
- Hand and surface hygiene
 - ✓ High-touch surfaces should be identified for priority disinfection
 - ✓ Increase access to handwashing facilities with running water
- COVID-19 testing strategies should be based on effectiveness, cost-effectiveness and feasibility

Vaccination

- ✓ Vaccines are being increasingly authorised for use in children
- ✓ There is variation in vaccine access for teachers
- Increasing teacher recruitment, to:
 - ✓ Provide additional support for students in need
 - ✓ Cover for teachers' absences due to COVID-19
 - ✓ Support remedial programmes such as summer school
- Supporting children, families, and school staff can be achieved through:
 - ✓ Recognising children's rights and voices within decision making processes

Country Insight



This report links to:
Well-being of Future Generations Act Goals:

Welsh Government

[Education and childcare: coronavirus | Sub-topic | GOV.WALES](#)

[School operations: coronavirus | GOV.WALES](#)

[Schools: coronavirus | GOV.WALES](#)

Public Health Wales:

[Schools - Public Health Wales \(nhs.wales\)](#)

Early Childhood Education and Care (ECEC) • December 2022

Early childhood education and care (ECEC) is defined as **“any regulated arrangement that provides education and care for children from birth to compulsory primary school age”**

Adopting a family-friendly approach to ECEC has the potential for a “triple dividend”:

1. Positive development for children by providing a source of responsive stimulation to foster cognitive and language development, social competency, and emotional development
2. Women’s empowerment: a lack of ECEC disproportionately affects women; ECEC can improve women’s employment
3. Economic growth

Across the policy landscape, ECEC cannot be considered in isolation

- A “two generation” or family-oriented approach is recommended
- Links with parental leave and breastfeeding policies are crucial

A European ECEC framework details five quality domains for ECEC:

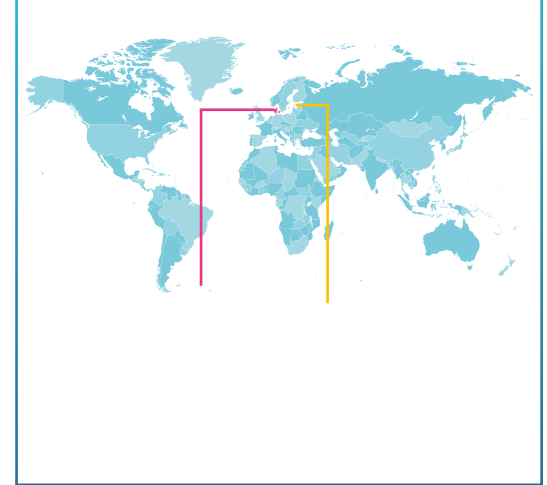
- Access: provision that is available and affordable to all families and children
- Staff: well-qualified staff with initial and continuing training
- Curriculum: based on pedagogic goals, values and approaches which enable children to reach their full potential addressing their social, emotional, cognitive and physical development, and well-being
- Monitoring and evaluation to support continuing improvements in the quality of policy and practice
- Governance and funding: stakeholders have a clear and shared understanding of their role and responsibilities. Funding supports progress towards a universal entitlement

Some groups of children are less likely to access ECEC:

- Children with health conditions or disabilities
- Migrant children
- Children with mothers in prison
- Children from lower income families

Many OECD countries are moving towards an integrated approach to ECEC, with one ministry (e.g., Ministry of Education) being responsible for education and childcare.

Country Insight



This report links to:
Well-being of Future Generations Act Goals:

Welsh Government

[Childcare | Sub-topic | GOV.WALES](#)

[The Childcare Offer for Wales](#)

Public Health Wales:

[Early Years](#)

⁴ https://www.unicef.org/media/48886/file/UNICEF_Early_Moments_Matter_for_Every_Child-ENG.pdf

Communication campaigns for vaccine acceptance • March 2023

Vaccination prevents 3.5-5 million deaths annually.

However, the availability of vaccine is not enough to protect health:

- Vaccine decision making is multifactorial and includes factors amenable to influence by communication strategies

Communication campaigns can provide information, generate demand, influence attitudes and behaviours to increase vaccine acceptance, and may include:

- Advocacy
- Social mobilisation
- Vaccine programme communication

Behavioural and social drivers (BeSD) of vaccine uptake include:

thinking and feeling; social processes (e.g. social norms); practical issues (e.g. availability, affordability, etc.)

Trust is an important driver of vaccine acceptance. Building and maintaining trust includes:

- Clear, understandable language, avoiding jargon
- Listen and respond to concerns
- Repetition of core messages; confidence in stating uncertainties

Barriers of vaccine uptake include vaccine hesitancy and (digital) misinformation

Vaccine hesitancy describes a continuum of beliefs, which varies by context, vaccine, time and place, and is influenced by the “3 C’s”:

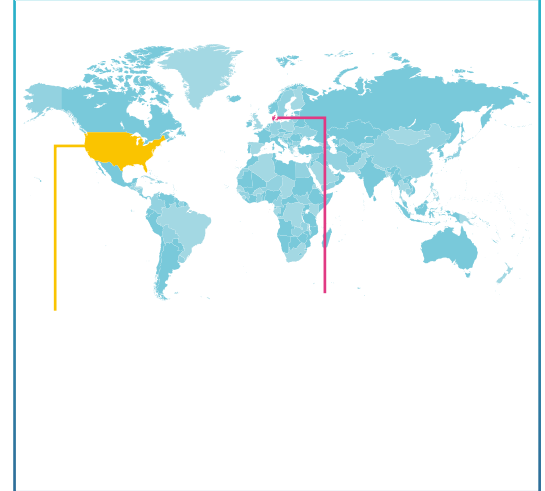
- Complacency: low perception of risks of vaccine-preventable diseases
- Convenience: availability, accessibility, perceived quality, cultural context, etc.
- Confidence: trust in safety and effectiveness, etc.

Key elements of communication campaigns to increase vaccine acceptance include:

- Define the target audience and identify barriers and messaging channels
- Tailor messages for specific communities and invest in diversity, equity and inclusion
- Alignment with special events or vaccination programme delivery
- Be positive, provide information on the benefits of getting vaccinated
- Signposting to valid resources
- Communication must go alongside additional policies and public health measures
- Collect positive testimonies from those who have received the vaccine
- Involve healthcare professionals to promote public trust
- Develop a strong foundation of public/private multisectoral partnerships
- Multi-modal communication strategies including social media

Specific strategies can be employed to improve health equity through targeting vulnerable or disadvantaged populations.

Country Insight



This report links to:
Well-being of Future Generations Act Goals:

Welsh Government

[Vaccination and immunisations | GOV.WALES](#)

[Vaccine: coronavirus | Sub-topic | GOV.WALES](#)

Public Health Wales

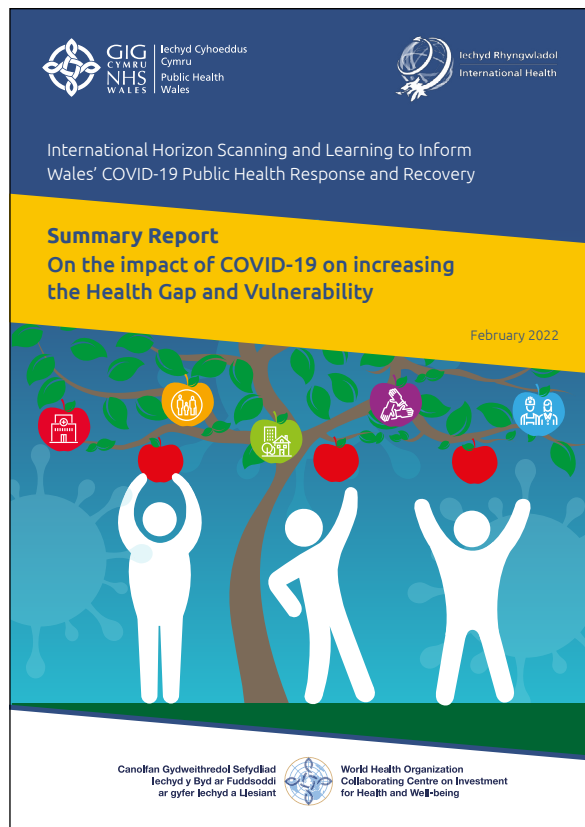
[Immunisation and Vaccines - Public Health Wales \(nhs.wales\)](#)

[COVID-19 vaccination information - Public Health Wales \(nhs.wales\)](#)

Summary Reports

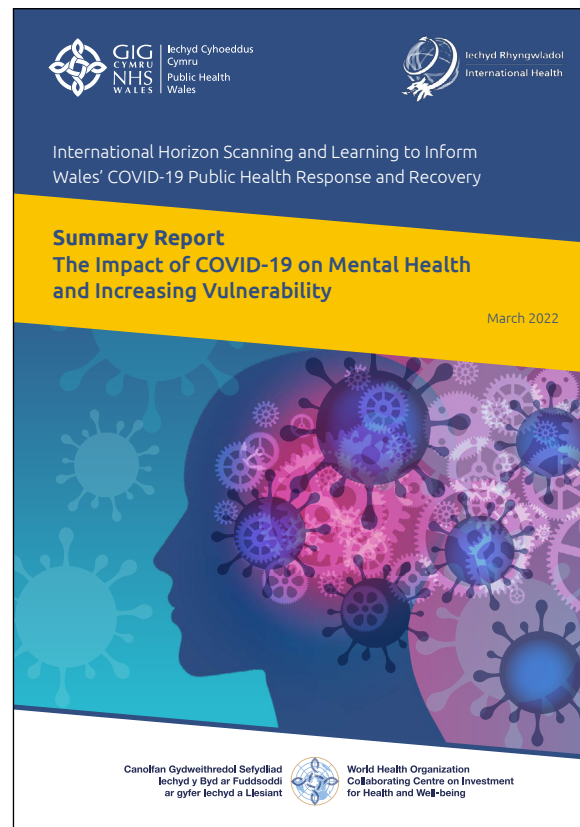
February 2022:

The impact of COVID-19 on mental health and increasing vulnerability



March 2022:

The impact of COVID-19 on mental health and increasing vulnerability



These reports link to:

Well-being of Future Generations Act Goals:

Welsh Government

[Science Evidence Advice: Coronavirus and health inequalities](#)

[Technical Advisory Cell: Health inequalities in COVID-19 deaths and hospital admissions in Wales - March 2020 to July 2022](#)

Public Health Wales:

[Decomposition analysis](#)

[Emerging Drivers of Vulnerability to Health Inequity in the Context of COVID-19: Perspectives and response from the Voluntary and Community Sector in Wales](#)

⁴[The consequences of the COVID-19 pandemic on mental health and implications for clinical practice | European Psychiatry | Cambridge Core](#)

Summary Report: The impact of COVID-19 on increasing the Health Gap and Vulnerability • February 2022

Groups more vulnerable to the impact of COVID-19 include, but are not limited to:

• Children and young people:

- ✓ Rising unemployment rates
- ✓ Deteriorating mental health
- ✓ Education has been disrupted by school closures, impacting an estimated 1.38 billion learners, including children who rely on schools for food, and inhibiting their right to education, increasing marginalisation and social inequity

• Women and girls:

- ✓ Women and girls have faced increased gender based violence
- ✓ Lockdown and the fear of spreading COVID-19 made it more difficult for women to seek support or leave their abuser

• People with low, instable or no income:

- ✓ COVID-19 has triggered an economic recession and a rapid rise in unemployment in many countries
- ✓ Job loss and financial insecurity can have complex detrimental impacts on health, triggered by direct loss of income and falling into poverty, stress from the event, subsequent increased anxiety and loss of self-esteem and increase in harmful behaviours
- ✓ Low-income workers are often less able to work remotely than higher-income workers
- ✓ COVID-19 increased the number of people facing acute food insecurity. Vulnerable households, including among displaced communities, have been forced to reduce meals, increase debts, or sell assets

- **People from Black, Asian and Minority Ethnic (BAME) communities** have reported more negative effects from lockdown than those from white backgrounds, including depression and anxiety and worry regarding unemployment

• The COVID-19 pandemic has impacted on **lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+)** communities:

- ✓ Access to health services has been more challenging
- ✓ People from LGBTQ+ communities are at higher risk of isolation, increased stress and exposure to disrespectful family members, exacerbating the risk of violence, with particular impact on older persons and youth

- More transient population groups such as **people experiencing homelessness** can be overlooked

- **People with a disability** may face greater risk of contracting COVID-19 and are also disproportionately impacted by service disruptions

• **People with underlying mental health issues** have been disproportionately affected by the pandemic

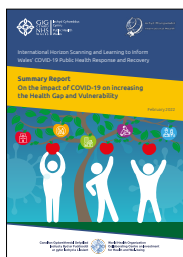
- ✓ The 'psychological impact of quarantine' is wide-ranging, substantial and can be long lasting with negative psychological effects, including post-traumatic stress symptoms, confusion and anger.
- ✓ An increase in demand from those affected by factors associated with COVID-19, such as grief, social isolation, and financial hardship, and from health and social care staff providing frontline services

- **Migrants and refugees** often face obstacles in accessing health care, including language and cultural barriers, costs, lack of access to information, discrimination and xenophobia: the disruption to services

• **Older people** have experienced:

- ✓ Loneliness and social isolation due to non-pharmaceutical interventions such as social distancing and lockdown
- ✓ A disproportionate digital divide

- **People with underlying health conditions** as national immunisation, screening services, treatments for acute and chronic conditions, and non-urgent surgery was postponed, cancelled or disrupted, resulting in delayed disease management, treatment and rehabilitation



Summary Report: The Impact of COVID-19 on Mental Health and Increasing Vulnerability • March 2022

The impact of COVID-19 on mental health

The COVID-19 pandemic has had both **direct and indirect impacts on mental health**. The **'psychological impact of quarantine'** is wide-ranging, substantial and can be long lasting with negative psychological effects, including post-traumatic stress symptoms, confusion and anger.

- Quarantine can contribute to stress, anger and an increase in risky behaviours, such as drinking and online gambling

Key drivers of poor mental health include, but are not limited to: restrictions of social contact, not being able to go outside, boredom, loneliness, difficulties accessing support, and anxiety/worry about family and friends getting the disease.

People with prior experience of mental health problems were more likely to see their mental health worsen as a result of COVID-19 restrictions.

Some population groups have experienced disproportionate impacts on their mental health due to the pandemic and related disruptions of mental health services, including children and young people, women and girls, older people, healthcare workers, and others.

The impact of COVID-19 on mental health services

The COVID-19 pandemic has had a detrimental impact on the delivery of other health services worldwide, including mental health services. COVID-19 has disrupted or stopped critical mental health services in 93% of 130 countries worldwide, while the demand for mental health support and services is increasing:

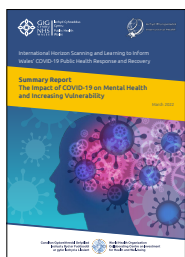
- 35% of countries reported disruption of management of emergency mental health manifestations, including status epilepticus, delirium and severe substance withdrawal syndromes
- 30% reported disruption in supply of medication for people with mental health disorders
- Over 60% of countries reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%)

The impact of COVID-19 on the economy and mental health

The COVID-19 pandemic has had enormous economic impact, including on employment. The impact of lost employment and changes to working practices can result in negative health and well-being consequences including, worsening mental health, increasing unhealthy behaviours and harms to long-term health.

The rise in the number of those unemployed is estimated to be between 5.3 and 24.7 million globally. Job loss and/or insecurity can have complex detrimental impacts on health, including by:

- Direct loss of income and falling into poverty
- Stress from the event, subsequent increased anxiety and loss of self-esteem
- Increase in harmful behaviours, such as smoking and excess alcohol consumption



The International Horizon Scanning and Learning reports are developed by the International Health Team / the International Health Coordination Centre (IHCC) at the WHO Collaborating Centre on Investment for Health and Well-being (WHO CC), Public Health Wales.

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