

## Would you like to join us?

MASCOT's results can support the work of different groups that play a role in influencing change in MCH inequalities. The main audiences targeted in MASCOT include:

- ◆ Health authorities and professionals;
- ◆ International/national organizations dealing with health inequality issues;
- ◆ Policy and decision makers;
- ◆ Funding agencies and private sector;
- ◆ Research/academic community;
- ◆ Civil Society and other professionals and organisations.

If you would like to follow the project and participate in our activities, you can reach us through various ways:

**WWW** Visit our website: [www.mascotfp7.eu](http://www.mascotfp7.eu)

**TWITTER** Follow us on twitter [@MASCOT\\_FP7](https://twitter.com/MASCOT_FP7)

**@** Contact the project coordinators:  
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**✉** Contact your local partner (see list of consortium partners)

## MASCOT Consortium



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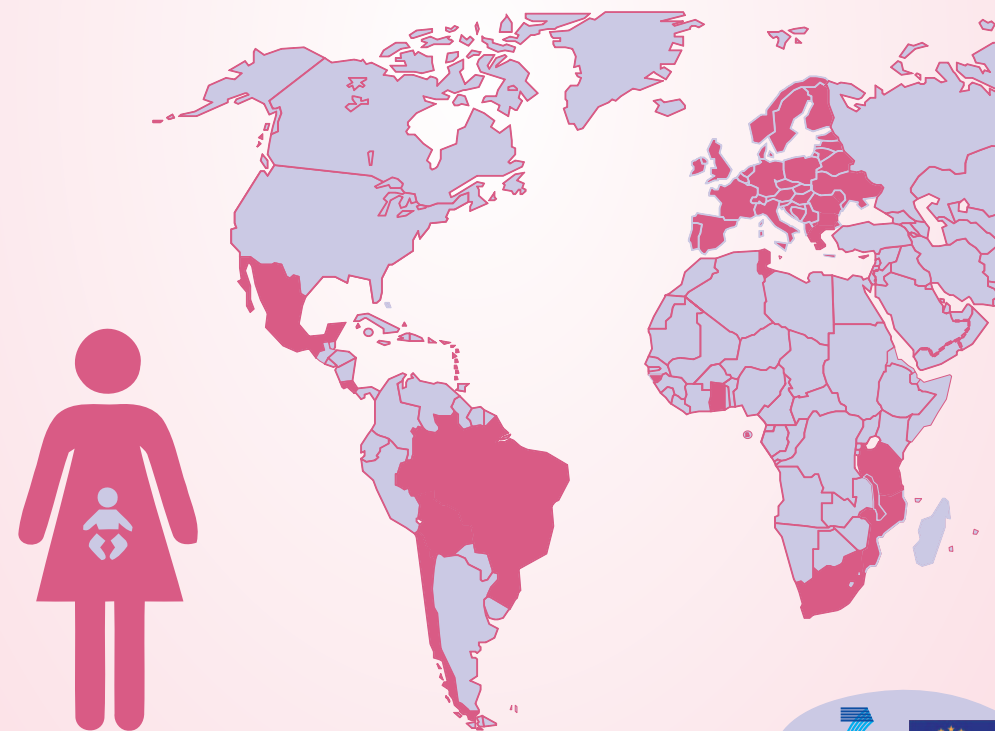
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# MASCOT

Multilateral Association for Studying Health Inequalities  
and Enhancing North-South and South-South Cooperation

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[www.mascotfp7.eu](http://www.mascotfp7.eu)



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MASCOT is running from October 1, 2011 to March 31, 2014

# What is MASCOT?

MASCOT stands for “**Multilateral Association for Studying Health Inequalities and Enhancing North-South and South-South Cooperation**”.

The main **objective** of the MASCOT project is to stimulate the cooperation between countries from 3 world regions (Africa, Latin America and Europe) in order to identify and implement adequate and efficient country-specific strategies for tackling health inequalities preferentially affecting children, adolescents and mothers.

MASCOT aims to:

- ◆ Create links between North-South and South-South efforts in addressing maternal and child health (MCH) and health inequalities;
- ◆ Provide evidence on best practice and policy advice for the development of future public health and health systems interventions.

# Why are we doing MASCOT?

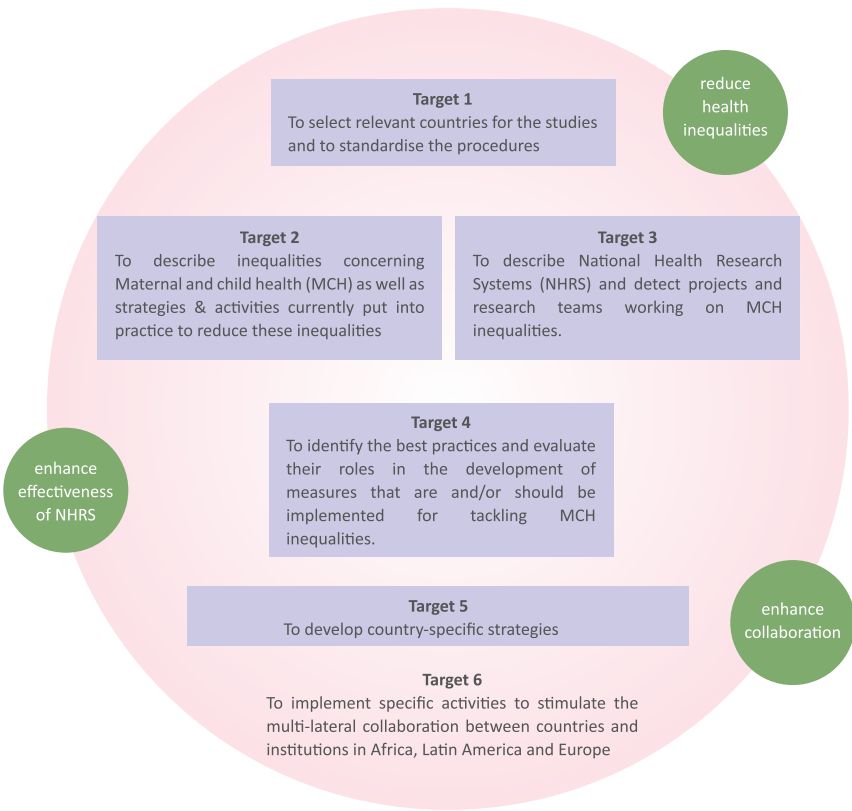
Inequalities and vulnerable groups’ health, as well as the slow advances to achieve the health-related Millennium Development Goals, are concerns that need to be addressed, notably for low and middle-income countries. While some countries have made advances, these remain unknown to other ones which could still benefit from their experience.

International collaboration can help addressing health inequalities – this is the starting point for MASCOT.



# How is MASCOT being implemented?

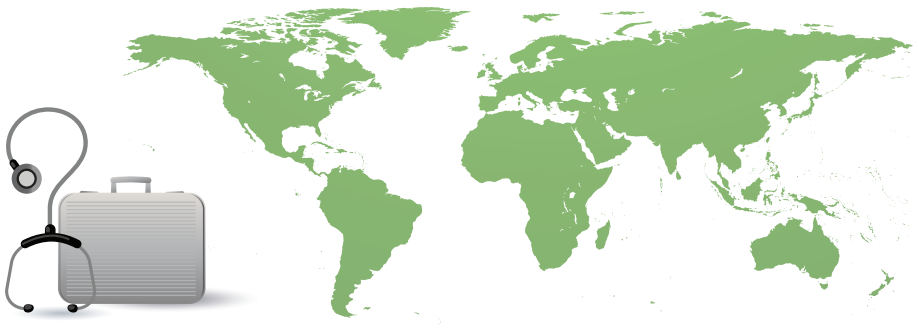
The work is organized around 8 work-packages intending to reach 6 specific targets:



After a first step of standardisation, mapping activities will be implemented in individual countries to assess the current situation of MCH inequalities, to identify institutions and research teams performing research in this area, to detect promising projects and research results as well as strategies, programs and policies implemented to tackle MCH inequalities. This will result in recommendations of best practices and policy advice to countries willing to implement actions to improve MCH. An important part of the work will also stimulate multi-lateral collaboration and knowledge transfer as a key activity of MASCOT.

# Reference countries

- ◆ Africa: Ghana, Guinea Bissau, Malawi, Mozambique, South Africa, Tanzania, Tunisia;
- ◆ Latin America: Bolivia, Brazil, Chile, Costa Rica, Mexico;
- ◆ Europe: to be determined.



# How will MASCOT make a difference?

Better coordinating mechanisms for South-South and North-South collaboration will:

- ◆ Enhance regional and local infrastructure, capabilities and capacities of research for health;
- ◆ Stimulate knowledge transfer and exchange mechanisms between and within countries for shaping policies, programs and health actions intended to provide better health and health services.

**Ultimately MASCOT should allow reducing gaps in health inequalities between and within different world regions as the end-result of the strengthened collaborative actions.**

