



Key Learning on Health in All Policies Implementation from Around the World

Information Brochure

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The World Health Organization (WHO) and Government of South Australia are delighted to have published the *Progressing the Sustainable Development Goals through health in all policies: case studies from around the world*, which describes experiences from around the world in the context of the 2030 Sustainable Development Agenda. This information brochure, *Key learning on Health in All Policies: implementation from around the world*, distils the lessons learnt from the *Case study book*. It also draws on some examples of learning cited from the Global Network on Health in All Policies Meeting Report (2017).

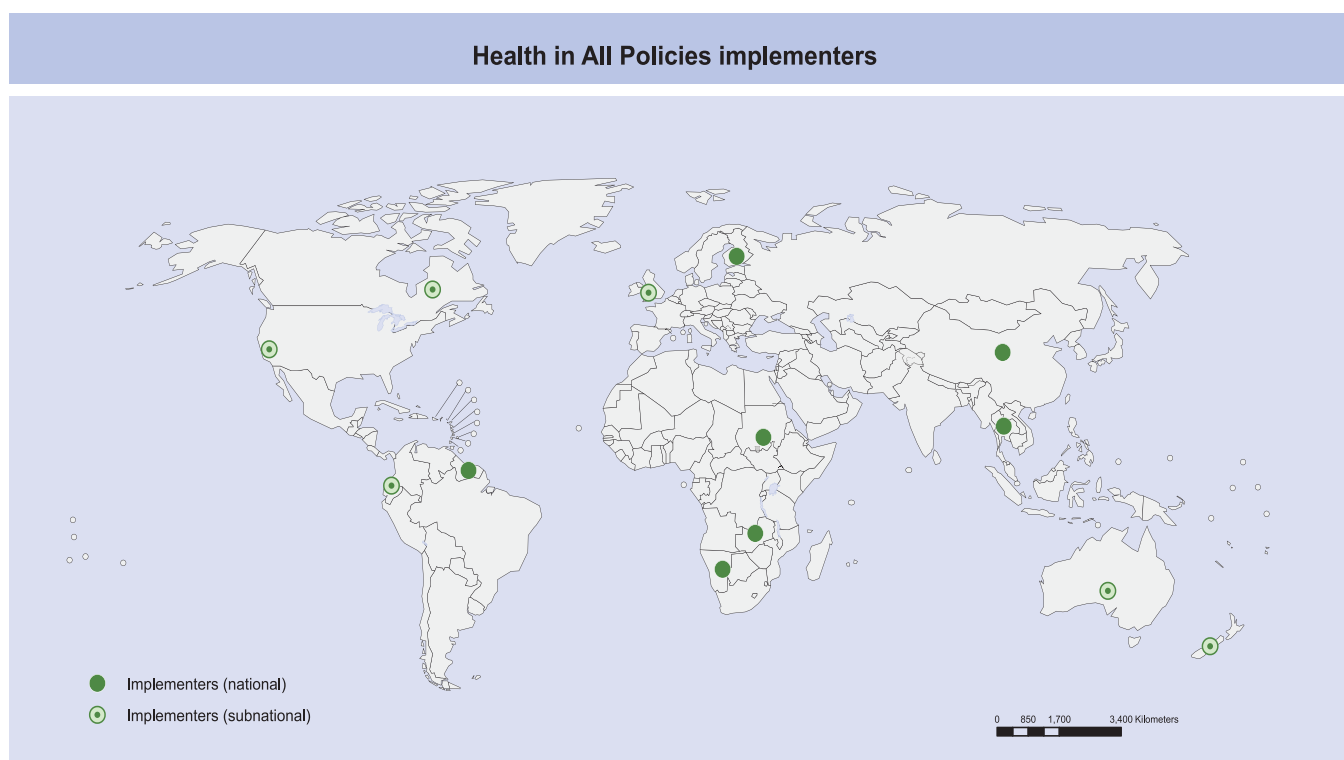
Background

Intersectoral action for health is vital for achievement of the Sustainable Development Agenda. Although policy-makers are increasingly aware of the need to work across sectors, change is not easy. Understanding and addressing the underlying determinants of health is difficult because they are complex and dynamic. Developing systems with an integrated, sustained approach to the determinants of health, as required by the (HiAP) approach, is challenging.

Despite challenges, there are examples of HiAP globally. More countries and regions are looking to embark on this path, especially in view of the Sustainable Development Agenda. There are experiences, that are quite established and those that are still emerging models. The case study book developed by WHO and the Government of State of South Australia, *Progressing the Sustainable*

Development Goals through Health in All Policies: Case studies from around the world, provides examples of population-level initiatives rather than specific programmatic interventions. These experiences will be of interest to those who want to know more about implementing HiAP. Experiences cut across multiple interventions and health issues, and cover low- to high-income settings, and countries from all parts of the world. Experiences covered in the case study book are seen in figure 1: Africa (Namibia, Zambia); the Americas (California [USA], Quebec [Canada], Quito [Ecuador], Suriname); South-East Asia (Thailand); Europe (Finland, Wales); Eastern Mediterranean (Sudan); and the Western Pacific (Canterbury [New Zealand], the People's Republic of China, South Australia [Australia]). This information brochure summarizes learning presented in the book from these cases.

Figure 1. HiAP experiences covered in this information brochure



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International frameworks

Attention to HiAP has never been more timely or relevant. The 2030 Sustainable Development Agenda challenges us to move towards whole-of-government and whole-of-society approaches that leave no one behind. HiAP is central to achieving this transformative agenda. There are currently five key global WHO action frameworks that advocate for action across multiple types of health determinants, and they also reflect the collective responsibility required for sustainable development. All the frameworks draw from several cross-cutting, essential implementation characteristics of Health in All Policies, namely good governance; strong partnerships; dedicated capacity and resources (for intersectoral work); evidence and evaluation (across determinants). While there is no single or simple model for HiAP, there is a growing evidence base of conditions that support HiAP.

Already existing cross-cutting WHO international health frameworks can be used to anchor national HiAP work. These include: **the Social Determinants of Health Action Framework (2016)**; **the Shanghai Declaration on Promoting Health (2016)** and **Shanghai Mayors' Consensus (2016)**; **the Universal Health Coverage 2030 Vision (2017)**; **the Health and Climate Action Agenda (2016)**; WHO's work on **Human and Animal Health** related to **One Health**; the **International Health Regulations** and **Food**

Safety. Upcoming future issues may provide further international anchor points, e.g. air pollution.

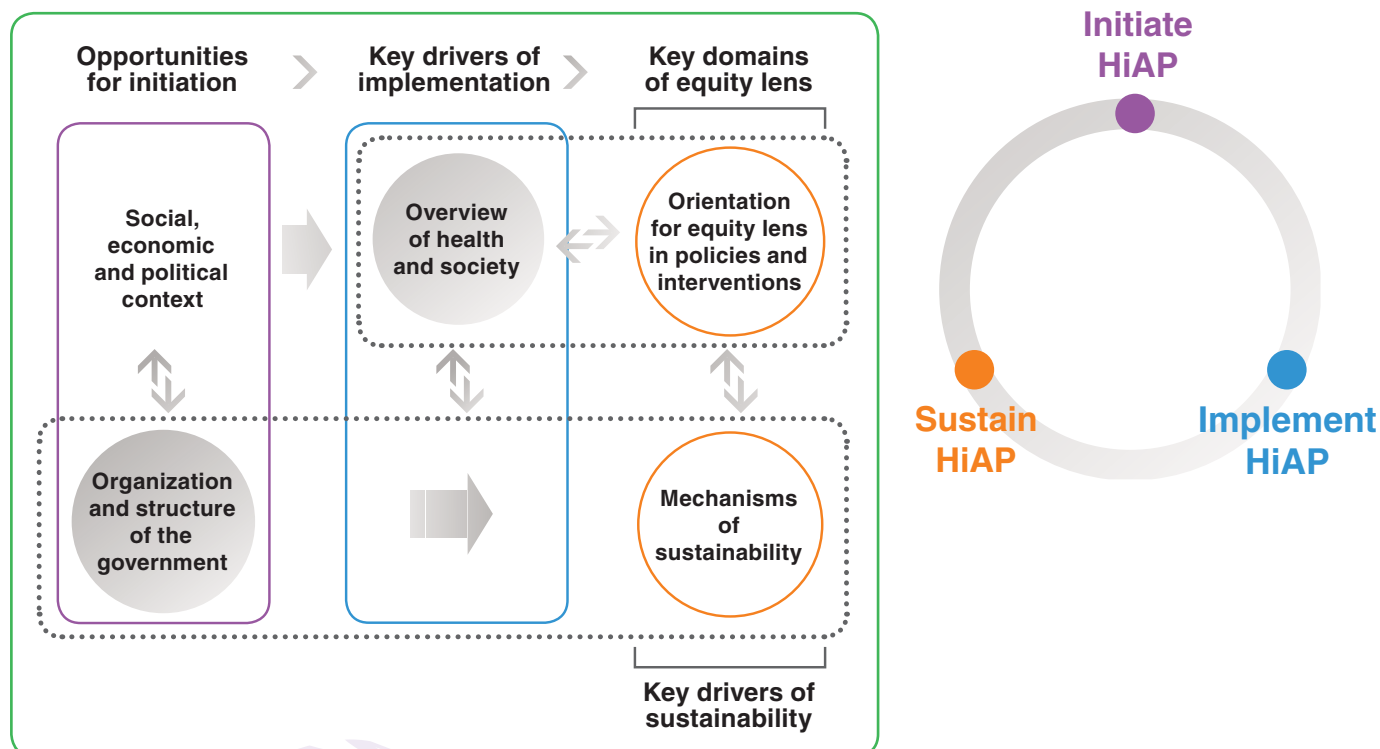
Using these frameworks at the global and regional levels to convene actors and build capacity on the determinants of health across different health (and non-health) constituents provides positive re-enforcement to national HiAP initiatives. These frameworks demonstrate the contribution of WHO in supporting the implementation of HiAP nationally and globally, and the potential for further strategic action to build capacity to address the determinants of health across multiple systems, expanding also the notion of systems for health system.

Furthermore, specific HiAP frameworks for action have been developed, more specifically, the **Framework for Action Across Sectors to Improve Health and Health Equity**.

Learning from experiences

The WHO report, **Demonstrating a health in all policies analytic framework for learning from experiences**, describes key areas for learning about intersectoral work: initiation, implementation, an equity lens and ensuring sustainability in Health in All Policies as seen in figure 2. The brochure largely adopts this structure to present the learning from the cases, with health equity referenced across each of three areas.

Figure 2. Areas for learning in Health in All Policies experiences (WHO 2013)



Source: WHO (2013) *Demonstrating A Health In All Policies - Analytic Framework For Learning From Experiences*

How to initiate Health in All Policies

The entry points for HiAP are context specific. Understanding the political and policy environment you are working in will help shape where you target your resources to get HiAP started. Look for windows of opportunity, define shared goals and objectives, and begin to build a solid foundation for collaboration and partnerships. Starting “small” can help to provide focus; it is important to establish trusting relationships from the outset to enable a strengthened HiAP agenda later on.

The Sustainable Development Agenda and its Sustainable Development Goals (SDGs) provide a new platform for the achievement of health and the understanding of good governance. While SDG 3 aims to “ensure healthy lives and promote well-being for all at all ages,” core health and equity targets are present in the other Goals as well.

- **Position HiAP in the context of the SDGs.** The integrated nature of the SDGs calls for policies that systematically consider interlinkages between the economic, social and environmental spheres, or the “determinants of health.” Framing HiAP as a strategy or tool to progress towards achievement of the SDGs is an opportunity to embed the practice of HiAP as a recognized way of working together to improve health and well-being, and promote sustainability. HiAP also provides a useful mechanism to deliver on SDG 17, also related to governance, – “Partnerships for the goals.”
- **Be opportunistic.** Use an opportunity-driven approach to inform decisions, undertake action-based research, launch pilot programmes, and test prototypes. Follow a quality improvement cycle, where trial and error and a learn-by-doing approach facilitate the building blocks for HiAP in your region. Early gains can be made by taking advantage of policy windows and other opportunities.
- **Seek co-benefits and define shared goals.** Frame population health and the health sector as making a major contribution to a more productive society and thus a major goal in development plans. Having health in populations strengthens their resilience and social cohesion, empowers people, and contributes to social capital and happiness. The health sector also contributes significantly to the economy – it creates business, overcomes gaps in equity, and develops new industries around healthy products and services.

- **Find the right entry point for your situation.** Scan your policy and political environment to determine what might work best in your context. The use of existing whole-of-government strategies, international “thinkers” or a crisis or escalating problem can be the types of windows to look for when trying to initiate HiAP. For example, the links between health and the environment are well documented. Action on health and the environment can be a sensible starting point, and the co-benefits between the sectors easily highlighted. Obesity or air pollution are examples of how health and environment linkages may be visible in popular understanding. Prioritizing health and environmental goals has never been more pertinent as solutions to climate change are increasingly needed.

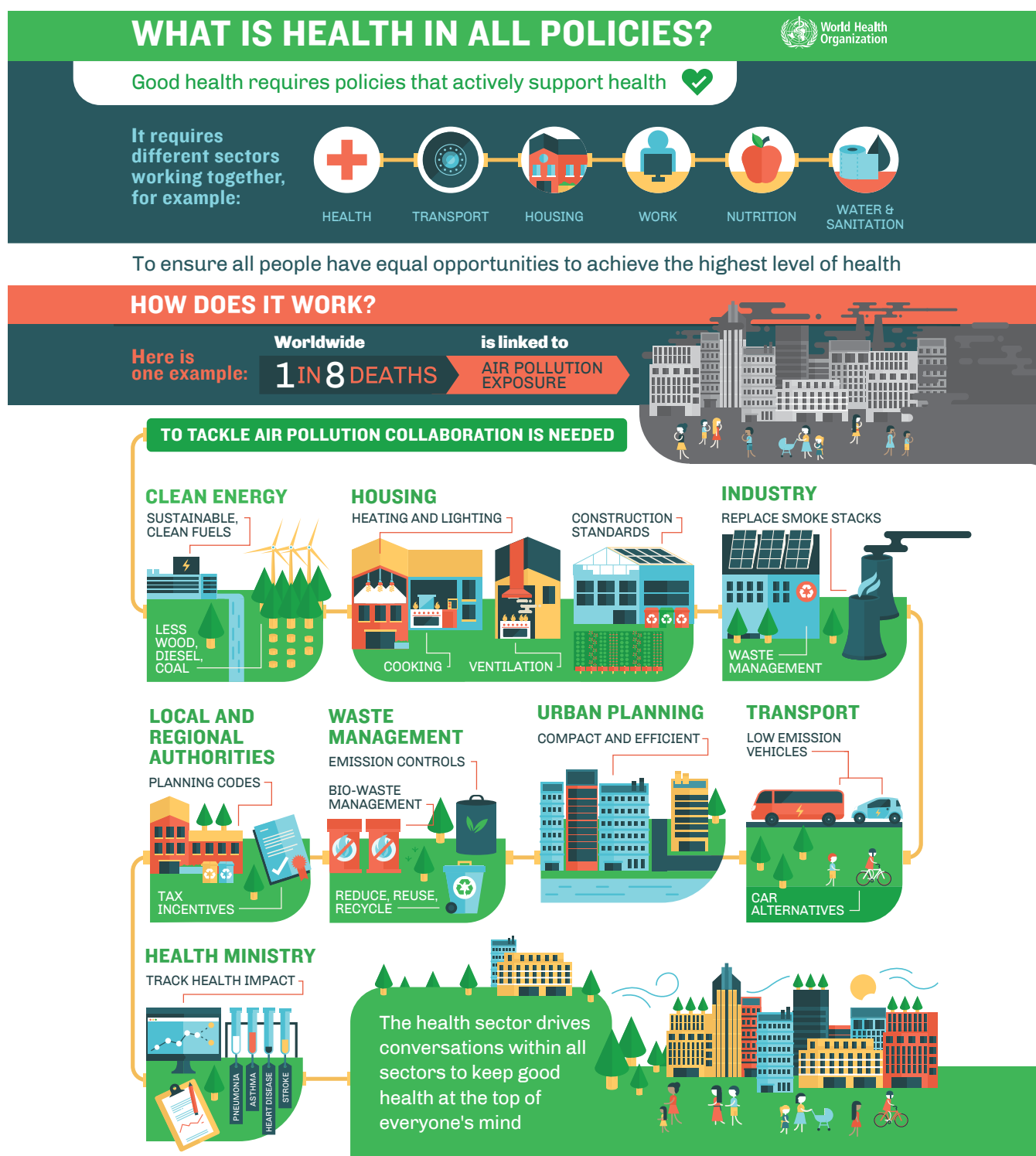


National HiAP workshop in Zambia, organized by Ministry of Health and Ministry of Community Development and Social Welfare with support of WHO

Countries in the early stages of establishing HiAP models, for example, Namibia and Zambia, are using the Sustainable Development Agenda as a critical driver to more closely link health with other sectors' work, given the interconnected nature of all the Goals and their interaction with the health Goal.

The use of national development plans has been a successful pathway to HiAP for Sudan, Suriname, Namibia and Zambia, which have strategically positioned health as part of achieving a whole-of-government agenda.

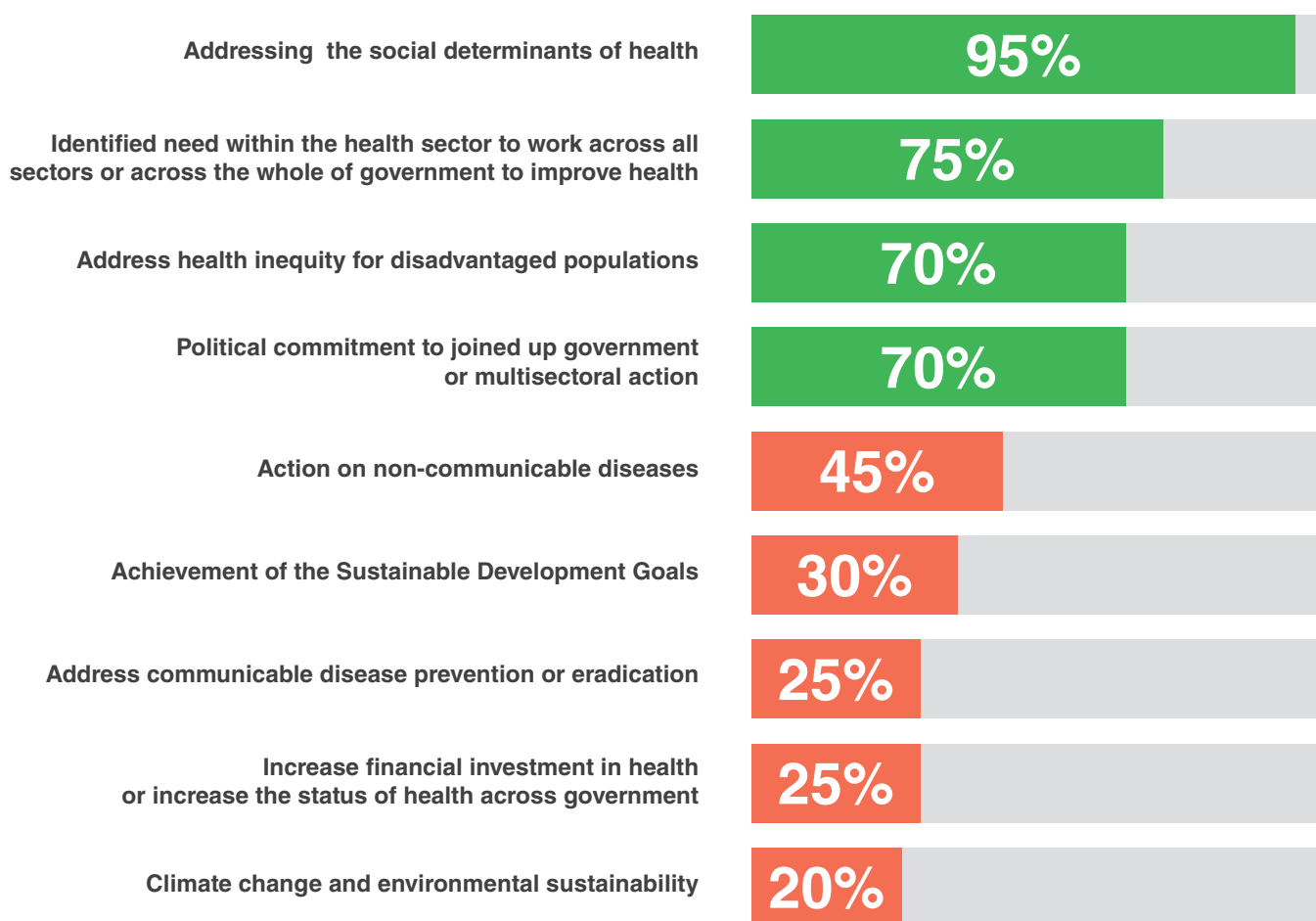
Figure 3. Health in All Policies infographic – the case of air pollution (WHO 2015)



South Australia's "Thinkers in Residence" was a programme in Adelaide, South Australia, which brought leaders in their field to work with the South Australian community and government to develop new ideas and translate them into practical solutions to improve the lives of the South Australian people. South Australia's "Thinkers in Residence" programme provided an opportunity for an international expert to explore how health and well-being could be improved in the state. A key recommendation was that a HiAP approach be applied to the government's strategic plan targets, and so HiAP was initiated.

In California, climate change and childhood obesity were key priorities for the then Governor Arnold Schwarzenegger. This was an opportunity to introduce the Governor to HiAP, as a possible way to help California simultaneously tackle both of these issues. Recognizing the complexities of the policy areas, the Californian HiAP Task Force was established as a collaborative, multiagency body charged with promoting health, equity and environmental sustainability.

Figure 4. Key drivers in the commencement and progression of HiAP among Global Network for Health in All Policies members



Source: GNHiAP Survey 2017 (https://actionsdg.ctb.ku.edu/wp-content/uploads/2018/02/GNHiAP-Thailand-meeting-report_FINAL_for-web.pdf)

- **Build on what already exists.** An important strategy, highlighted by many case studies, is to aim for policies and projects not to be optional additions, but rather established as a new way of doing business. For example, broad national policy frameworks provided an entry point in China and Sudan. This reiterates the importance of building on existing agendas while making incremental changes.
- **Find HiAP “champions” or policy entrepreneurs.** Start to create a network of engaged policy actors to champion HiAP and intersectoral collaboration. This can help to open up traditional organizational boundaries and support coordination when initiating HiAP.

How to implement Health in All Policies

HiAP is an approach to collaborative policy development and not merely a technocratic planning tool. It embodies a whole-of-society and whole-of-government vision for a healthier society. Political commitment and leadership is therefore essential for providing a foundation to support implementation of HiAP.

- **Ensure commitment and leadership at the highest level to mobilize the whole government.** Commitment needs to be clearly articulated at the highest level and supported by a strategic framework to better integrate action on the determinants of health and guide government-wide activity. In the sustainable development era, HiAP should also be explicitly linked to national strategies and action plans on the SDGs, as demonstrated by the work in Finland, Namibia and Zambia. Positioning HiAP as a governance framework in pursuit of sustainable development is a way to emphasize commitment and the significance of HiAP for all policy areas.

Examples from a number of regions demonstrate how leadership and support at the highest level is critical for effective implementation of HiAP.

- In California, an Executive Order by the Governor mandated the establishment of a HiAP Task Force to oversee the initiative.
- The partnership with Central Government, through the Department of the Premier and Cabinet in South Australia, provides a clear statement of the Government's commitment to a HiAP approach.
- The Leadership Group that oversees the Canterbury HiAP Partnership (CHiAPP) in New Zealand is a city-/regional-level example of good governance in practice.
- In Quebec, Canada, HiAP is supported by the highest government officials – the Council of Ministers.



Photo: GHC / S. Deshapriya

- **Ministries of health need to take on a different role.** It is well known that the policy levers for action on the determinants of health often sit outside the remit of the health sector. Increased consideration and investment by

- **Intersectoral (also known as cross-sectoral and multi-sectoral) governance and a strong mandate are critical.** Putting in place a governance structure to oversee HiAP as a whole-of-government and whole-of-society approach is needed to ensure long-term benefits. Good governance drives the implementation of work across sectors, builds ownership and increases exposure to collaborative opportunities. It promotes alignment of policy priorities and provides an authorizing environment for HiAP. Good governance also ensures that policy-making is harmonized, efforts do not undermine other priorities, and conflicts of interest can be resolved in a timely and transparent manner.

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