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Introduction

Many of the determinants of health and health inequities in populations have social and economic origins that are beyond the direct influence of the health sector and health policies. The 2011 *Rio Political Declaration on Social Determinants of Health* and the 2011 Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases are unequivocal in their recognition of the responsibility of governments for the health of their citizens, reaffirming that health inequities between and within countries are politically, socially and economically unacceptable, as well as unfair and largely avoidable. To achieve health for all is a challenge and a Health in All Policies (HiAP) approach provides a response for the challenge.

HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

HiAP is founded on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development.

In recent years, governments have increasingly come to realize that they can achieve health, social, environmental <u>and</u> economic goals by actively exploring the potential synergies between and within policies in sectors such as transport, agriculture, education, employment and environment. Action has therefore been scaled up to implement the HiAP approach in line with relevant political declarations. To this end, efforts have been made to determine what it is, and more importantly how it works and how progress can be reported. Attempts have also been made to build the capacity to implement the approach.

1. Purpose of this Framework

This framework provides countries with a practical means of enhancing a coherent approach to HiAP, particularly at a national level. Some countries have already adopted a HiAP approach, even though this may not be explicit, whereas in other countries the concept is new and has yet to be operationalized. This framework has also been developed so that it can be adapted for supranational level decision-making and for governance structures at the national level, as well as the local level as decentralisation of government functions has empowered local authorities in many areas.

2. What is Health in all Policies?

HiAP focuses on the role that governments play in achieving population health and equity. Public policies and decisions made in all sectors and at different levels of governance can have a significant impact on population health and health equity, and on the capacity of health systems to protect health and respond to health needs. HiAP implies an exemplary role for the health sector,

but also explicitly recognizes the specific and synergistic impact on health and equity of actions by other parts of government. It incorporates a concern for the equitable distribution of resources for health, and for reconciling economic interests with social advancement.

HiAP provides a mechanism and practical tools to enable public authorities and representative politicians all levels to understand health impact, ensure accountability for the health and equity consequences of their public policy decisions. It applies to both the executive and legislative arms of government that determine policy, enact laws and regulations, control budgets and decide upon taxes. Although many sectors positively contribute to better health, significant gaps in understanding and action often result in a failure by governments to optimize health and equity gains.

This approach to policy-making recognizes that governments have many priorities. The implementation of HiAP does not imply that health and equity priorities automatically gain precedence over other policy aims. It ensures that health considerations are transparently taken into account in policy-making, and opens up opportunities for achieving synergies and co-benefits for health across sectors, while protecting health and health equity.

3. How to implement a HiAP approach

Practical experience in the implementation of HiAP has highlighted some key principles that enable success and these are: legitimacy, accountability, transparency and public participation. HiAP draw its legitimacy from political, economic, social and human rights considerations that governments adhered to when they ratified international conventions, or adopted provisions within their own legislation, or enshrined in their constitutions. Legal obligations provide continuity and cushion impacts from shifts in government policies or loss of political interest.

Accountability plays a key role in the HiAP approach, particularly with respect to the responsibilities that governments have towards their citizens when considering the impacts of health-related policy decisions. HIAP require both a firm commitment and clear mandate on the part of governments.
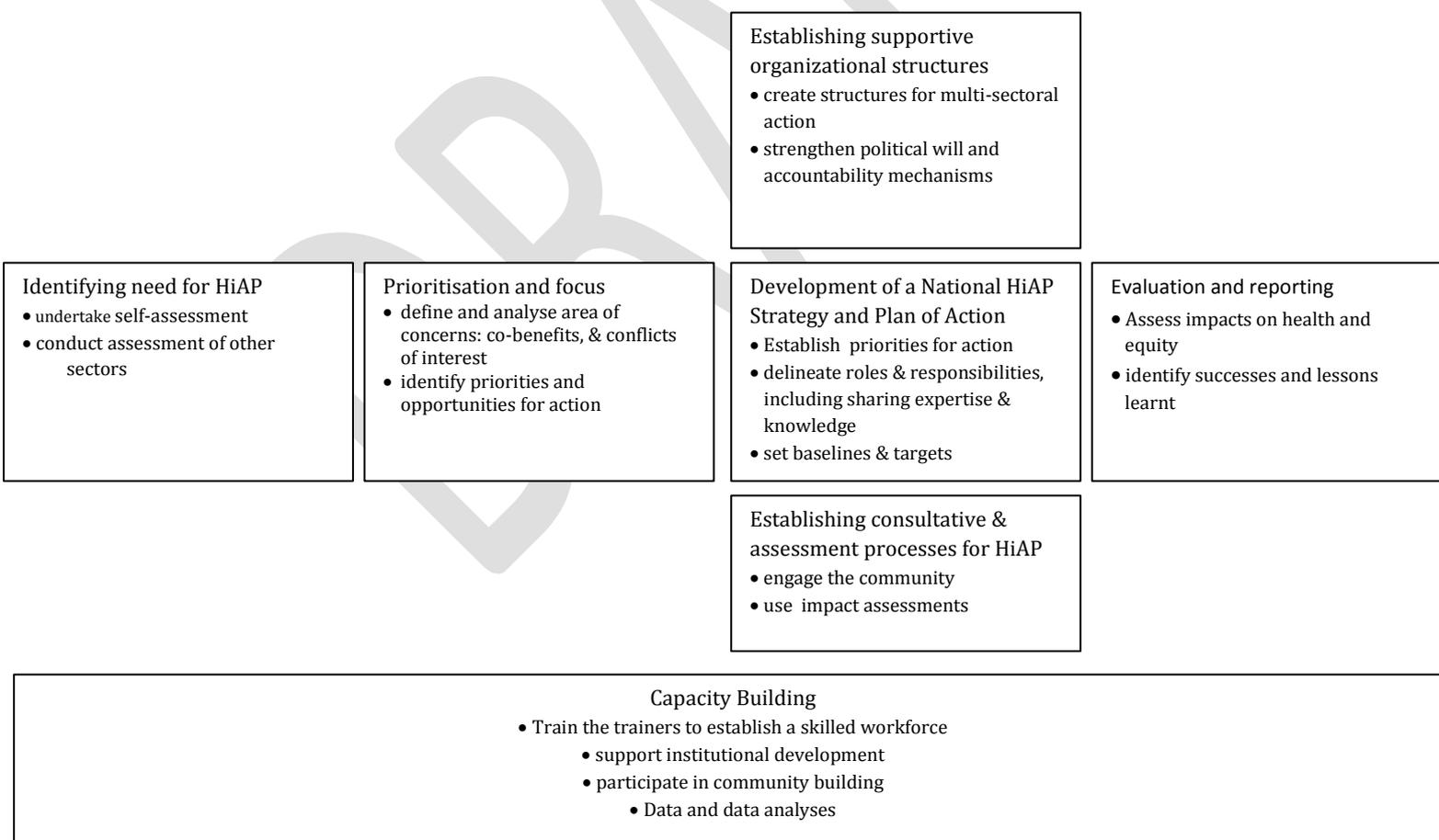
A commitment to collaborative and participatory (horizontal) approaches to governance and policy-making is needed because it is recognized that, while other sectors can serve the goals of health, health can also significantly contribute to the achievement of the goals of other sectors. Public participation and participatory processes are important elements for policy-making as a dialogue and engagement with civil society generates benefits for all.

Experience has also demonstrated that the health sector must acquire a mindset to work in collaboration with other sectors to advance health in all policies. The health sector may have a central coordination role depending on the nature of the intervention. In some instances, the health sector can take the lead; in other contexts responsibility may be taken by the whole government, another sector or organization. The challenge for the health sector is to be aware of policy development early on and to engage in a timely manner in processes that are potentially

crucial for health and health equity, as well as to communicate and interact effectively with politicians and other policymakers, including those working in other sectors. In order for HiAP to be successful, it is important to recognize and understand existing opportunities to act for the common good, despite the range of interests inherent in different sectors or across sectors. In short, the key tasks facing the health sector include coordination, engagement, advocacy, as well as building knowledge and an evidence base for policy development and strategic plans, acquiring a good understanding of the political agenda and administrative imperatives of other sectors, and providing evidence of success in multisectoral [1] actions for health.

There are also other prerequisites that governments should take into careful consideration, including an understanding of and commitment to HiAP principles. Political will is the inherent driver for policy-making and is important for initiating and moving forward on HiAP within a national administration. HiAP are unlikely to thrive if there is no institutional or organizational presence that supports such policies within government, parliament and/or an institution (e.g. National Public Health Institutes or related agencies).

The key salient features to begin establishing a HiAP approach at the national level are summarized in the flowchart below:

Establishing supportive organizational structures
- create structures for multi-sectoral action
- strengthen political will and accountability mechanisms

Identifying need for HiAP
- undertake self-assessment
- conduct assessment of other sectors

Prioritisation and focus
- define and analyse area of concerns: co-benefits, & conflicts of interest
- identify priorities and opportunities for action

Development of a National HiAP Strategy and Plan of Action
- Establish priorities for action
- delineate roles & responsibilities, including sharing expertise & knowledge
- set baselines & targets

Evaluation and reporting
- Assess impacts on health and equity
- identify successes and lessons learnt

Establishing consultative & assessment processes for HiAP
- engage the community
- use impact assessments

Capacity Building
- Train the trainers to establish a skilled workforce
- support institutional development
- participate in community building
- Data and data analyses

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[1] In the context of this framework multisectoral action refers to actions between two or more sectors (e.g. health, transport and environment) within government, and is used as a synonym for intersectoral action.

Implementation of HiAP requires recognition that intersectoral work and a focus on policy analysis and assessment from a health priority perspective is a legitimate part of the work of civil servants and forms a basis for the allocation of resources in the context of funding of research or focus of national public health and research institutions.

In some countries the majority of decisions concerning health and public health, in particular those concerning health services, are made at the subnational level, either in the context of federal states or regional and local governments and administration. However, it is important to note that while decision-making may have been decentralized, this may not be the case with respect to decisions on other policies. It is thus an essential prerequisite to focus on decision-making of the legislative branch (parliament), executive branch (government) and public administration (civil servants).

The following case studies demonstrate how the health sector can make a contribution to other sectors to achieve the policy objectives of both the health and other sectors.

Vision Zero Initiative in Sweden

The Vision Zero Initiative is an example of how the road and transport sector took the leadership for health protection and improvement and enabled a stepwise elimination of deaths and serious injuries on the roads. The Road Traffic Safety Bill enacted in 1997 by the Swedish Parliament used a systems approach, specifically converging on transport, justice, environment, health and education sectors, and partnerships with the private sector and civil society to address fatal road crashes. The bill called for designing roads, vehicles, surveillance and safety equipment. Through the police, laws on road safety, such as speed limits, seat belt use and random breadth testing, were enforced, while civil society and the private sector promoted safe driving. In addition to its facilitating role, including provision of data, the health sector worked alongside the emergency sector to strengthen the emergency services, including efficient transportation and quality trauma response to reduce fatality and improve outcomes. The HiAP approach reflected in the relevant legislation and regulations is considered a success and led to a fall in the numbers of fatal road crashes from 9.1 deaths per 100,000 in 1990 to 2.8 deaths per 100,000 in 2010. Regardless of the increase in traffic volumes, the number of cars on the road rose from 507 vehicles per 1000 inhabitants in 1990 to 584 vehicles per 1000 inhabitants in 2010.

Plan nacional para el buen vivir in Ecuador

Plan nacional para el buen vivir (NPGL) or Good Living Plan, is a programme that develops public policies that impact health and is an example of HiAP at the constitutional level backed by a commitment at the presidential level. The National Development Plan of 2007-2010 for Ecuador aims to reduce inequality gaps and address basic needs of people. It uses a rights-based, social justice and equity lens to promote equality, cohesion and social and territorial integration, improve citizenry capacities and potential and build a democratic state for good living. It works at the central, regional and local level. Other sectors, including health, participate in the initiative through the development-coordinating ministry, which supervises several other ministries. Monitoring and evaluation results show that between 2006 and 2011 (when the National Development Programme was implemented, upon which this Good Living Plan was implemented), the relationship between urban rich and poor populations fell 10 points. At the same time, public investment was doubled, social investment grew 2.5 times; credits for agriculture was doubled; the proportion of urban homes with sanitation systems grew from 71% to 78%; rural homes with access to collection of waste increased from 22% to 37%; investment in justice grew fifteen times; and health appointments in the public service area increased to 2.6 per 100 inhabitants.

3.1 Identifying need for HiAP and assessment of other sectors

In developing an understanding of where to begin to implement HiAP, it is useful to determine the scope of policies and policy proposals that have potentially important implications for health, health equity and health system functioning. Identifying HiAP needs entails understanding the health sector's engagement with other sectors, as well as an assessment of other sectors in order to gain a thorough understanding of their policy concerns and priorities, and their relevance in relation to existing health priorities. This includes, but is not limited to, conducting a sector analysis and identifying potential (positive or negative) health impacts of the policies and actions of other sectors that can enhance positive impacts and reduce risk and their respective roles and responsibilities.

It is also useful to have an understanding of key governmental goals or goals of other sectors that can be enhanced through intersectoral collaboration, while also improving health goals. Assessing and analysing the implications of policies in other sectors can appear to be a major challenge so it will be necessary to seek guidance on assumed implications of different policy options and choices from people working within those sectors.

3.2 Prioritization and strategic thinking

Prioritization and strategic thinking on key health policy concerns is of crucial importance in directing limited resources and efforts. Strategic thinking may be necessary to focus on key national health policy concerns and identify potential longer-term priorities, as well as the contents of a road map for HiAP. It is useful to consider impacts in terms of population health and costs to society, as well as the necessary regulation and regulatory policy space needed for health and distributional implications, including impacts on social determinants of health.

In addition to those matters most crucial for health, areas of work where results can be achieved rapidly can be prioritized. It is also useful to consider where co-benefits can be found to serve the needs of both health and other sector policy aims and impacts and where change can be achieved under the current government priorities. It is also important to deprioritize efforts where progress is not foreseen.

3.3 Development of a National HiAP Strategy and Plan of Action

Developing an initial plan of action can be an important, but not essential, part of the HiAP process, especially in countries where HiAP has not been part of the broader policy process.

Critical elements of the plan include: existence of appropriate national health data, setting up structures to support HiAP implementation; ensuring that processes are implemented appropriately; setting baselines and targets; creating tools to enable officials to analyse critical policies and policy-making processes; and ensuring that actions are taken to monitor the progress of implementation.

3.4 Supportive organizational structures

Given the variety of structural and political contexts across nations, it is impractical to provide a single HiAP implementation model that is applicable to all countries. When determining

appropriate organizational structures for implementing HiAP it is useful to consider what already exists and operates efficiently and to give consideration to how they might be expanded to encompass HiAP. Some examples of existing structures that may be useful to the development of a HiAP approach include intersectoral committees as a basic organizational structure for action. These can be formed as: (a) general committees within the administration for airing intersectoral issues as these relate to health; or (b) with a more health-specific focus, such as nutrition, child health, or ageing; or (c) as a specific and more multi-stakeholder committee, including representatives from nongovernmental and private sectors. Also committees for health, for example in Assemblies and Parliaments, can provide oversight and scrutiny of the policies made in other sectors. The whole-of-government approach can be a powerful tool for applying HiAP. Additionally, steps need to be taken to strengthen governance structures, political will and accountability mechanisms to support multi-sectoral action.

3.5 Consultative and assessment mechanisms in HiAP implementation

Consultative mechanisms that can be established to assist the organizational structures developed to implement HiAP can be broadly divided into two main categories: consultative processes and assessment processes. It is important to note that the processes developed or utilised to assist with the implementation of HiAP will reflect relevant political and social conventions.

The consultative mechanism may occur within entire populations, specific population sub-groups, within legislative proceedings, or as part of deliberative processes such as health assemblies[2] or citizens' juries. Also included in the consultative processes are open consultations, special hearings and consultations with specific scope or with limited participation with various stakeholders and interest groups. Hearings, consultations and debates provide scope for taking in broader views on health-related matters as part of decision-making. Consultation can be done first at intersectoral level and then with the broader public and interest groups. Internet and web-based consultations are easy to initiate and despite increasing access to information and communications technologies in low and middle-income countries, a more community-based approach needs to be adopted, particularly in rural communities.

There are other useful and well defined 'tools' that can be used by governments to further strengthen the consultative and assessment process in implementing a HiAP approach. For example, in some countries, an obligation to undertake a health impact assessment is made as part of national legislation, whereas in others it remains voluntary or limited to a project-level assessment or is required as part of an environmental or integrated impact assessment. The strength of health impact assessments as a potential means for HiAP is the potential to be required as a legal obligation as well as a relatively developed methodology and practice.

Public health and public health policy reports can be used to draw attention to health-related matters as well as to policies that have important implications for health, health equity and health systems functioning and can convey important information and material for follow up. They are

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[2] See, for example: http://en.nationalhealth.or.th/Health_Assembly

also useful tools for applying accountability for health and health equity and is likely to provide an established baseline for future work. Their relevance and importance to policymakers cannot be taken for granted if reports become a routine process or if they are not discussed in parliament or in the media.

Assessment processes allow policy to be audited, reviewed, analysed or assessed within a regulatory process or as part of a budgetary review process. Policy audits are usually used as means to assess policies and measures and whether already existing legislation has been followed. A well-handled policy audit can give further scope for HiAP in terms of assessing the current state of development, but audits may be more helpful in monitoring, assessing and evaluating what has already been done. The key to policy reviews and assessments is that these are done with sufficient understanding of health priorities and policy needs so as to provide a health viewpoint to the policy. This can be done within the health sector or as part of a broader joint process as is recommended by South Australia's "Health Lens Process".[3] Budgetary review and discussion is also crucial for different policy areas and for the allocation of resources. While policies can take different forms and priorities, it is the budget that often defines what is achieved. Providing scope, monitoring or assessment of the budget from a health policy perspective can provide a means for realizing HiAP in practice.

4 Evaluation and reporting

HiAP is not a programme, but means for action. While it is possible to assess whether HiAP have been introduced in actual policy-making processes, it is not as an approach that is easily amenable to quantitative outcome indicators. While more detailed assessment and evaluation of issue-based or sector-specific HiAP measures can and should be made, it is necessary to remember that HiAP are not an endpoint but rather an approach, set of principles and means for health.

HiAP require follow-up on what has worked, where the challenges have been and whether it has advanced beyond being a new form of rhetoric. In this respect, adequate evaluation, audit or other mechanisms is important for both the realisation and further development of the HiAP approach. The principles of evaluation can be applied to assess and monitor the processes and outcomes of HiAP, ranging from the processes of inter-agency communication, through to policy formulation and implementation and, finally, measureable health outcomes. In these circumstances, it is legitimate and practical to use a range of indicators as the basis for assessing progress with HiAP at different levels. Examples of some of these indicators can be found below:

Figure 2. Examples of HiAP indicators

Salient Features	Indicators (to be identified)
Identifying needs for HiAP	• Self-assessments • Stakeholder analysis
Prioritization and Focus	• Level of understanding of the health impact of policies beyond the health sector • Identification of priorities for action.
Development of a National HiAP Strategy and Plan of Action	• Existence of overt government commitment to HiAP • Existence of a specific mandate for the health sector to engage with the rest of the government.
Establishing supportive organizational structures	• Existence of recognized functional mechanisms for example to manage and monitor HiAP development and implementation.
Establishing consultative and assessment processes for HiAP	• Use of impact assessments and policy audit to examine the impact on health and equity of polices.
Evaluation and reporting	• Formal monitoring of the health and equity outcomes predicted by specific policy initiatives. • Enable independent oversight for measuring impact and outcomes of HiAP on health and equity.
Capacity Building	• Training opportunities and knowledge change for health workforce and institutions. • Opportunities for community engagement through consultations and level of community participation.

5 Capacity building for HiAP

HiAP requires not only understanding the impacts and implications of other policy areas for health but also being able to communicate and negotiate with policymakers in other sectors. Capacity building is required at an institutional level within ministries and within other public health institutions that inform government health policy. Capacity building should also involve civil society in order to ensure that people develop a knowledge of public health-related issues and thus able to hold policymakers accountable. In this respect civil society would need to participate in decision-making, implementation and evaluation of HiAP.

Human resources, specific training and adequate inclusion of HiAP-related activities in job descriptions and performance requirements will play a central role in developing the workforce capacity for HiAP. If HiAP is to become more important in health policy-making than in the past, it is necessary to strengthen knowledge resources and support training opportunities. This requires strategic human and resource capacities for research synthesis, as well as access to both basic statistical data and sources for literature review and analysis on a wide range of issues. These include, in particular, capacities to analyse the legal and regulatory aspects of policies, including

capacities in policy, political economy and legal analysis. Capacities are also required for research synthesis on the basis of existing epidemiological data, as well as an understanding of their implications of other policy fields.

Training for HiAP can be challenging, as it is generally not a part of medical, legal or civil service training nor for that matter public health training, which can often be too narrow in scope. HiAP should therefore be incorporated in the education of future health professionals, especially those training in health care management and public health policy. Capacity building for HiAP also greatly relies on experiential learning under the guidance of experts or experienced bodies, such as government agencies, who can facilitate inter-country exchange and learning.

There needs to be a sufficient basis for and quality of quantitative health data accessible for public policy purposes and use. This needs to be recognized as being an essential part of the public health infrastructure required to implement health policies. Essential to this infrastructure is the presence of a national public health institution or agency. Knowledge of feasible policy solutions is as important knowledge of what is wrong in health. Finally, and perhaps more importantly, the knowledge synthesized need to be translated in a policy relevant format in a timely manner and brought to the attention of the policymakers.

Moreover, the community level is core to HiAP capacity building and may include raising awareness about health risks and undertaking community action for health. To this end, people in the wider community must be able to foster community identity and cohesion, facilitate access to external resources, and develop structures for community decision-making, among others. Community capacity building concerns the ability of community members to take action to address their health through social and political support that is required for successful implementation of policies and programs that have an impact on health.

6 Global actions on HiAP

A crucial aspect for global action for HiAP is to recognize that it forms part of international and external policies of cooperation, including foreign policy. Efforts of intergovernmental organizations demonstrate how intersectoral action can improve health, for example: (a) Of the eight MDGs, three concerns health outcomes and five are important determinants of health; (b) United Nations Development Programme's (UNDP) strategy on HIV, Health and Development is linked to addressing social, cultural and economic determinants by strengthening governance, institutions and management capacity and reaching out to Justice or Home Affairs Ministries; (c) the integration of noncommunicable disease prevention and management into United Nations Development Assistance Framework (UNDAF) process; (d) ILO's social protection floor has a potential to prevent and address inequities in health and vulnerabilities such as poverty impacting on health.

While globalization can be considered a major force shaping our future, it is also necessary to recognize the importance of national policies in the shaping of global social and economic policies – good global health begins at home. Regional policy and governance structures also need to consider HiAP in their respective regions. Work on developing regional strategies for HiAP could

enable issues that are dominant within different regions to be pursued. These regional policies could be developed and supported in collaboration with WHO Regional Offices in order further enhance the approach in practice.

With regard to the role of WHO in supporting its Member States to implement the HiAP approach, there are five crucial aspects of work where WHO focus could benefit HiAP at national level through: (a) support for national capacities and focus on HiAP; (b) compilation of experiences/clearinghouse on HiAP; (c) understanding health policy implications of international law, including trade and investment agreements; (d) providing training and monitoring; and (e) undertaking global and regional health policy responsibilities in HiAP. The framework for HiAP for country action will therefore be a collaborative effort between individual member states and the WHO.

References

To be listed.