

A Health In All Policies Tool: Draft Framework For Country Action Across Sectors For Health And Health Equity



DRAFT FRAMEWORK FOR COUNTRY ACTION ACROSS SECTORS FOR HEALTH AND HEALTH EQUITY

SECTION 1: INTRODUCTION

What is the purpose of the framework?

1. The framework provides guidance to Member States on taking country-level action across sectors for improving health and health equity. Such action includes the support of the health sector to other sectors in developing and implementing policies, programmes and projects within their own remit, in a way that optimizes co-benefits (i.e. for all sectors involved).
2. The framework explains what action across sectors means, why such action is needed, the underlying values and principles, and how effective actions can be carried out across sectors at all levels of government. The framework clarifies the roles and responsibilities of different governmental and nongovernmental actors, and provides practical tools to facilitate the implementation of action across sectors.
3. The framework can be used to address specific health issues, or to establish a more comprehensive, systematic approach to ensuring action across sectors for health and health equity, with a focus on underlying determinants of health.

What is action across sectors?

4. Action across sectors refers to work undertaken by two or more government ministries or agencies to develop policies, programmes or projects. It includes both horizontal action between ministries or agencies, and action across different levels of government. Traditionally, the health sector has facilitated action across sectors for health and health equity, for example, through the “Health in All Policies” approach¹ and the “whole of government” approach.²
5. Substantial health gains can be made through explicit effort from sectors outside health, as outlined in paragraphs 7 to 12. Therefore, it is important for the health sector to support other sectors in developing and implementing policies, programmes and projects within their own remit that

¹ Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergy and avoids harmful health impacts. It aims to improve population health and health equity. It also improves the accountability of policy-makers for health impacts at all levels of policy-making, and emphasizes the consequences of public policies on health systems, and on determinants of health and well-being. See the Helsinki Statement on Health in All Policies, available at: <http://www.who.int/healthpromotion/frameworkforcountryaction/en/> (accessed 4 May 2015)

² The “whole of government” approach is one in which public service agencies work across portfolio boundaries, formally and informally, to achieve a shared goal and an integrated government response to particular issues. It aims to achieve policy coherence in order to improve effectiveness and efficiency. This approach is a response to departmentalism that focuses not only on policies but also on programme and project management. An example a 2004 publication by the Australian Public Service Commission: “Connecting government: Whole of government responses to Australia’s priority challenges”, available at: <http://www.apsc.gov.au/publications-and-media/archive/publications-archive/connecting-government> (accessed 4 May 2015).

optimize co-benefits. Thus, in this framework, action across sectors in government or, more generally, in the public sphere, also refers to “multisectoral action”.¹

6. Engagement with non-State actors who play a critical role in promoting action across sectors is essential. This is also known as “multistakeholder action”.

Why is health action across sectors necessary?

7. Health action across sectors is necessary because many factors that are key to health outcomes lie beyond the reach and control of the health sector. Such factors include: the causes of, distribution of, and risk factors for, many diseases; inequitable access to care; and the social, economic and environmental determinants of health. Action across sectors is needed to ensure health protection and to optimize health systems functioning, both of which are essential for improving health and health equity.

8. Examples of how health can be affected by actions beyond the health sector include:

- decline in road deaths as a result of a range of measures on, for example, safer road design and motor vehicle safety;
- reduction in tobacco-related morbidity and mortality due to the implementation of tobacco control measures by different government sectors;
- reduction in cardiovascular disease and stroke due to a reduction in dietary salt intake;
- decline in mesothelioma as a result of regulations against the use of asbestos;
- decrease in mortality from diarrhoea because of improved access to clean water and sanitation;
- the increase in life expectancy due to additional years of education.

9. Action across sectors has proven to be an effective way to address specific health issues throughout the life course, most notably in tobacco control and in combating HIV/AIDS. It is also highly effective in health emergency situations, which usually require the rapid participation and cooperation of various sectors.

10. Action across sectors is particularly important in countries with weak infrastructures, an overemphasis on economic development at the expense of the environment, weak regulation and legislation for the prevention and control of noncommunicable diseases, and limited capacity of and access to health systems.

11. Health for all is a precondition for and an indicator of sustainable development. Action across sectors is needed in all countries to achieve a set of sustainable development goals beyond 2015, including a proposed goal to ensure healthy lives and promote well-being for all at all ages, and a proposed target to achieve universal health coverage.² Vice versa, achieving the proposed set of sustainable development goals by 2030 is critical for health and health equity, taking into account that most of the sustainable development goals are social, economic and environmental determinants of

¹ The term “multisectoral action” refers to action between two or more sectors within the public sector and is generally interchangeable with “intersectoral action”.

² See United Nations General Assembly resolution A/RES/68/309 and document A/68/970.

health, such as: poverty; hunger; food security and nutrition; inclusive and quality education; gender equity; water and sanitation; energy; inclusive and sustainable economic growth; employment and decent work; safe and sustainable cities; climate change; and peaceful and inclusive societies. Moreover, health is a contributing factor to the attainment of two other proposed sustainable development goals: equity and global partnership for sustainable development.¹ There are also links between health and the remaining four proposed sustainable development goals: industrialization and innovation; consumption and production patterns; use of the oceans, seas and marine resources; and the use of terrestrial ecosystems.

12. Addressing the social and environmental determinants of health across all sectors and for whole populations, irrespective of a country's stage of socioeconomic development, "is important to create inclusive, equitable, economically productive and healthy societies".²

What forms does health action across sectors take?

13. Action across sectors can take multiple forms, including:

- the **health authority** initiates actions, with participation from one or more ministries or agencies, and focusing primarily on improving health and health equity (this is the most common form of action);
- the **head of government** initiates action with all ministries participating most of the time on a priority health concern, such as an outbreak or an emergency or longer-term health challenges such as noncommunicable diseases. It has been proven successful in responses to HIV/AIDS and maternal and child health issues as well as outbreaks, such as the recent Ebola outbreak;
- a **new structure** is established (or an existing government entity is used) to oversee and promote collaboration among different ministries, to address a priority public health concern (this form of action is common in international, national or local responses to HIV/AIDS);
- **authorities outside health** assume the lead agency role, as has occurred in the prevention of road deaths and injuries, where the road transport authorities have taken primary responsibility. There are many examples of this form of action; including actions by environmental protection agencies to address environmental hazards including air, noise and water pollution; and
- action is initiated at the **local government level**; it is increasingly common to find various sectors working together to address one or more public health and health equity issues through community-based or setting-based health promotion activities (e.g. healthy cities³ and health-promoting schools).

¹ For more information on sustainable development goals, see: <https://sustainabledevelopment.un.org/sdgsproposal> (accessed on 4 May 2015).

² For more information on the United Nations Conference on Sustainable Development, The Future We Want, see: <http://www.uncsd2012.org/thefuturewewant.html> (accessed 4 May 2015).

³ For more information on types of healthy settings, see: http://www.who.int/healthy_settings/types/cities/en/ (accessed 4 May 2015).

SECTION 2: PROPOSED FRAMEWORK FOR COUNTRY ACTION ACROSS SECTORS FOR HEALTH AND HEALTH EQUITY

Core values and principles

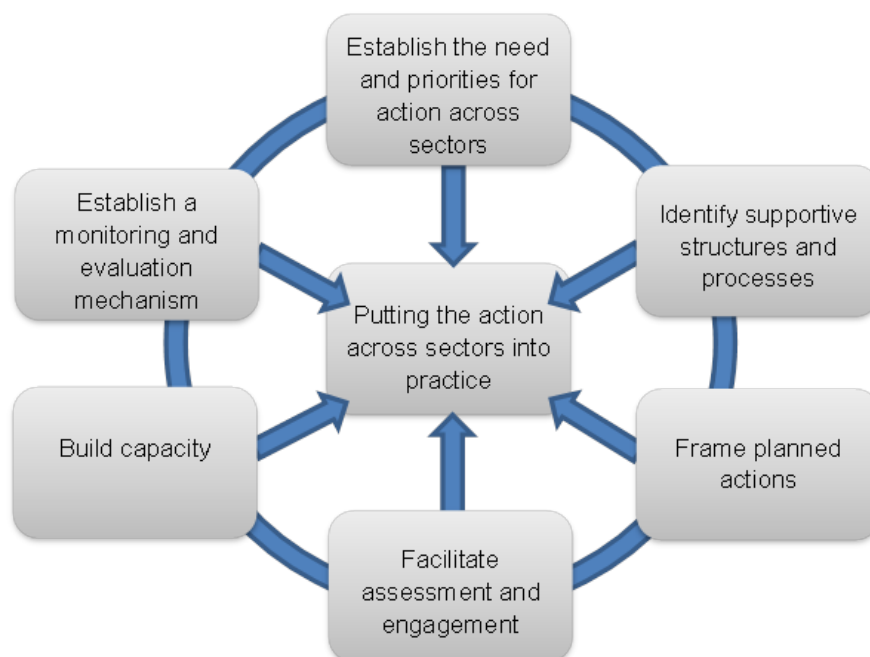
14. The underlying values and principles on which the framework is based are as follows:

- **Right to health:** This is in line with the Constitution of the World Health Organization. The right to health applies equally to all stages of life.
- **Health equity:** Equity in health can be addressed when there is a focus on the causes of the disparities that persist. Vulnerable populations need to be given special attention.
- **Health protection:** Disease prevention and health promotion are key responsibilities of governments. Legislation, rules and regulations are important instruments to protect people from social, economic and environmental threats to health.
- **Good governance:** Accepted principles of good governance include: legitimacy, grounded in the rights and obligations conferred by national and international law; accountability of governments towards their people; and participation of wider society in the development and implementation of government policies and programmes.
- **Sustainability:** It is important to ensure that policies aimed at meeting the needs of present generations do not compromise the needs of future generations.
- **Collaboration:** The protection and promotion of health and health equity requires collaboration and in many instances, joint action across various sectors and levels of government, non-State actors and the community.
- **Safeguard of public health interests:** To safeguard such interests, it is necessary to avoid undue influence by any form of conflict of interest, whether real, perceived or potential.

Proposed components for action

15. There are six key components that countries need to consider in implementing effective action across sectors, as shown in Figure 1. These components are not fixed in order or priority. Countries should adapt and adjust the components based on the country's specific social, economic and political contexts.

Figure 1. Key components of implementing health action across sectors



Source: Adapted from the Health in All Policy: Framework for Country Action, see: <http://www.who.int/healthpromotion/frameworkforcountryaction/en/>.

Key component 1: Establish the need and priorities for action across sectors

16. Establishing the need for action means determining what the specific needs are and how they might be addressed. Gaps in health and health equity must be identified, what works must be made known, and other sectors must be supported in developing and implementing policies, programmes and projects within their own remit, which optimize co-benefits.

17. Listed below are some of the actions that can be taken to establish needs and priorities:¹

- *Ensure that there is high-level political will and commitment* – this requires advocacy, to raise awareness that achieving health and health equity is a key responsibility of all governments, that health is an outcome of all policies, and that health contributes to broader societal and policy goals, such as economic growth and sustainability.
- *Build a case for action across sectors* – increasing the awareness of decision-makers, civil society and the public about how policies from different sectors of government can affect health and health equity, demonstrating how the engagement of key non-State actors can enhance the results of taking action, bringing a focus on the benefits to other sectors by working with the health sector, and communicating the costs of inaction.
- *Use political mapping* – this can identify members and groups within government that would be supportive and influential in ensuring the commitment of other sectors.

¹ Examples of reducing tobacco demand in Turkey, as well as the WHO Urban Health Equity Assessment and Response Tool (Urban Heart) are available at <http://www.who.int/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

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- *Identify areas of common interest, and existing intersectoral structures and frameworks* that could be strengthened to improve the efficiency of work.
 - *Prioritize actions* – this could be based, for example, on the significance of the issue for health or health equity, the alignment with government priorities, the existence of feasible and evidence-based solutions, available resources, and ethical criteria or those that are most amenable to intersectoral action.
 - *Analyse information about the factors affecting health.* Some countries have adopted a health profile methodology to identify the main determinants of health and well-being in each municipality, helping to set local public health priorities and need for action across sectors.

Key component 2: Identify supportive structures and processes

18. In this context, a structure enables actors from different sectors to interact. It can be a collection of people designated for a function or purpose, such as a committee or an interagency network, a service provider, or a collection of interrelated services, such as a public health institute. A process outlines the interaction and communication, including power dynamics and influences, between actors.

19. Listed below are some of the actions that can be taken to identify structures and processes:

- *Strengthen the ministry of health* in terms of its capacity to identify and engage with different government sectors, WHO and other United Nations organizations and intergovernmental organizations, and non-State actors in actions initiated by the health sector. It is important to identify and initiate dialogue with motivated leaders, and with individuals who contribute to decision-making or policy implementation, within different sectors.
- *Identify the most appropriate facilitating agency* to manage, take forward and account for the action across sectors for a given topic or priority. Also, ensure that the agency has the necessary human resources to carry out the coordination work needed, examine existing collaboration frameworks across sectors, and explore the possibility of integrating health and equity aspects in those dialogues.
- *Create realistic and functional structures for communication and for working across sectors* or use existing structures, where available (examples are shown in Table 1), with clear roles and responsibilities. These structures could be topic-specific or broad enough to tackle multiple issues. At the national level, experience from different countries indicates that structures work best when there is the direct involvement of the Head of State or Government.
- In countries with a decentralized government structure, *consider using the existing inter-territorial coordination mechanisms*, ensuring that regional and local entities are involved in the process.
- *Use legal frameworks*, including international treaties, presidential orders and memoranda of understanding to foster intersectoral collaboration.¹ At the national level, many countries have

¹ Examples include the WHO Framework Convention on Tobacco Control and the Convention on the Rights of the Child.

adopted laws and regulations affecting different sectors to decrease the use of tobacco by increasing taxes or banning smoking in public places.¹

- *Improve accountability and explore available mechanisms for scrutiny* within the legislative process, such as oversight committees, public hearings, issue-based groups and coalitions, and public health reports to legislature.

Table 1. Examples of structures to foster collaborative work across sectors²

Structures	Description	Examples
Parliamentary commissions or groups	Composed of members of parliament with specific advocacy or an oversight role.	<ul style="list-style-type: none"> • Samoa Parliamentary Advocacy Group for Healthy Living
Merged or coordinating ministries	Ministries with a mandate that includes several sectors or areas of responsibility for intersectoral coordination.	<ul style="list-style-type: none"> • Ministry of Social Affairs and Health (Finland) • Ministry of Health and Family Welfare (India) • Department of Social Development (South Africa)
Interministerial/departmental committees	Composed of representatives from various governmental sectors. Usually horizontal (i.e. similar administrative levels – national, subnational, district), but sometimes vertical. Can include nongovernmental organizations, private sector and political parties; and can be permanent or time-limited, have generic tasks or be ad hoc and centred around a specific task.	<ul style="list-style-type: none"> • Advisory Board for Public Health (Finland) • Intersectoral Commission of Employment (Peru) • Health in All Policies Task Force (California, United States of America) • Intersectoral Commission for the Control of Production and Use of Pesticides, Fertilizers and Toxic Substances (Mexico) • Quebec Government network of departmental representatives to “promote awareness of the existing impact assessment tools in their respective ministries, and support the use of these tools” (Quebec, Canada) • National Development Government Committee (Hungary) • Government HIV/AIDS Committee and Intersectoral task force on injury prevention (Estonia)
Health Commissions	Composed of representatives from various government sectors, nongovernmental organizations and private sector. Report to health minister.	<ul style="list-style-type: none"> • National NCD Commission (Barbados)

¹ Examples of legislation affecting different sectors to improve health include the 2012 Norwegian Public Health Act to Institutionalize Health in All Policies and the 2012 Public Health Product Tax in Hungary.

² See submissions received by WHO through the web-based consultation on the first draft Framework, see: <http://www.who.int/nmh/events/WHO-discussion-paper2.pdf> (accessed on 4 May 2015); also see the following publication: Leppo K, Ollila E, Peña S, Wismar M, Cook S, editors. Health in all policies: seizing opportunities, implementing policies. Helsinki: Ministry of Social Affairs and Health, Finland; 2013, page 11, also available at: <http://www.euro.who.int/en/about-us/partners/observatory/publications/studies/health-in-all-policies-seizing-opportunities,-implementing-policies> (accessed on 13 May 2015).

Structures	Description	Examples
Support units	Units within ministry of health or other ministries with a mandate to foster intersectoral collaboration.	<ul style="list-style-type: none"> • Health in All Policies Unit (South Australia, Australia)
Local/community coalitions	Local organizations that promote collaboration among different sectors.	<ul style="list-style-type: none"> • Community Anti-Drug Coalitions of America (United States of America) • County Health Council coordinating Ebola response efforts in Margibi and Lofa (Liberia)
Networks	Flexible coordination mechanism composed of institutional partners.	<ul style="list-style-type: none"> • Canterbury Health in All Policies Partnership (Canterbury, New Zealand) • Network of department representatives to promote awareness of the existing impact assessment tools in their respective ministries, and support the use of these tools (Quebec, Canada)
Expert committees	Comprising experts from NGOs, academia, think tanks, the public or private sector often created ad hoc around a specific task. Their composition can have a political balance.	<ul style="list-style-type: none"> • Presidential Advisory Council for Pension Reform (Chile)
Public health institutes	Public institutes with capacity to monitor public health and its determinants, and to analyse policies and their potential health implications across sectors.	<ul style="list-style-type: none"> • See International Association of National Public Health Institutes. The Ministry of Health and Social Services of Quebec (Canada) has an agreement with the National Public Health Institute of Quebec, which is specifically devoted to the application of the legislated requirement for health impact assessment, see http://www.ncchpp.ca/133/Publications.ccnpps?id_article=124.

Key component 3: Frame the planned action

20. Action plans can be stand-alone, or incorporated into existing action plans or strategic documents. The lead agency will initiate planning with the collaboration of the intersectoral established structure, whether it be a committee, a working group or another structure.

21. Listed below are some of the actions that can be taken to frame the planned action:¹

- *Identify and review the data available for a given issue* – this will include a legal and policy analysis, and a summary of available evidence-based interventions;
- *Identify existing action plans, policy documents and mandates* of the different sectors involved – to determine synergies and develop a common plan that ascertains community/systems changes to be sought and who will do what;

¹ Examples of the national good living plan in Ecuador are available at: <http://www.who.int/entity/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

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- *Define and agree on objectives, targets, indicators, population coverage, roles and responsible agencies and individuals, timelines, resources and a contingency plan;*
 - *Ensure adequate human and financial resources – although an increase in staff might not be necessary, changes in job practices might be required;*
 - *Develop a strategy to identify, prevent or counteract conflicts of interest;*
 - *Develop a strategy to report the results and give adequate feedback to all sectors involved, and to the general public;*
 - *Develop a monitoring and evaluation strategy with input from all sectors involved, including a health impact assessment.*

Key component 4: Facilitate assessment and engagement

22. Assessing health needs is important to identify unmet gaps in policy formulation or service provision. The information can then be used to determine priorities for action across sectors, and to plan specific policy or service improvements to meet these needs.

- A health needs assessment may involve: characterizing the epidemiology of health issues; understanding the patterns of and contributors to health inequities; identifying potential actions to improve health and health equity based on the best available evidence; canvassing the opinions of key groups and communities; and documenting the linkages between priority health needs, underlying determinants of health, existing policy levers and potential actions across sectors.
- It is also essential to assess the health impact of policies in order to ensure that the expected outcome of the policy is achieved.
- The agency responsible for conducting the assessment will depend on the type of assessment needed. In some cases, it may be preferable that an independent body be engaged for the task.

23. In general, the engagement of both State and non-State actors is essential throughout the entire process of policy making, from needs assessment, planning, implementation, to monitoring and evaluation. Creating awareness and facilitating the participation of stakeholders, through early involvement from the preparatory stages onwards, are critical to eventual success. Open and effective communication of the potential health and other implications with all sectors and stakeholders is essential to ensure a fuller understanding of both current and planned actions and policies in the wider community.

24. Historically, various stakeholder groups or sectors have co-existed within separate structures. It is increasingly recognized that an “action across sectors” approach would be more effective. Such an approach aims to move engagement across the continuum from co-existence through to collaboration.

25. Listed below are some of the actions that can be taken to facilitate engagement:¹

¹ Examples of health impact assessments in Thailand are available at: <http://www.who.int/entity/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

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- *Use appropriate tools*, such as health and health equity impact assessment, health and health equity lens analysis, policy audits and budgetary reviews, to assess the health impact of policies.
 - *Create an inclusive policy-making process* that includes key individuals, civil society groups, health care professional associations, community leaders and individuals, and patients who are likely to be affected by the existing or proposed policies. These people or groups should be invited to give their views on the benefits or adverse consequences of the policy, and their suggestions for improvement. Formal engagement tools can include health assemblies, citizen juries, town hall discussions, deliberative meetings or individual consultations. Internet-based tools such as discussion forums and social media are possible alternatives.
 - *Identify individuals involved in decision-making* or policy implementation, and invite them to engage in the dialogue in order to understand their priorities and recommendations.
 - *Specifically identify opportunities to engage with non-State actors*, including academia and professional associations, to seek assistance with assessment and engagement processes, and with the private sector, to facilitate shared understanding of the health agenda.

Key component 5: Establish a monitoring, evaluation and reporting mechanism

26. Mechanisms for monitoring, evaluation and reporting on progress provide evidence of what works and of best practices. It is recognized that each sector is probably already responding to its own key performance indicators and deliverables. Therefore, monitoring and evaluation indicators for intersectoral coordination, intervention and implementation would be additional requirements for stakeholders. Examples of suitable indicators can be drawn from those being developed by WHO for monitoring intersectoral influences on equity in health and universal health coverage, and in the Plan of Action on Health in All Policies (using WHO sustainable development goal indicators).

27. The tools mentioned previously for facilitating engagement (see paragraph 25) can also be used for monitoring and evaluation, and may include health impact and health equity impact assessments, health and health equity lens analysis, environmental impact assessments, policy audits and budgetary reviews.

28. Listed below are some of the actions that can be taken to establish mechanisms for monitoring, evaluation and reporting:¹

- Start planning for monitoring and evaluation early in the process and, where appropriate, develop an evaluation framework.
- Identify and agree on shared, meaningful indicators.
- Incorporate monitoring and evaluation throughout the action process (see Annex 1 of the Health in All Policies: Framework for Country Action).
- Establish the baseline, targets and indicators, as appropriate. For intersectoral action, these can be formal indicators and performance targets (on health status; on health inequities and their determinants; and on health action). Alternatively, a country can use a more flexible

¹ An example of the PAHO Plan of Action on Health in All Policies is available at <http://iris.paho.org/xmlui/bitstream/handle/123456789/4629/CE154-17-e.pdf?sequence=1&isAllowed=y> (accessed on 4 May 2015).

case-study approach based on its specific situation and needs (it is best to use existing governance-related monitoring and evaluation structures and frameworks where possible).

- Obtain data that can provide estimates for the different subpopulations, especially for vulnerable groups. Consider whether disaggregated data (including data on determinants of health) can be included.
- Carry out agreed monitoring and evaluation activities according to negotiated schedules.
- Ensure that reporting mechanisms are not too demanding for the participants, in order to avoid compromising the actual implementation.
- Measure co-benefits and provide evidence in support of future cooperation among sectors.
- Disseminate results and lessons learnt to all participating sectors, in order to provide feedback for future policy and strategy rounds.

Key component 6: Build capacity

29. Promoting and implementing action across sectors is likely to require the acquisition of new knowledge and skills by a wide range of institutions, professionals (health and non-health) and people in the wider community. Institutional capacity refers not only to the expertise of individual practitioners, but also to existing policy commitments, availability of funds, information and databases for planning and monitoring and evaluation, and organizational structure.

30. Capacity building is essential for all sectors involved and needs to be tailored and adapted to the specific country and sectoral contexts. There is a need for the different sectors to interact and exchange capacities during this process. It is also important that capacity building takes place at the same time in all sectors, given that collaborative action requires participation by all. Listed below are some actions that can be taken to facilitate capacity building:¹

- Encourage sectors to share and exchange skills and resources for capacity building.
- Promote the formation of communities of practice.²
- Build capacity on research and innovation, for example with the use of new technologies for disease prevention and treatment.
- Build capacity on innovative financing or existing financing mechanisms to ensure long-term sustainability.

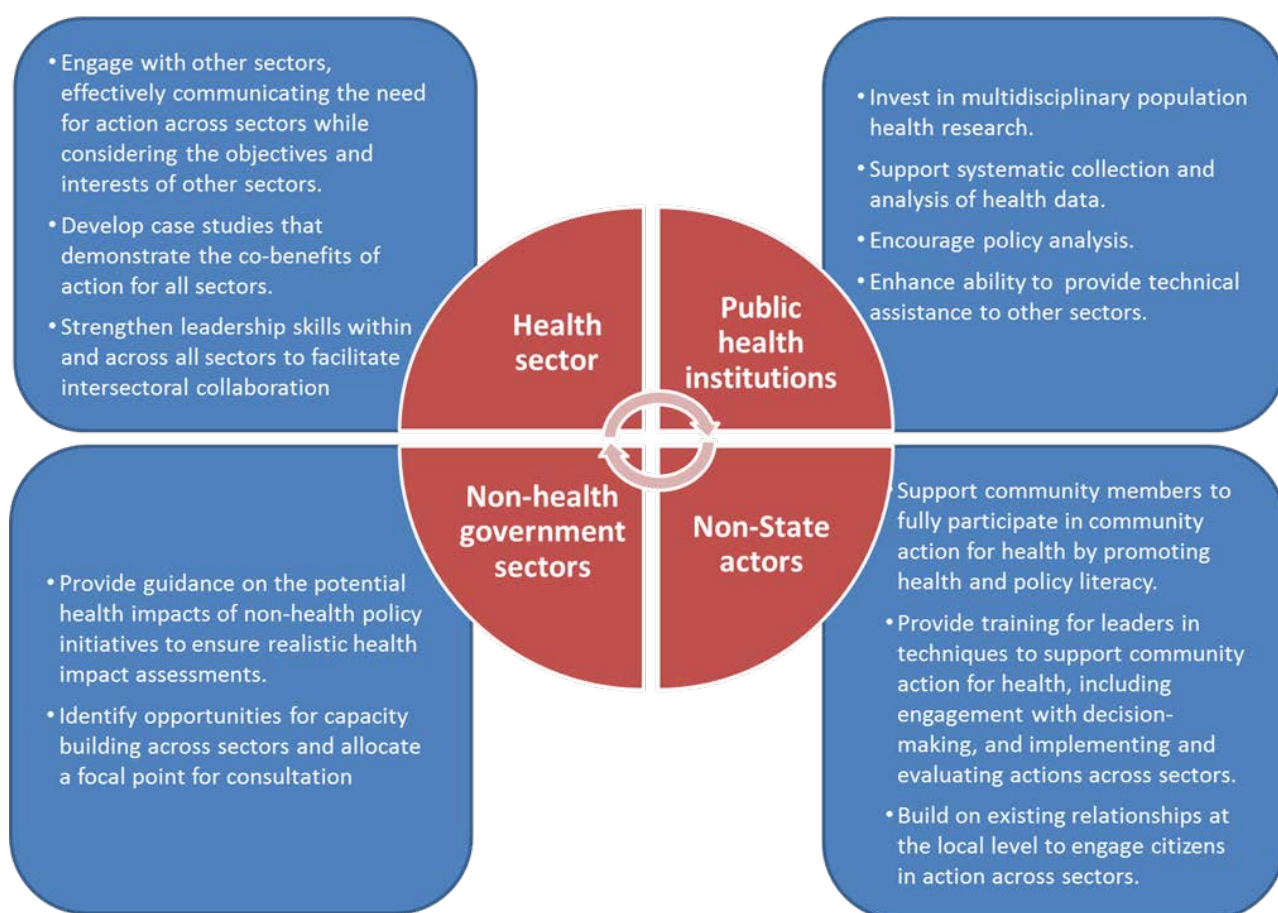
¹ For examples of operationalizing innovative funding for the treatment of HIV/AIDS, as well as the WHO Health in All Policies Training Manual, see: http://www.who.int/social_determinants/publications/health-policies-manual/en/ (accessed on 4 May 2015); and see the Master Plan for Roll-out of Training in Working Across Sectors, at: <http://www.who.int/entity/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

² The community of practice in the Australian state of South Australia has evolved over time, starting with informal collaborative relationships between policy-makers across sectors. These relationships have become progressively more formal and have developed into a network. They have been strengthened through skills workshops, sharing of experiences and outcomes, and sharing a mutual recognition of success in action across sectors, for example, including intersectoral representation of action across sectors at different forums. As the purpose, function and experience grow and develop, a community of practice emerges, which becomes an important supportive structure for facilitating the exchange of knowledge, information and lived experience among actors across different sectors and levels of government and community.

- Develop diplomacy and negotiation skills, which are invaluable to successful action across sectors. These skills are often acquired through specific training that focuses on action across sectors.¹
- Encourage sectors to put into place and implement strong accountability mechanisms.

31. Figure 2 gives a method for shared capacity building, showing some of the many readily available approaches that can be taken to build institutional capacity in different sectors.

Figure 2. Model for shared capacity building



¹ For example, the WHO Health in All Policies Training Manual outlines specific training activities on strategies and techniques for policy negotiation.

Putting into practice action across sectors

32. The application of action across sectors requires conscientious effort and judicious use of evidence. To maximise the impact of application, theory-driven practices are essential and to put theory into practice, tools are necessary.

33. Such tools may include national strategies for action and mapping of government activities and opportunities. Governments may use legislation (including international treaties and presidential orders), establish new government units, or develop memoranda of understanding to improve intersectoral action. Other tools can also be used to incorporate action across sectors within legislative processes; for example, through oversight by committees with statutory responsibility for health, public hearings and consultations, issue-based groups and coalitions within legislatures, or public health reports to legislatures.

34. Listed below are some of the key issues for effective implementation:¹

- *Strategic application* – the need to address priority public health concerns and their underlying determinants according to a country’s situation when applying the framework.^{2,3}
- *Being alert to windows of opportunity* – crises, changes in government and other contextual factors may present opportunities to engage across sectors beyond the scope of planned action. Furthermore, once the health crisis has passed, efforts should be made to preserve and improve the structure and the coordination that was quickly put in place for it.
- *Putting plans into action, including the implementation of monitoring and evaluation plans* – the need to ensure that all the different sectors *understand* their roles and responsibilities (including the amount of resources that need to be invested and the implications of not performing the assigned activities) and also *fulfil* those roles and responsibilities.
- *Increasing collaboration* through different strategies – with different professional groups (for example, urban planners) to mobilize their contributions to health and health equity efforts, for example, collaboration with professional groups and offering training to build capacity, establishing intersectoral working groups, identifying a relevant catalyst (champion, political imperative, national strategy, civil action).
- *Providing for contingencies* – the need to manage contingencies that may occur. In this regard, efforts must be made to identify, assess and cope with threats and barriers to effective action across sectors. To put together a “Plan B” with different options is useful.
- *Considering a cross-sectoral co-financing approach* that has proven to be more cost-effective.¹ Also considering sustainable funding sources, such as taxation of products

¹ Examples of salt-reduction campaigns in Bahrain, Kuwait and Qatar, as well as multisectoral engagement for road safety in Viet Nam are available at <http://www.who.int/entity/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

² Examples of such concerns include the rapidly-growing burden of noncommunicable diseases and of communicable diseases such as the Ebola virus disease, HIV/AIDS, malaria and tuberculosis; and the health impacts of environmental changes such as urbanization. The development of multisectoral plans on noncommunicable diseases prevention and control at the country level is a recent example.

³ The development of national multisectoral plans for the prevention and control of noncommunicable diseases is a recent example.

(tobacco and alcohol are the most common), and *integrated budgets and accounting* through shared resources and financing.

- *Creating an organizational culture that supports implementation* through managing tools, such as practice guides, collaborative learning, and continuing education and training, using the WHO Health in All Policies Training Manual.

SECTION 3: ROLES AND RESPONSIBILITIES

Lead roles

35. For health action across sectors to be effective, a facilitating agency is needed that will actively coordinate and manage the process.

36. To effectively influence other sectors to undertake action for health, the facilitating agency must hold the authority to work with other sectors, the required expertise, and the necessary information on the health issues and their implications for other sectors. The facilitating agency should also have a good understanding of the priorities and decision-making methods of other sectors.

37. Whatever agency becomes the facilitator, the roles, responsibilities and accountability for all sectors of government must be established at the outset of the planning process, so that all are clear about their roles and responsibilities, and the benefits they may gain. This will avoid duplication of activity, and increase effective collaboration among the various actors.

Health sector

38. Although government as a whole bears the ultimate responsibility for the health of its citizens, health authorities at all levels (national, regional and local) have the mandate, legitimacy and expertise to initiate partnerships with other government sectors, in order to increase collaboration in the promotion of health and health equity. The health sector usually has a core advocacy function in promoting action across sectors and in articulating the mutual benefits of such an approach. Its role will shift depending on the form of action across sectors taking place, and the nature of the issue and the risk factors.

39. Possible roles for the health sector are to:

- identify and prioritize health issues;
- build knowledge and generate an evidence base for policy development and strategic planning;
- assess the effectiveness of action across sectors and the cost of inaction versus investment;
- initiate regular and continuous dialogue with other sectors and with the whole of society, and create structures for this dialogue if needed;
- understand the priorities and decision-making methods of other sectors;

¹ See <http://strive.lshtm.ac.uk/> (accessed on 4 May 2015).

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- advocate for health protection and for social determinants of health to be addressed in public discourse and public policies; and
 - promote synergy and negotiate trade-offs between sectors and among potential institutional partners.

Other government sectors

40. Action by sectors other than health, at national, regional and local level can substantially contribute to improved health and health equity, for example, through policies involving social protection, food security, education, poverty reduction, transportation, environment, finance, trade and commerce, and taxation and legislation on the marketing of certain products. Some sectors work more closely with the health sector than others, depending on two key factors: common interests and co-benefits.

41. Increasingly, with decentralized governance in countries, the role of mayors (or their equivalents) – and their contributions to promoting and facilitating action across sectors within and beyond the local government – must be examined and documented. The impact of action across sectors at the city level can be substantial through the healthy cities approach, which defines a healthy city as one that is continually creating and improving those physical and social environments, and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.¹

WHO

42. In line with its expertise and experience in responding to health issues at the global, regional and national level, WHO should aim to:

- compile and promote evidence-based practices for action across sectors;
- promote action on universal health coverage and the social determinants of health;
- support policies for global health protection and health promotion;
- provide guidance and technical assistance for the implementation of policies across sectors on various levels of governance;
- provide a platform to advance multisectoral action by identifying and promoting sustained actions across sectors that can contribute to and support the implementation of the WHO Global NCD Action Plan 2013–2020 through the WHO Global Coordination Mechanism on the Prevention and Control of Noncommunicable Diseases; and
- work with and provide leadership for other United Nations organizations and other intergovernmental organizations, and encourage them to consider health objectives when implementing and monitoring major strategic initiatives.

¹ *Health Promotion Glossary* is available at: www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf (accessed on 4 May 2015).

Other United Nations organizations and other intergovernmental organizations

43. Many United Nations organizations and other intergovernmental organizations support action on social determinants for health in fields such as education, environment, refugees, gender and human rights. If health considerations were more explicitly included in these efforts, it would improve their potential impact on health and health equity. The integration of noncommunicable diseases into the roll-out processes of the United Nations Development Assistance Framework will support governments to integrate measures for the prevention and control of noncommunicable diseases into health planning at the country level, as well as national development and policies beyond the health sector.

44. The United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases is a recent example of action across sectors, working at the country level to prevent and control noncommunicable diseases.¹

Non-State actor engagement

45. An effective multisectoral response to improve health and health equity also requires participation from non-State actors. There is a growing body of experience with initiatives that have successfully mobilized non-State actors to improve health and health equity. Involvement of the private sector requires particular issues to be considered, such as the management of conflicts of interest, especially if the private sector entities involved are producing goods or services that may harm health.

46. Communities are in a key position to identify health issues and inequities, and to suggest suitable solutions at the local level. In addition to the valuable collective local wisdom, it is important to build community capacity by supporting the ability of community members to fully participate in community action for health. This may include promoting health and policy literacy, and training leaders in techniques to support and enable an informed community.

47. Nongovernmental organizations play a critical role in promoting health action across sectors due to their significant influence on State affairs. They can often provide data and evidence regarding health and health equity issues, which are important for identifying vulnerable populations and the need for action. Useful resources and technical expertise for the development of policies and plans may be provided by nongovernmental organizations. In addition, such bodies are usually led by passionate and committed individuals with great advocacy skills and the capacity to influence public opinion. Member States seeking to implement health action across sectors should seek to engage and include potentially relevant nongovernmental organizations as much as possible. International nongovernmental organizations also have a responsibility to ensure coherent policy in actions related to health and health determinants.

48. The private sector is key to achieving specific goals, but can also contribute to a negative impact on health and its risk factors. Thus, understanding potential contributions and impact on health is the first step to determining appropriate engagement, while managing potential conflicts of interest.

49. The outcome document of the High-Level Meeting of the United Nations General Assembly on the Comprehensive Review and Assessment of the Progress Achieved in the Prevention and Control of

¹ More information is available at www.who.int/events/2015/action-across-sectors-framework and <http://www.who.int/entity/nmh/events/2015/case-studies-framework.pdf?ua=1> (accessed on 13 May 2015).

NCDs¹ requested WHO to develop an approach that could be used to register and publish the contributions of non-State actors to the achievement of the nine global voluntary targets for noncommunicable diseases.

SECTION 4: MANAGING CONFLICT OF INTEREST

50. The engagement of Member States with non-State actors can bring important benefits to public health. There can be, however, risks to engagement with non-State actors, especially with the private sector. A clear risk is when there is conflict of interest between the non-State actor and the Member State.

51. Governments should conduct transparent due diligence and risk assessments before entering into engagement with non-State actors. As far as possible, they should ensure that financial resources for specific local or national coalitions devoted to health action across sectors, as well as any regulatory or norm-setting functions, are independent. When appropriate, Member States can obtain the support of the international community in the oversight and management of engagement, particularly with regard to international treaty obligations.

52. The Helsinki Statement on Health in All Policies urges governments to adopt conflict of interest measures to protect policies from distortion by commercial and vested interests and influence.

¹ United Nations General Assembly resolution A/RES/68/300.