



Health in All Policies

Using the Health in All Policies approach for progressing the SDGs: perspectives from WHO

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Introduction

The World Health Organization (WHO) is in a unique position to support implementation of the 2030 Sustainable Development Agenda.¹ Health is an input to, or impacted by, most, if not all, of the 2030 Sustainable Development Goal (SDG) targets.² Thus, health actors at global, national and sub-national levels are uniquely positioned to contribute to the SDG target 17.14, “Enhance policy coherence for sustainable development”, which is essential for aligning interventions for development.

The Health in All Policies approach (HiAP), as defined in Helsinki³ (Box 1), provides a way to implement policy coherence for sustainable development. Several major WHO areas of work are advocating for action on health determinants, each with varying degrees of explicit reference to HiAP. In this chapter, the latest global declarations for addressing determinants from each of these major WHO areas is viewed through the lens of the implementation of HiAP, as characterised in the Adelaide II Statement (Appendix 1).⁴ The analysis aims to demonstrate both the validity of HiAP when viewed from the perspective of different communities of public health actors, and to describe specific examples for HiAP implementation that enrich the scope for action. By so doing it shows that HiAP, while still evolutionary, provides a common point of reference for a set of practices that are needed to achieve policy coherence in sustainable development.

Core global health determinants action declarations

Four major areas of WHO’s general program of work are reviewed in this chapter. Common qualities they share are that they all promote intersectoral work and social participation in public policy-making to address a broad range of determinants. The four areas are the ‘social determinants of health’ (SDH); health promotion; health systems; and the environment, health and climate change. Five key global WHO action frameworks are linked to these four areas. Each framework advocates for action across multiple types of health determinants (i.e. political, social, behavioural, cultural, environmental (physical), ecological, commercial etc.). Each framework reflects the breadth of the Sustainable Development Agenda¹, and each adopts a country target audience (although having specific recommendations for global actors or sub-national actors) with the exception of one framework for mayors, which is linked to a national framework as explained below.

The first framework for the SDH relates to the Rio Political Declaration on SDH⁵ (‘Rio Declaration’) that has recently been shaped into the Framework for Monitoring Action on the SDH globally and aligned with the 2030 Sustainable Development Agenda (‘the SDH Action Framework’).⁶ The Rio Declaration action pledges, drawing on the Commission on Social Determinants of Health recommendations⁷, were originally formulated in 2011 at the World Conference on Social Determinants of Health in Brazil by delegates from over 120 United Nations Member States and representatives from the United Nations system, civil society, and technical experts.

Box 1. WHO’s definition of the HiAP approach as endorsed at the 8th Global Conference on Health Promotion in Helsinki in 2013

“Health in All Policies 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. 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.”

The Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development was developed in 2016 along with the Shanghai Consensus on Healthy Cities ('Mayors' Consensus') formulated by mayors from over 100 cities at the Ninth Global Conference on Health Promotion. The latter mayor-focused action framework illustrates the specific application of the more general national framework for Promoting Health in the 2030 Agenda for Sustainable Development.

The framework provided by "Health Systems for Universal Health Coverage - a joint vision for healthy lives" ('UHC 2030 Vision'), co-published by the WHO and the World Bank, describes how health systems reach Universal Health Coverage (UHC). It is one of the key publications from the International Health Partnership for UHC 2030.⁸ The UHC 2030 Vision highlights three interrelated health systems policy areas needed for enabling health system performance: governance, financing and service delivery.

Finally, WHO and the Government of France, holding the Presidency of the 21st Conference of Parties to the UN Framework Convention on Climate Change (UNFCCC COP21), jointly hosted the Second Global Conference on Health and Climate in cooperation with the Government of Morocco. The report, "Building Healthier Societies Through Implementation of the Paris Agreement: conference conclusions and action agenda" ('Health and Climate Action Agenda')⁹ describes actions around two broad themes: adapting to climate change and contributing to the reduction of global emissions of climate pollutants (including with co-benefits for health through mitigation).

Essential HiAP implementation characteristics

As summarised in Adelaide II, a combination of four HiAP implementation characteristics are emerging as important ingredients for success: i) good governance; (ii) development of strong and sound partnerships based on co-design, co-delivery and co-benefits; (iii) dedicated capacity and resources; and (iv) the use of evidence and evaluation.

Two of these four implementation characteristics are further elaborated in Adelaide II, namely aspects of good governance and partnerships for HiAP. Adelaide II characterises HiAP governance as: "providing an authorising environment from the highest levels of government; political and executive leadership as well as leadership at all levels of the hierarchy and horizontal leadership; leveraging decision-making structures; creating an environment for cultural change in practices and ways of working; leadership that looks outwards, encourages dialogue, supports experimentation and innovation; developing a clearly articulated and shared vision."

Adelaide II also characterises the following ways of working across government and society in strong and sound partnership, through: "co-design, co-production and collaboration to achieve shared goals and realise co-benefits; dialogue and systematic consultation; diplomacy to build constituencies to support change; shared measures, reporting and public accountability; basing action on evidence (jointly constructed or valued, or with cross-sectoral relevance); learning-by-doing; reflecting on practice and responding to changing contexts."

Two other characteristics in the Adelaide II Statement warrant further elaboration. Dedicated capacity and resources which have been extensively covered elsewhere in HiAP literature, typically refers to human, technical and financial resources with systematic functions, across the policy cycle, to address health determinants (see also the Helsinki Declaration^{3,10}). HiAP evidence and evaluation refers to specific ways in which knowledge can be generated by, and with relevance for, multiple disciplines, and how knowledge can support intervention solutions, including evaluation of processes, that do not rely purely on the application of medical technology.^{11,12}

Comparing WHO determinants action frameworks with respect to HiAP

The key WHO action frameworks are summarised in Table 1 according to the Adelaide II HiAP implementation characteristics (listed in column 1). One observes that all frameworks clearly call for using HiAP and all make some reference to each of the four essential implementation characteristics of HiAP. The different frameworks have overlaps and are hence reinforcing, but they are also complementary with respect to their particular emphases and examples. These different emphases will be drawn out in the analysis of each HiAP implementation characteristic below.

In the area of HiAP governance, the SDH Action Framework centres an entire action area around development strategies, viewing the national development planning processes as a key leverage point for improved governance for health. The Shanghai Declaration places great emphasis on the authorising environment for health, calling for “bold political action”. In particular, the Shanghai Mayors’ Consensus recognises the important role of mayors, and the authority of mayors in decentralised political and bureaucratic systems to take greater leadership. The UHC 2030 vision emphasises the health policy and strategy planning process and the involvement of multiple stakeholders, in particular focussing on social dialogue and the role of participatory governance (e.g. as conducted in Thailand). The Health and Climate Action Agenda emphasises a coherent approach to climate, health and economics, leveraging decision structures for the Nationally Determined Contributions to UN Framework Convention on Climate Change (FCCC) and for cities’ and communities’ climate integrated mitigation plans (the latter also referenced in the Shanghai Declaration). The significance of the last observation is that these are new processes designed in large by non-health sector actors to address the extremely complex global challenge of climate change.

In the area of HiAP partnerships, the SDH Action Framework emphasises co-design and partnership across government and society, referring to participatory approaches, empowerment of vulnerable groups, communities and civil society through access to information and improved accountability (linking back to governance). It calls for openness across government agencies and constituencies in policy-making. The Shanghai Declaration and Mayors’ Consensus stress the prioritisation of policies with co-benefits, the role of urban planning and city and community settings, supportive national frameworks for cities, increasing citizen’s control of their own health and the use of innovative, interactive technology and public involvement to build constituencies for change. They emphasise the role of the information environment in empowering citizens’ health literacy. The UHC 2030 Vision emphasises public dialogue and systematic consultation with communities and other stakeholders. The Health and Climate Action Agenda stresses the need for articulating a shared vision through evidence-based best buys, formulated on the basis of the inclusion of health impacts, which links to the concepts of national capital and externalities.

In the area of HiAP dedicated capacities and resources, the SDH Framework emphasises the need for dedicated public capacity on intersectoral action, equity, determinants, and public health. The Shanghai Declaration and Mayors’ Consensus highlight investing in developing health literacy and an enabling informational environment for citizens. The UHC 2030 Vision stresses governance platforms for dialogue and citizens’ forums. This requires investing in population and community capacities to participate meaningfully in policy-making. It also makes reference to ‘balancing’ funding for curative and prevention services – which could increase dedicated financing for HiAP. General references to health workforce alignment and the alignment of development assistance to go beyond communicable disease to include social issues are also references to human resources capacities for HiAP. In the spirit of this last theme, the Health and Climate Action Agenda

Table 1. Comparison of key public health action frameworks addressing health determinants and their reference to essential characteristics of HiAP

<i>WHO Area:</i>	<i>Social Determinants of Health</i>	<i>Health Promotion</i>	<i>Health Promotion</i>	<i>Health Systems</i>	<i>Environment, Health and Climate Change</i>
Action framework	SDH Action Framework ⁱ (original Rio Political Declaration 2011)	Shanghai Declaration on Promoting Health ⁱⁱ (2016)	Shanghai Mayors' Consensus (2016) ⁱⁱⁱ	Universal Health Coverage 2030 Vision ^{iv} (2017)	Health and Climate Action Agenda (2016) ^v
Words	1700	1356 (total) 899 (national)	457 (cities) ⁹	4142	1383
Structure of main action areas	<ul style="list-style-type: none"> • Adopt better governance for health and development • Promote participation across the policy cycle • Reorient the health sector to reduce health inequities • Strengthen global governance and collaboration • Monitor progress and increase accountability 	<ul style="list-style-type: none"> • Promote action on all SDGs • Make bold political choices for health • Promote good governance as crucial for health • Enhance the role of cities and communities as critical settings for health • Promote health literacy to empower and drive equity 	<ul style="list-style-type: none"> • Mayors commit to five Healthy Cities governance principles • Mayors commit to ten Healthy Cities action areas to be integrated in implementation of the 2030 sustainable development agenda 	<ul style="list-style-type: none"> • Strengthen health systems to achieve health security and Universal Health Coverage • Improve health system performance for better equity, quality, responsiveness, efficiency, resilience through actions on: <ul style="list-style-type: none"> • Service delivery • Governance • Financing • Success depends on stakeholders, beneficiaries, and providers 	<ul style="list-style-type: none"> • Adapt to climate change by strengthening the health and related systems for essential services (water, sanitation, food) • Contribute to the reduction of climate pollutants to protect environmental and social determinants of health: <ul style="list-style-type: none"> • Address health risks and opportunities • Support health and climate action • Measure country progress
Good governance	<ul style="list-style-type: none"> • Commit to equity, human rights-based approach • Work across different sectors, levels of government (horizontal) • Use national development plans or strategies • Reach out and promote mechanisms for dialogue and problem-solving with an equity focus • Ensure accountability through participation, transparency 	<ul style="list-style-type: none"> • Commit to equity, human rights-based approach • Apply mechanisms to protect health and promote wellbeing • Legislate and tax unhealthy commodities • Implement fiscal policies as a powerful tool 	<ul style="list-style-type: none"> • Use high-level position of mayors • Use urban development planning and policies to reduce poverty and inequity • Use integrated approaches to settings • Harness social innovation and interactive technology 	<ul style="list-style-type: none"> • Commit to equity, human rights-based approach • Commit to transparency and accountability for results • Develop national health strategies and leadership • Make health systems everybody's business • Promote international cooperation based on mutual learning and development effectiveness principles 	<ul style="list-style-type: none"> • Provide health leadership in multi-sectoral decision-making processes related to climate mitigation • Articulate a coherent approach to climate change, health, and economics (shared vision) • Use integrated health and climate mitigation policies in cities and communities

i Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators (WHO 2016). Available from: http://www.who.int/social_determinants/monitoring-consultation/en/

ii Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development. Available from: <http://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>

iii Shanghai Consensus on Healthy Cities. Available from: <http://www.who.int/healthpromotion/conferences/9gchp/healthy-city-pledge/en/>

iv Health systems for universal health coverage - a joint vision for healthy lives (WHO, World Bank 2017). Available from: https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangements_docs/UHC2030_Official_documents/UHC2030_vision_paper_WEB2.pdf

v Second Global Conference on Health and Climate. Conference conclusions and action agenda. Available from: <http://www.who.int/globalchange/conferences/second-global/conclusions/en/>

<i>WHO Area:</i>	<i>Social Determinants of Health</i>	<i>Health Promotion</i>	<i>Health Promotion</i>	<i>Health Systems</i>	<i>Environment, Health and Climate Change</i>
Action framework	SDH Action Framework (original Rio Political Declaration 2011)	Shanghai Declaration on Promoting Health (2016)	Shanghai Mayors' Consensus (2016)	Universal Health Coverage 2030 Vision (2017)	Health and Climate Action Agenda (2016)
Strong and sound partnerships	<ul style="list-style-type: none"> • Promote inclusive and transparent decision-making, implementation and accountability for health and health governance at all levels • Enhance access to information, justice, public participation, safe-guarding public interest, and empower communities • Develop partnerships that identify individual and joint roles for health improvements 	<ul style="list-style-type: none"> • Increase citizens' control of their own health and its determinants • Harness the potential of digital technology • Support cities to promote equity and social inclusion 	<ul style="list-style-type: none"> • Prioritise policies with co-benefits between health and other city policies, and engage in partnership-based urban planning • Harness knowledge, skills and priorities of diverse populations through community engagement 	<ul style="list-style-type: none"> • Develop a bottom-up participatory system design between the citizen/beneficiaries, the state and the service providers • Use policy dialogue mechanisms to 'join up' different parts of government, and mechanisms of voice and community empowerment • Convey collective preferences of citizens • Build capacity across sectors in emergency preparedness, response, recovery and addressing the SDH 	<ul style="list-style-type: none"> • Provide authoritative and evidence-based guidance on health risks and benefits • Become advocates, community leaders, scientific educators and champions of the rights of individuals and populations to be protected from health risks posed by climate change • Raise public awareness of opportunities for simultaneous promotion (co-benefits) of health and mitigation of climate change
Dedicated capacity and resources	<ul style="list-style-type: none"> • Dedicate resources and public health capacity for disaggregating data, intersectoral work, sharing • Support all sectors in the development of tools and capacities to address SDH • Strengthen public health capacities to address social, economic, environmental, behavioural determinants 	<ul style="list-style-type: none"> • Recognise health literacy as a critical determinant of health and invest in its development • Invest in the information environment in order to facilitate citizen's control 	<ul style="list-style-type: none"> • Recognise health literacy as a critical determinant of health and invest in its development • Invest in the information environment in order to facilitate citizen's control 	<ul style="list-style-type: none"> • Invest in platforms for dialogue • Balance finances of prevention vs. curative; consider fiscal space • Align training to local needs with curricula and affirmative action • Align development assistance to address social issues 	<ul style="list-style-type: none"> • Strengthen core public health capacities on climate change • Invest in training courses and mainstreaming into medical and public health training • Draw on climate funds • Mobilise and guide investment in climate change and health
Evidence and evaluation	<ul style="list-style-type: none"> • Disaggregate data • Measure societal well-being • Share evidence • Enhance research and surveys • Ensure access to research 	<ul style="list-style-type: none"> • Bring together existing measures of well-being, disease burden, and determinants with a focus on inequity 	<ul style="list-style-type: none"> • Bring together existing measures of well-being, disease burden, and determinants with a focus on inequity 	<ul style="list-style-type: none"> • UHC progress core indicators • Health systems strengthening indicators • All sectors involved in design, monitoring, evaluation and follow-up (enforcement) 	<ul style="list-style-type: none"> • Assess health gains potential through NDCs to the UNFCCC • Articulate health-climate linkages

emphasises capacities in health diplomacy. But it also refers to scaling-up dedicated climate change-health funding sources.

Finally, in the area of HiAP evidence and evaluation, the SDH Action Framework stresses monitoring with disaggregated data, comprehensive surveys, and sharing research in all sectors of society (alluding to health literacy). The Shanghai Declaration clearly refers to measures of well-being, disease burden, and determinants with a core focus on equity. By so doing, it highlights the need for traditional burden of disease and impact to encompass more complex causal analyses. The UHC 2030 Vision refers to multi-sectoral mechanisms being crucial for monitoring, evaluating and enforcement. The Health and Climate Action Agenda emphasises predictive modelling and information on the additional health gains from policies across sectors for reports on 'National Determinants Contributions', a specific Climate Change policy mechanism.

Implications for action

Reviewing these four action frameworks brings into sharper focus the opportunities for scaling up HiAP at the global level. The analysis shows reinforcing calls for HiAP to address complex problems emanating from different public health areas (SDH, health promotion, health systems and the environment, health and climate change).

Given the many commonalities in the approaches, bold action can be taken by WHO at the global level to convene key target constituencies to discuss matters of policy coherence important for several different WHO work areas. This may imply convening specific sectors e.g. finance or trade, for example, to discuss policy coherence for multiple health outcomes, across multiple determinants (e.g. child obesity, maternal health, palm oil in exports, agriculture, rural infrastructure investments). A regional HiAP initiative organised by WHO/Europe, and hosted by the Ministry of Social Affairs and Health of

France (7–8 December 2016, Paris, France) provides a leading example. WHO convened Member States, representatives of international organisations and civil society and experts to a conference on “Working together for better health and well-being; Promoting intersectoral and interagency action for health and wellbeing in the WHO European Region”. The conference aimed to strengthen intersectoral cooperation between the health, education and social sectors in the WHO European Region, for better, more equal health and social outcomes for children and adolescents and their families.ⁱ

It is equally interesting to observe from the analysis, the nature of, and slightly limited reference to, the role of health services. In the SDH Action Framework, there is reference to national health plans placing a greater emphasis on social and environmental policies. In the Shanghai Declaration, the notion of aligning both health and social services to optimise fair access and place people and communities at the centre offers another perspective. In the UHC 2030 Vision, a similar notion to that articulated in Shanghai is represented but the notion of health systems as everyone's business alludes to the social institutional role of health services and leaders. In addition there is an emphasis on health emergency readiness (as required by the International Health Regulations). In the Health and Climate Action Agenda, health facilities should embrace the climate change mitigation and resilience agenda, demonstrating leadership and aligning with a common vision of sustainable development. One conclusion to draw from all of these references is that there is a need for greater determinants literacy in health services and in the health workforce worldwide. Global standards on HiAP and determinants capacities in the health workforce will therefore be needed as part of the upcoming WHO National Health Workforce Accounts.

Finally, the specificities offered by the different frameworks present a rich scope for action. The essential broad scope of approaches described in the original SDH Action Framework

ⁱ See more: <http://www.euro.who.int/en/media-centre/events/events/2016/12/paris-high-level-conference/about-the-conference>

is enhanced and in several cases made more robust by the specific emphases of these other action frameworks. The Shanghai and Health and Climate Change Action Agenda make the strongest explicit link to sustainable development. The specific rich set of action themes that can form the basis of concerted global action by WHO are: health literacy supported by capacity building and participatory governance instruments; the authorising environment, including fiscal (economic) policies; urban development planning processes; multi-sectoral evaluation and accountability processes (including reporting on the SDGs); linkages with emergency readiness; and health diplomacy in contributions to climate change planning, evidence and reporting (as well as the specific funding opportunities offered under Climate Change).

These important observations for global action notwithstanding, at the same time it is noted that not all relevant WHO cross-cutting determinants frameworks are represented here. We focused on those linked to WHO work areas convened in a relatively short time-frame to sponsor the Adelaide II Conference. That process excluded several potentially relevant work areas such as animal and human health, antimicrobial resistance, food safety, and the International Health Regulations for health emergency preparedness.ⁱ Nonetheless, it is unlikely that their inclusion in this analysis would have contradicted any of the principal findings, rather they would have enriched it.

Conclusions

This modest analysis illustrates that there is powerful potential for WHO to make a greater impact in supporting the implementation of HiAP nationally and globally. This can be done through acting globally to convene particular actors and build capacity on the health determinants across different health (and non-health) constituents. There is also greater potential for enhancing impact and efficiency gains from WHO having a strategic, holistic picture of the areas of work promoting HiAP. Building essential HiAP characteristics into the Organization's next high-level strategic General Programme of Work could be a feasible approach. It can then identify key areas for acting jointly on the different mechanisms and themes offered by the different frameworks.

The different jurisdictions working to implement the Health in All Policies approach that are described in this book are working adaptively to apply HiAP in their settings. The approach of WHO to HiAP at the global level can have many implications for the way country actors implement HiAP. In closing, a quote from Adelaide II is an apt remark: "Many of the determinants we need to address are at the global level. It is essential that we build international alliances between countries, cities, civil society organisations and citizens to address these determinants (p 2)."⁴

ⁱ For further information on the global initiative of One Health see: https://www.onehealthcommission.org/en/why_one_health/what_is_one_health/ and for WHO's related work on human and animal health see: <http://www.who.int/zooses/en/>; <http://www.who.int/zooses/activities/en/>. See also the International Health Regulation: http://www.who.int/topics/international_health_regulations/en/; and for Food safety see: <http://www.who.int/foodsafety/en/>

References

1. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. A/RES/70/1. New York: United Nations General Assembly; 2015. [cited 27 July 2016]. Available from: http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/70/1
2. United Nations. The sustainable development goals 2015 [Internet]. NY(US): UN [cited 30 July 2017]. Available from: <https://sustainabledevelopment.un.org/post2015/transformingourworld>
3. World Health Organization, Government of Finland. Health in all policies: Helsinki statement. Framework for country action. Geneva, 2013.
4. Government of South Australia, World Health Organization. Adelaide Statement II on Health in All Policies 2017. WHO and South Australia International Conference Adelaide, 30-31 March 2017. Adelaide (AU), 2017.
5. WHO Rio Political Declaration on Social Determinants of Health. Available from: <http://www.who.int/sdhconference/declaration/en/>
6. World Health Organization. Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators: consultation paper. Geneva, 2016.
7. CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, 2008.
8. 2030 IHP. Health systems for universal health coverage - a joint vision for healthy lives. Geneva, 2017.
9. World Health Organization, Government of France. Second Global Conference on Health & Climate: "Building Healthier Societies Through Implementation of the Paris Agreement: conference conclusions and action agenda. Paris, 2016.
10. Draft Framework for Country Action Across Sectors for Health and Health Equity. Annex in: Contributing to social and economic development: sustainable action across sectors to improve health and health equity (follow-up of the 8th Global Conference on Health Promotion): report of the Secretariat. World Health Assembly. World Health Organization: 68; 2015.
11. Muntaner C, Sridharan S, Chung H, et al. The Solution Space: Developing Research and Policy Agendas to Eliminate Employment-Related Health Inequalities. International Journal of Health Services 2010; 40(2): 309-14.
12. World Health Organization. Intersectoral action to tackle the social determinants of health and the role of evaluation. Geneva: World Health Organization; 2010.

Case studies from around the world

The case studies featured in this book are described in the table below, highlighting the different stages of HiAP maturity across regions.

Region	Stage of maturity	Case study title	Description
1 South Australia	Mature	Health in All Policies in South Australia: lessons from 10 years of practice	The South Australian Health in All Policies initiative is an approach to working across government to better achieve public policy outcomes and simultaneously improve population health and well-being. Established in 2007, the successful implementation of Health in All Policies in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process.
2 Finland	Mature	How to take into account health, wellbeing and equity in all sectors in Finland	Finland has a strong history of Health in All Policies implementation. The current Finnish Government Programme has five strategic priorities, one being promoting health and well-being. Its implementation consists of 26 key projects to support these high-level objectives. A critical health and well-being project is focussing on the development of a new model for cross-sectoral work which expands action to strengthen well-being considerations into decision-making, as Finland moves to a Health and Well-being in All Policies (HWiAP) approach. The new model provides a more robust framework for how all sectors of government can take into account the impact of their decisions and actions on health and well-being, and further promote equity issues.
3 Thailand	Mature	Thailand's National Health Assembly – a means to Health in All Policies	Thailand's National Health Act 2007 offered a new form of governance through the National Health Commission (NHC) to be established as an advisory body to the Cabinet on health policies and strategies. The NHC is mandated to coordinate with sectors across government to strengthen healthy public policy. Health in All Policies practice has provided a useful mechanism and process to engage with other sectors to promote better policy integration for health and well-being. The National Health Assembly (NHA) is one of the processes which the NHC uses to enable HiAP action. The NHA brings together people from government agencies, academia, civil society, health professionals and the private sector to discuss key health issues and produce resolutions to guide policy-making. It provides an innovative model of how governments may be able to increase public participation, citizen engagement and intersectoral collaboration to support evidence-based and inclusive policy-making.

Region	Stage of maturity	Case study title	Description
4 California USA	Mature	California Health in All Policies Task Force	The State of California created a Health in All Policies Task Force in 2010 in order to build inter-agency partnerships across State government to address issues of health, equity and environmental sustainability. The Task Force was established by an Executive Order and has maintained high-level government leadership support since its inception. The Task Force has broad representation across sectors from 22 state agencies working together to improve health and promote equity through changes to state policies, programs and practices.
5 Canterbury New Zealand	Mature	Applying a Health in All Policies approach to the Greater Christchurch Urban Development Strategy: the experience to date in Canterbury, New Zealand	In 2005/06 the Canterbury District Health Board (CDHB), in partnership with the Christchurch City Council, led the Canterbury region's first policy-level health impact assessment, which focussed on the Greater Christchurch Urban Development Strategy (GCUDS). Subsequently, the two agencies created a public health specialist role to strengthen the relationship between local government and health and well-being outcomes. The Health in All Policies approach was formalised as the Canterbury HiAP Partnership in 2010. An update of the GCUDS, with a public health specialist as a project team member, explicitly focussed on community well-being and led CDHB representation at governance, management and implementation levels. The case study demonstrates the importance of ongoing collaborative efforts at many levels over a sustained period.
6 China	Emerging	Action plan for promoting healthy China – outline of the Healthy China 2030 Plan	The State Council issued the Outline of the Healthy China 2030 Plan in October 2016 as an action plan for promoting the development of a 'Healthy China' over the next 15 years. It is the first time that China has developed a medium to long term national strategy for health, which takes a "one health" approach. The development of a 'Healthy China' is central to the Chinese Government's agenda for health and development. The Outline puts health at the centre of the country's policy-making machinery, making the need to include Health in All Policies an official government mandate. It indicates the commitment of China to participate in global health governance and supports the goals of the 2030 Agenda for Sustainable Development. Multisectoral collaboration and innovation play a key role in Healthy China.

Region	Stage of maturity	Case study title	Description
7 Quebec Canada	Emerging	Government policy of prevention in health: A HiAP approach in Quebec, Canada	In 2016, the Government of Quebec launched its Government Policy of Prevention in Health, a policy that mobilises a range of partners to further enhance the population's health, with a view to ensuring health equity. The Policy of Prevention in Health is a first for the province, and also for Canada. It is supported by the highest government authorities in Quebec. Conceived as a whole-of-government approach to health, it calls upon 15 ministries and government agencies specialising in different fields of intervention to work together to achieve the goals of population health. The Policy is structured around 28 measures (ministerial commitments) and five areas of research jointly identified with the ministerial partners.
8 Wales UK	Emerging	Legislating for sustainable development and embedding a Health in All Policies approach in Wales	The Well-being of Future Generations (Wales) Act 2015 provides an enabling framework for thinking and working differently, and embeds a Health in All Policies approach through the aspiration and architecture of the legislation. Its seven well-being goals aim to make Wales a healthier place, where the social, economic, environmental and cultural well-being of Wales is improved. The Act requires public bodies, including local authorities, to make sure that when making their decisions they take into account the impact they could have on people's well-being, and expects them to work together better, involve citizens, and look to the future as well as focusing on the now. This places sustainable development at the centre of decision-making, and upholds Wales' long-standing commitment to ensuring a sustainable future for all.

Region	Stage of maturity	Case study title	Description
9 Sudan	New	Sudan's Health in All Policies experience	Health in All Policies initially emerged as a potential enabler to the National Health Policy (2007), which highlighted the important role of intersectoral collaboration to address the determinants of health and to improve population health. It was the HiAP Roadmap developed in 2015 through a series of stakeholder meetings and workshops, however that provided the impetus to begin to unpack and discuss how HiAP action could be used as a tool to support cross-sectoral policy-making. As the framework and structures for HiAP practice continue to be built in Sudan, early support is demonstrated through 12 ministries signing commitments to work together with the Sudanese Ministry of Health for joined-up policy, with another 12 under development. A continuing engagement process is supporting the early implementation of HiAP, including the development of mechanisms for better governance for health and capacity building for effective policy, planning and evaluation.
10 Suriname	Emerging	Reducing the burden of disease and health inequity through HiAP – the case of Suriname	Health in All Policies was initiated through the WHO sub-regional training workshop in 2015. This was followed by a National Consensus Workshop (NCW) to determine policy priorities and how to move forward with HiAP implementation. A recommendation out of the NCW saw the establishment of eight intersectoral policy working groups (PWGs), and a monitoring steering and strategy group (MSS) in early 2016. High-level commitment through the engagement of the Speaker of Parliament, Vice President and Ministers has been present from the outset and this support continues to shape the HiAP approach in Suriname. In addition, the advocacy and support of HiAP 'champions' has been critical to getting HiAP started in Suriname and creating a network of engaged policy actors. The PWGs have developed policy proposals on a range of issues, and the selected policy priorities are now progressing to the implementation phase, which will complete Suriname's first HiAP cycle.

Region	Stage of maturity	Case study title	Description
11 Quito Ecuador	Emerging	Healthy Neighbourhoods – closing the gap in health inequality, City of Quito, Ecuador	This case study reports on work of the municipality and communities in the Metropolitan District of Quito and the Municipality of Quito Health Department through the Healthy Neighbourhoods project. The case study provides an example of HiAP action at the local level and features a strong community engagement and participation element that has supported cross-sectoral collaboration around community priorities in the District. The Healthy Neighbourhoods project, through the application of HiAP, promotes community led initiatives, supports healthy public policy and integrates health in urban planning and local investment decisions. The project highlights the work to address the non-communicable diseases epidemic in Quito, and how health inequities are being considered across sectors of local government.
12 Namibia	New	Namibia: Developing a National Strategy on Health in All Policies	Namibia, like many other regions, has struggled to achieve significant health gains in the past two decades due to the challenges of working across sectors. Previous attempts to engage across sectors through the Healthy Cities initiative and road safety and injury prevention strategies have proven useful, however, a targeted government-wide approach to consider how other sectors' policies impact on health has been missing. The endorsement of the United Nations Sustainable Development Goals provides Namibia with an opportunity 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 development of the National Health in All Policies Implementation Strategy aims to provide the necessary framework for multi-sectoral action, and the support of central government is enabling a joined-up process, and helping to take forward the governance aspects needed for HiAP implementation to be successful.
13 Zambia	New	Zambia's experience in national policy formulation and how it informs the HiAP process	The Government's vision for health is outlined in the revised National Development Plan, which recognises that the determinants of health lie outside the control of the health sector. Although Zambia has only recently begun to take steps to institutionalise a Health in All Policies approach, Zambia's policy formulation process provides a sound basis for mainstreaming HiAP into the policy-making mechanisms across government. The critical role of the Policy Analysis and Coordination Division in Cabinet Office, in the Office of the President, is pivotal to facilitating buy-in and coordinating actions across sectors. A growing economy and the United Nations Sustainable Development Agenda provide further opportunities for Zambia to embed HiAP as a recognised way of working together to improve health and promote sustainability.