



The future of public health policymaking after COVID-19: a qualitative systematic review of lessons from Health in All Policies

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New context for review: irony of COVID-19

Should have bolstered the HIAP case
(social determinants & COVID-19)

Yet, health departments and agencies
shifted resources from health improvement

Suggests: the HIAP logic is not irresistible

Momentum can be lost at any time

Some findings from HIAP articles which draw on policymaking research (113)

1. There is a common (but vague) HIAP story
2. Most contribute to a HIAP 'playbook'
3. Most describe a dispiriting gap between HIAP adoption and actual outcomes
4. 'Nordic' experience provides 'best cases' and cautionary tales
5. Reflections on HIAP experience

1. There is a common (vague) HIAP story

1. Health is a human right
2. Identify evidence of the social determinants of health inequalities
3. Identify evidence based 'upstream' solutions
4. Promote intersectoral action and collaborative governance
5. Seek high/ enduring political commitment

2. There is (sort of) a HIAP 'playbook'

1. Use a HIAP model (step by step)
2. Raise awareness & connect HIAP to government agendas
3. Win-win solutions
4. Avoid 'health imperialism'
5. Identify policy 'champions' & 'entrepreneurs'
6. Use HIAP to promote routine use of HIAs
7. Do not rely on the 'economic' case for HIAP

3. The dispiriting ‘implementation gap’

1. Most identify a gap between adoption and implementation
2. Most blame low ‘political will’
3. Many highlight the role of ‘neoliberal’ governments paying lip service to HIAP
4. South Australia as one kind of best case and cautionary tale

4. 'Nordic' experiences as 'best case' and cautionary tales

Same positives: national commitment, welfare state, decentralized model

Finland

- Negative: political economy, local progress

Norway

- Negative: local resources, low agreement

Both: national/ local dilemmas

5. Types of reflection on HIAP experience

1. Use policy theories to improve the 'playbook' and programme logic
2. Use theories and experience to rethink HIAP:
 - A continuous commitment, not model
 - Redefine HIAP 'implementation'
 - Revisit the logic of silos v intersectoral action
 - Take governance dilemmas seriously

Thank you

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