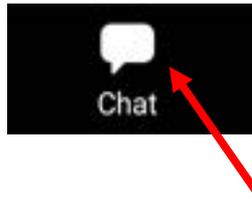


*Four Pillars of “Health in All Policies”  
for Sustainable Multisectoral  
Collaboration on Social Determinants of  
Health, Equity and Well-being*

# Housekeeping

The webinar is recorded and will be posted on the GNHiAP Website.

If you have any comments or questions, please use the chat box



Upcoming Guidance document Q&A sessions

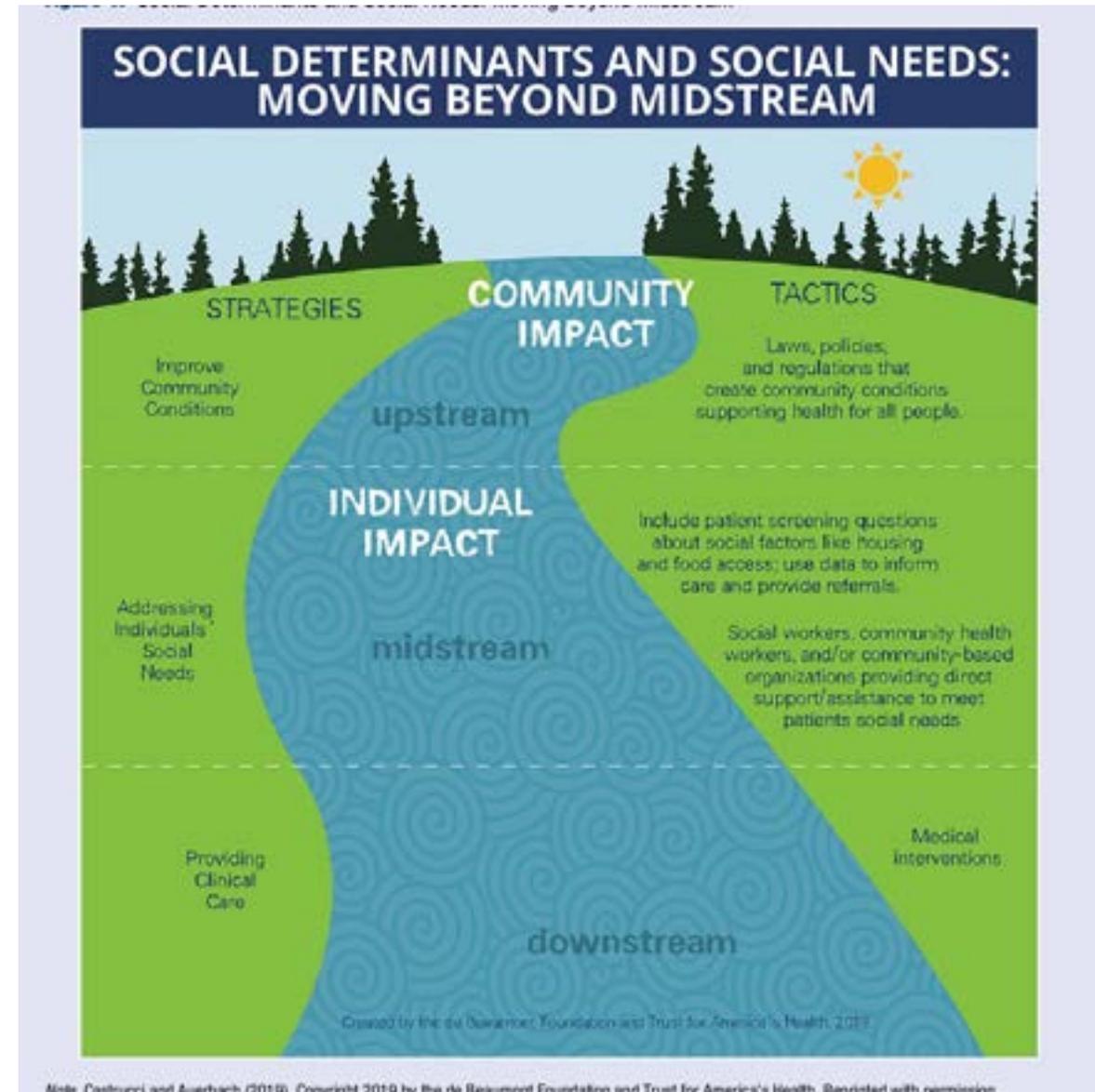


*Webinar on the new WHO guidance  
for multisectoral collaboration to  
address the social determinants of  
health, equity and well-being*

*“Sustainable multisectoral collaboration to address  
the social determinants of health, equity,  
and well-being: guidance based on Health in All  
Policies approaches”*

# *Problems of implementation*

- Ideological barriers
- Technical barriers
- Operational problems



# *Health in All Policies functions*

- Translate evidence
- Facilitate inter-ministerial meetings
- Scan policy and political environments
- Form coalitions and networks
- Identify opportunities for collaboration
- Navigate different agendas and potential COI
- Co-design and co-produce for co-benefits
- Apply HiAP processes and tools.



## *Why a new model?*

- Practical advice
- Responding to operational issues
- Support addressing technical / ideological barriers
- Explicit links to health equity, social determinants



# Global social, political, environmental, cultural, commercial and economic forces

## Structural determinants of health equity

### Four pillars of Health in All Policies

#### GOVERNANCE & ACCOUNTABILITY

- The authorizing environment and mandate to act
- Layered cross-government committees to support collaboration (both at the executive and technical/working group levels)

#### LEADERSHIP AT ALL LEVELS

- Advocating for HiAP and other collaborative approaches
- Fostering a culture of collaboration
- A network of HiAP champions across sectors

#### WAYS OF WORKING FOR HIAP ACTION (attitudes, mindsets and behaviours)

- Utilizing a co-design approach
- Building trusting relationships

- Whole-of-government plan and activities for policy action
- Shared policy/project proposals

#### RESOURCES, FINANCING & CAPABILITIES

- Dedicated role/s and budget to support HiAP action
- Capabilities on determinants

### Foundations of Health in All Policies

The culture of collaboration within government, including national to local

The principles that government has with regards to bridging gaps between sectoral portfolios

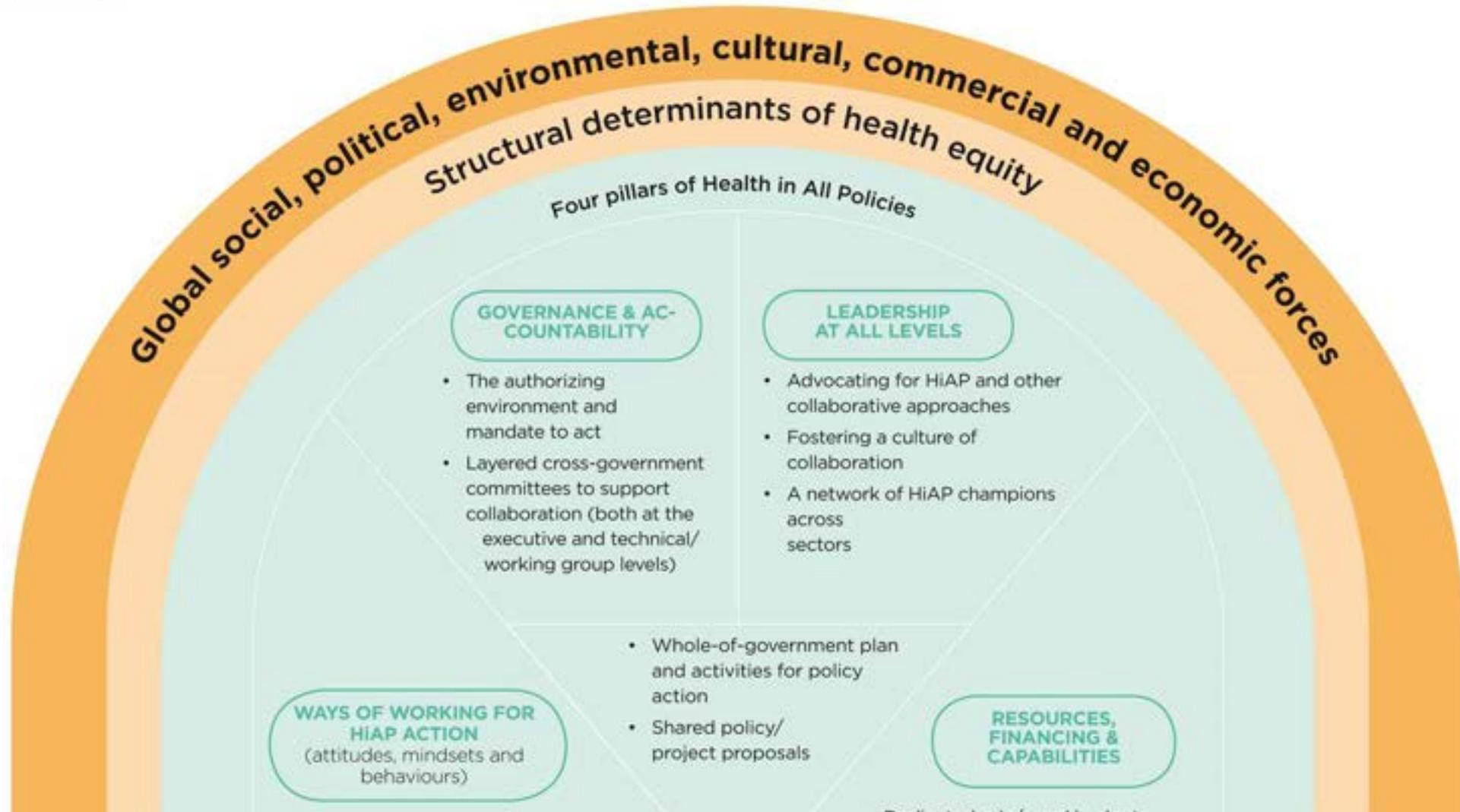
Government values with respect to delivery of public policies and services with an equity focus.

# *The New HiAP Model*

- *The Foundations*
  - Outline the values, principles and goals that drive governments to invest in multisectoral approaches
- *The Arches*
  - Highlight the global and national forces that support or hinder multisectoral collaboration
- *The 4 Pillars*



# The Arches and Four Pillars



# Understanding the 4 Pillars

## What to know about the Pillars

- Country context matters
- Windows of opportunity
- All 4 Pillars required
- Sub- elements/ components
- No fixed order or priority
- Informed by evidence & practice wisdom
- Move towards system-wide action



# *Governance and Accountability*

- An authorizing environment and mandate legitimizes multisectoral work
- Layered cross-government committees and utilizing existing structures and mechanisms (see more reference in leadership at all levels).
- Whole-of-government plan for policy action (development, sustainability, equity)
- Support for collaboration and joint projects/policy proposals
- Tracking progress of whole-of-government plans and developing indicators

Ideally, all the elements of governance and accountability should be in place for effective HiAP. This may not always be possible, and the elements available will depend on the country context and opportunities.



**Table 1:** Overview of how intersectoral governance structures may address governance action to support Health in All Policies

Governance actions			Evidence support	Setting goals & targets	Coordination	Advocacy	Monitoring & evaluation	Policy guidance	Financial support	Providing legal mandate	Implementation & management	
Intersectoral governance structures	Government level	Cabinet committees and secretariats		✓	✓	✓						
	Parliament level	Parliamentary committees	✓			✓	✓	✓		✓		
	Bureaucratic level/(civil service)	Interdepartmental committees and units	✓		✓	✓	✓	✓				✓
		Mega-ministries and mergers			✓							✓
	Managing funding arrangements	Joint budgeting			✓					✓		✓
		Delegated financing			✓	✓				✓	✓	✓
	Engagement beyond government	Public engagement	✓	✓			✓		✓			
		Stakeholder engagement					✓		✓	✓	✓	
		Industry engagement			✓					✓		

# *Leadership at all Levels*

- Leadership at many levels within the hierarchy, is critical for multisectoral approaches
- Advocating for HiAP and other collaborative multisectoral approaches - Government officials who advocate for and support HiAP
- Foster a culture of collaboration - Leaders can connect across disciplines and agencies, cultivating both collaboration and accountability at all levels of agency hierarchies
- A network of HiAP champions
- Building the capacity to work intersectorally to act on the social determinants
- Generating and activating a whole-of-government plan
- Joint identification of issues and shared policies/projects with shared goals

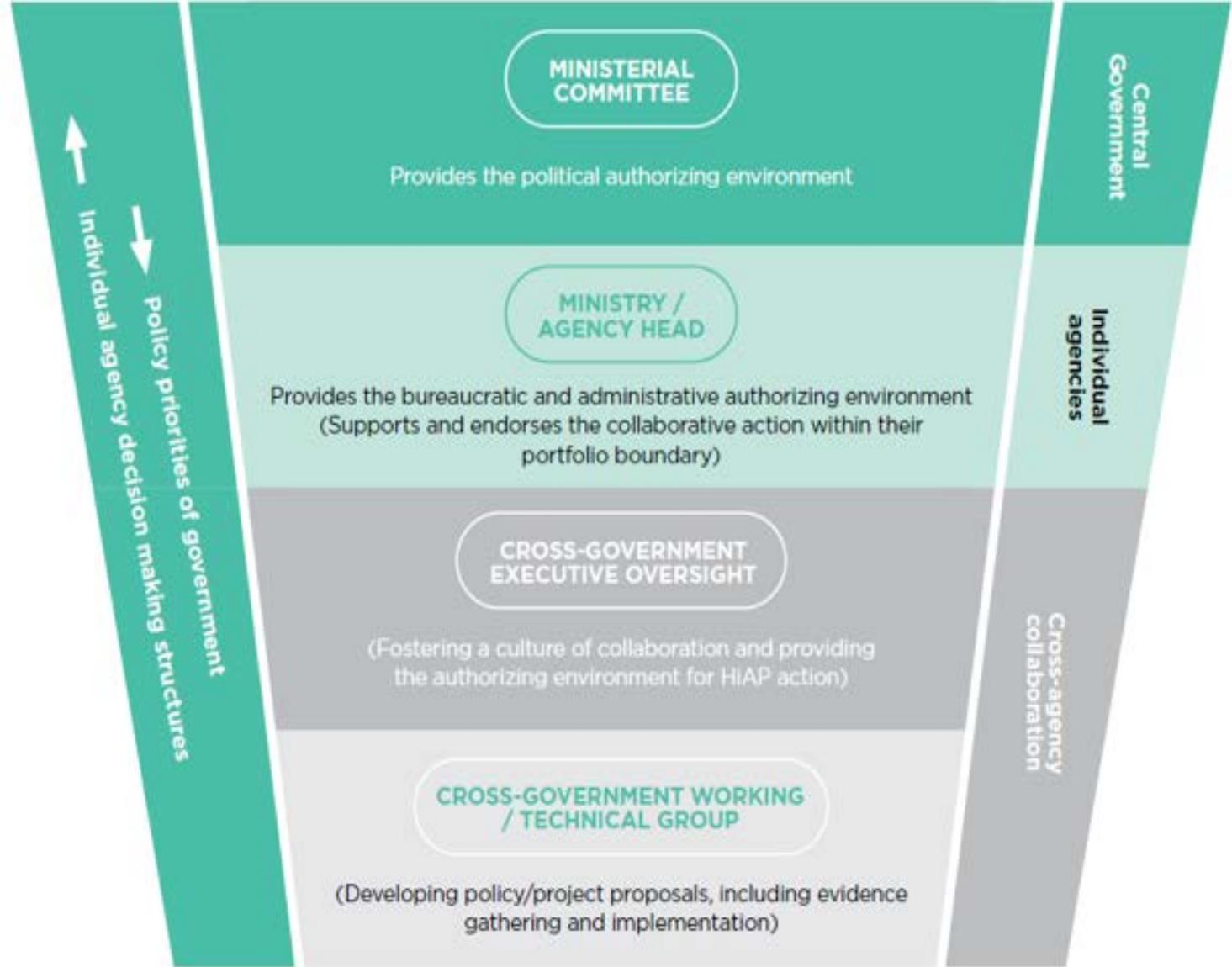


# Health in All Policies Horizontal and Vertical Governance

## Vertical governance:

It provides the authorizing environment and structures that support the collaborative work and maintains high-level executive oversight over the work across sectors.,

*Horizontal governance:* is the cross agency working groups, structures and mechanisms that enables policy makers from across a range of government agencies/ ministries to work together.



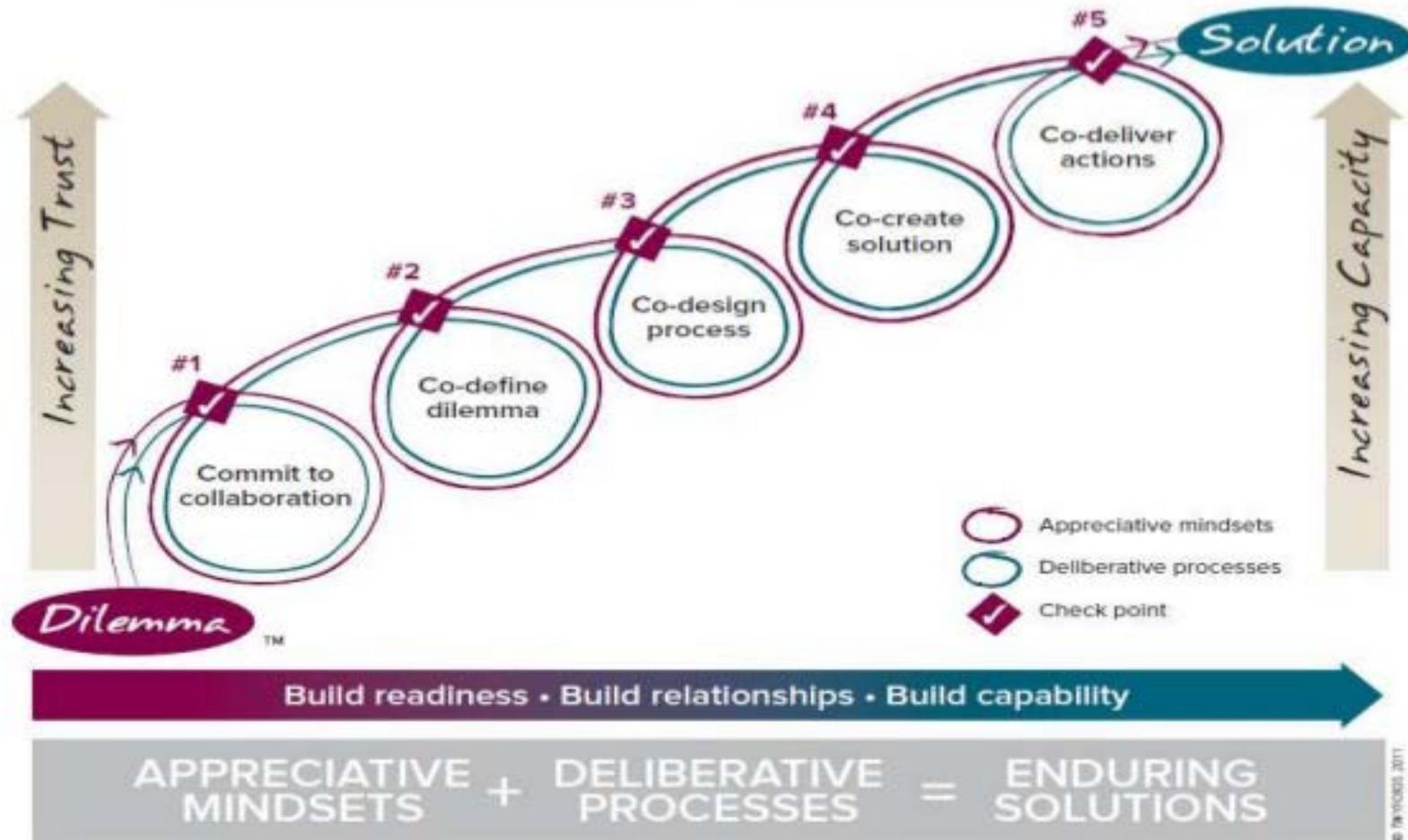
# Ways of Working

## *Ways of Working consist of :*

- The attitudes, mind-sets, behaviour and practices used to collaborate with partners.
- The tools and processes used to implement, embed and sustain multisectoral action.
- They are fundamental to the establishment and maintenance of trusting, respectful relationships.



# Co-design, Co-production and Co-benefit: the heart of HiAP approaches and the new model



# *Resources, Financing and Capabilities*

Sustaining momentum and building up the required trust across actors, who may also change over time, requires a resources strategy and consistent investment, including in training of staff.

- Budget sufficiency for activities and capabilities strengthening
- Dedicated HiAP roles and budget, advocacy for related resources in different sectors and resources to maintain the network of HiAP champions
- Systems for knowledge generation and translation for HiAP activities
- Links with networks outside government



# Outcomes

- Improve the value/benefit/results obtained from public policy-making
- Strengthen government systems and structures to increase action on the SDGs
- Advance universal social protection coverage and sustainability
- Advance transformation to well-being economies & societies
- Better health (and health equity), societal equity, well-being, and environmental sustainability



Public policies and institutions  
do matter.



## TOUR GRENFELL

### North Kensington District



Thank you

Mise en pratique et discussion

# *Panel Round Table Discussion*

Webinar discussion launched by the World Health Organization with:



**CHIAPRT**  
Centre for Health in All Policies  
Research Translatio



**Global Network for Health in All Policies**

# Pomurje region, Slovenia

Peter Bezec

Centre for Health and Development  
Murska Sobota

[www.czr.si](http://www.czr.si)



# Leadership at all Levels

- Advocating for HiAP - very important pillar, it is necessary for starting and sustaining of HiAP processes  
In our case, the regional development sector and its leaders, together with MoH and WHO were the advocates for intersectoral cooperation for achieving better health and wellbeing of population through regional development programming. On a regional level it is somewhat easier to find people with the same values, but it is harder to find resources to sustain commitment than on a national level
- Foster a culture of collaboration - Leaders can connect across disciplines and agencies, cultivating both collaboration and accountability at all levels of agency hierarchies  
Depends on the system, in our case it was more peer to peer communication, sharing values and searching for common goals – horizontal communication (vertical communication for resources and capacity building to foster HiAP on regional level)
- Building the capacity to work intersectorally to act on the social determinants  
Very important – not only in the health sector, also in the sectors that we want to cooperate with – how do the determinants of health influence our health, who can influence the determinants, why is health important for most sectors (beside the human right argument), where are our common goals and policies, what synergies can we exploit, where are we working against each other,....)



# Ways of Working

- The attitudes, mind-sets, behaviour and practices used to collaborate with partners.

Most important in our experience is to maintain common values and goals on the agenda and always be one (health sector) among others and not one above or in the centre of other sectors. For improving health and place health in policies of different sectors, we must search of ways to help other sectors achieve THEIR goals and in doing so, helping to achieve also your goal of health improvement and/or health equity.

- The tools and processes used to implement, embed and sustain multisectoral action.

We have established a permanent Regional Action Group Mura, to work together on health and development goals within the region Pomurje, it has over 50 regional institutions included and has informal structure with president function for leaders/champions. Funding is an issue, works for now only through different projects and partnerships within the RAG Mura. CHD MS is a coordinator of this group and we act as health “development” agency, searching for investment and development opportunities for members to improve health and wellbeing of the population of the region.



# The four pillars of Health in All Policies (HiAP)

## Governance and Accountability

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Dr. Catherine Joachim, Head - Health  
Sector Resource Secretariat,  
Ministry of Health, Tanzania Mainland

12<sup>th</sup> May, 2022



## Coordination structure

Prime Minister's Office (PMO) coordinates most of the multi sectoral work in Tanzania since one of its main role is on the policy coordination.

Currently not less than 6 multisectoral forums are under Prime Minister's office including Nutrition, Violence Against Women and Children, HIV, Disaster Management, HiAP.

With regards to HiAP, PMO currently coordinates 17 sectoral Ministries in collaboration with the lead sectoral Ministry i.e. the Ministry of Health through whole-of-Government approach.

## Capacity building and advocacy meetings

The HiAP journey in Tanzania started in 2018 with HiAP capacity building and high level advocacy meetings of Directors of Policy and Planning and Permanent Secretaries from the sectoral ministries.

Each sectoral Ministry has appointed the HiAP focal point for smooth planning, coordination and implementation of the HiAP activities.

The HiAP focal points were trained by WHO on HiAP and social determinants of health (SDH).

## Incorporated in HSSPs and Subnational Plans

HiAP has been incorporated by the Ministry of Health and Partners in Health Sectoral Strategic Plan (HSSP) IV, 2015 - 2020 and the current one HSSP V, 2021 - 2026. It is monitored through Health Sector Wide Approach (H-SWAp) TWGs and the Joint Annual Reviews.



## Achievements

Political will, coordination structure, high commitment of HiAP focal points from the sectoral Ministries, existing multisectoral forums to address SDH, draft National HiAP Framework.

A draft National HiAP Strategic Framework to address SDH, improve health equity and well being has been developed by the sectoral Ministries following high level meeting of the Permanent Secretaries.

## Challenges

- Competing priorities within the Government which delay endorsement of HiAP Framework e.g. the current Budget Parliamentary session, changing of leadership within the Government as well as HiAP focal points due to job transfer.

## Next Steps

- Decentralize framework to sub-national level. An assessment was done in 2021 to learn about existing multisectoral collaboration at that level which helped to improve the HiAP Framework





**Dr. Horacio Arruda**  
Assistant Deputy Minister  
Health Promotion and Prevention  
Québec Ministry of Health and Social Services

A brief example of how your work has exemplified the importance of one or more of the 4 Pillars in your practice?

A brief example of how your work has exemplified the importance of one or more of the 4 Pillars in your practice?

29

## Leadership at all Levels

### Crosssectoral regional tables on healthy living habits

- Collaborative culture at the regional levels
- A blend of governmental and non-governmental leadership
- Share a common vision and goals on different problems



Photo source: TIR-SHV Bas St-Laurent

(<https://cosmoss.qc.ca/actions-vedette/saines-habitudes-de-vie.html>)

A brief example of how your work has exemplified the importance of one or more of the 4 Pillars in your practice?

## Ways of working

### Health Impact Assessment

#### Key success factors:

- Support, consulting services, training
- Recognition of the approach at the regional level
- Trust building with partners

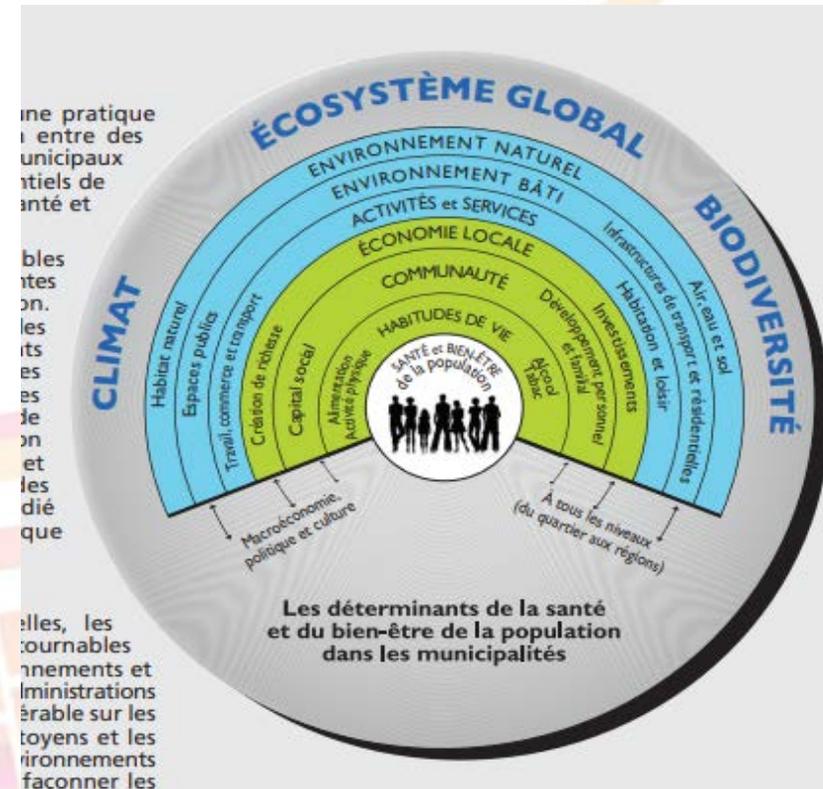


Photo source: DSP Montérégie



Dr Sangeeta Mishra  
Chief, Health Coordination Division, Ministry of Health and  
Population, Nepal  
May 2022



Figure 4: Proportion of deaths due to NCDs, CMNN diseases and injuries in 2019

## नसर्ने रोगहरुको रोक्याम र नियन्त्रणका लागि बहुक्षेत्रीय कार्ययोजना सार्वजनिककरण कार्यक्रम

Launch of the Multisectoral Action Plan for the  
Prevention and Control of Non-Communicable Diseases(2021-2025)

मिति: वैश २४, २०७८



# Multisectoral governance at all levels

[MSAP II- 2021-2025]

82 key actions for 14 key agencies

- Healthy Municipalities and Cities
- Health promoting schools and institutions
- Strong policies and enforcement marketing, raise in taxes: tobacco, alcohol and sugar sweetened beverages
- Trans fat regulated food products in the market
- Better NCD services at PHCs

## Federal level, the High-Level Committee

- Chair: Vice Chair, National Planning Commission
- (Sixteen high level members from various Line Ministries)

## Provincial Level High-Level Committee

- (Chair: Principal Secretary)
- Eight Members of Secretary level

## Provincial level, the High-Level Committee

- (Chair: Principal Secretary)
- Eight Members of Secretary level

## Province-level coordination Committee

- Chair: Secretary, Ministry concerned with health and population
- Ten members mostly at under secretary and director level

## Local coordination committee

- Chair: Mayor or Chairperson of Rural Municipality
- Six members from various sectors
- CSO, media, private sector

# Closing Remarks

## Next steps

- Webinar evaluation
- Guidance document release: 2022
- Guidance model Q&A sessions: 2022
- **Questions about the WHO Guidance document?**  
Contact Nicole Valentine at [valentinen@who.int](mailto:valentinen@who.int).
- **Register to the Global Network for Health in All Policies (GNHiAP) distribution list** at: <https://actionsdg.ctb.ku.edu/about-us/gnhiap-distribution-list/>.



*THANK YOU!*

