

HiAP - implementation and case studies

Nicole Valentine

Session 1.2

Health in All Policies - implementation and case studies



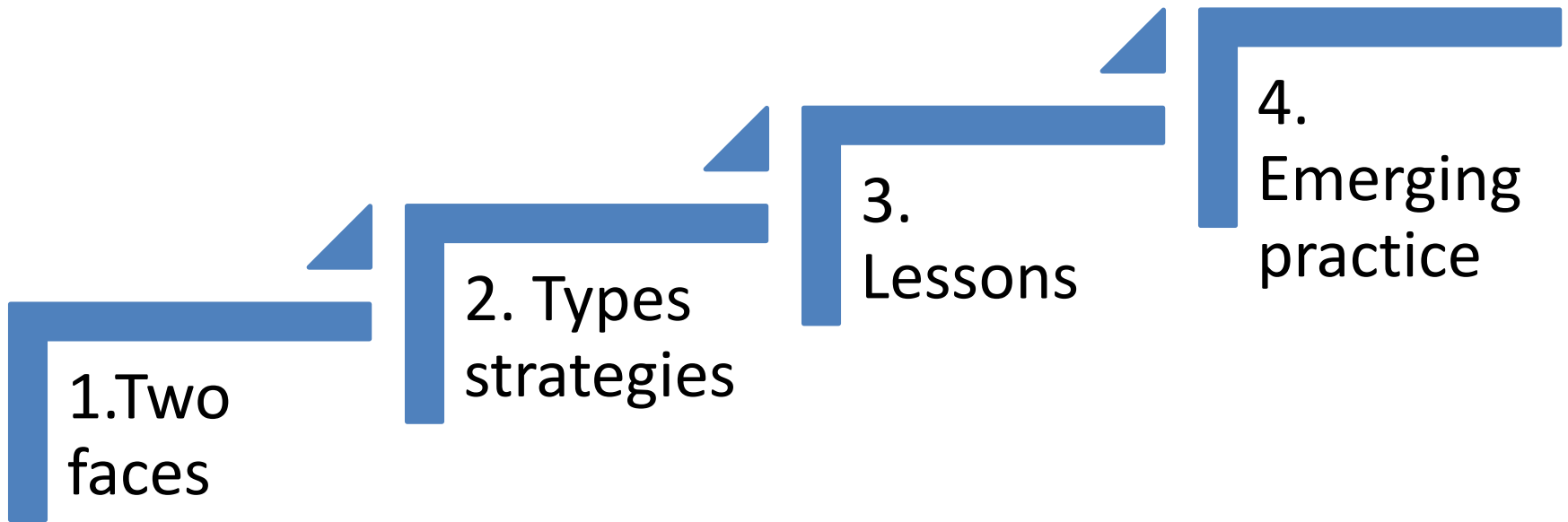


1. Key aspects
implementation

2. Case studies –
South Australia,
Norway



Implementation

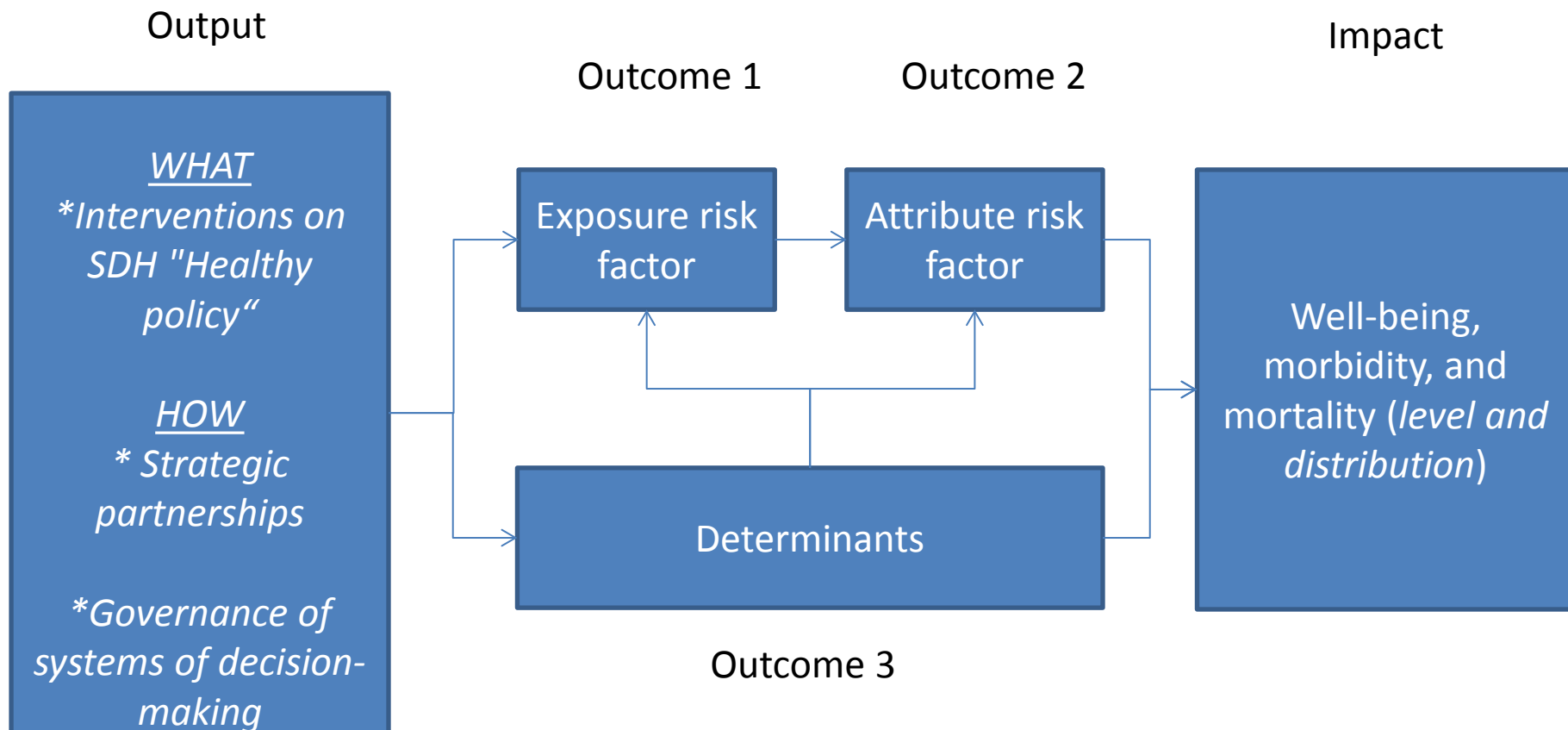


Two faces

- HiAP is a goal and a means to change the content of policies and the way decisions in society affecting health are made.



Health in All Policies impact chain



Types of HiAP strategies

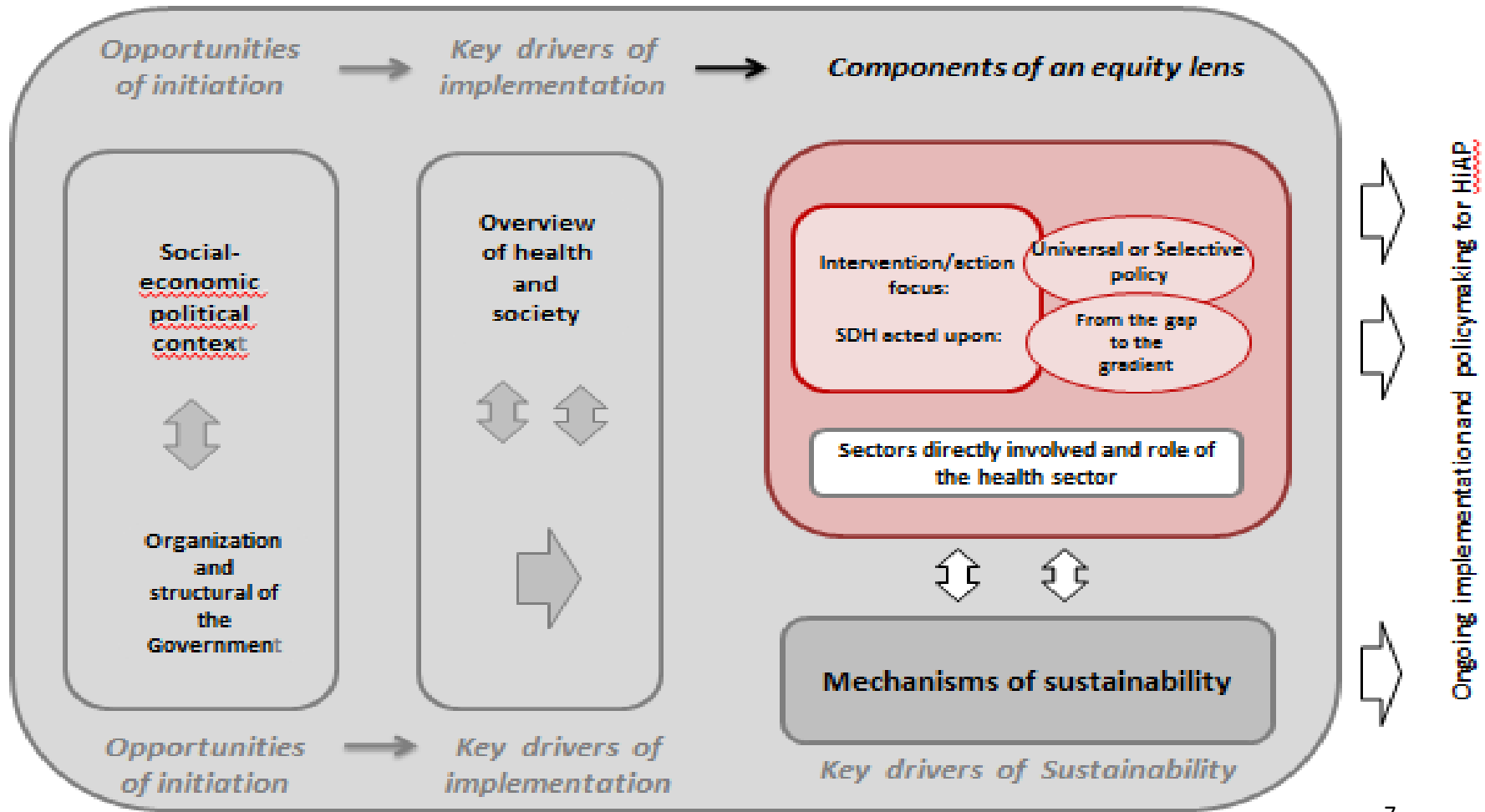
- Health at the core: e.g. seat-belts
- Win-win: e.g. providing healthy school lunches that promote learning and health
- Co-operation: benefits the government as a whole
- Damage limitation

Source

Ollila 2011



HiAP for equity



The New role for the Health Sector

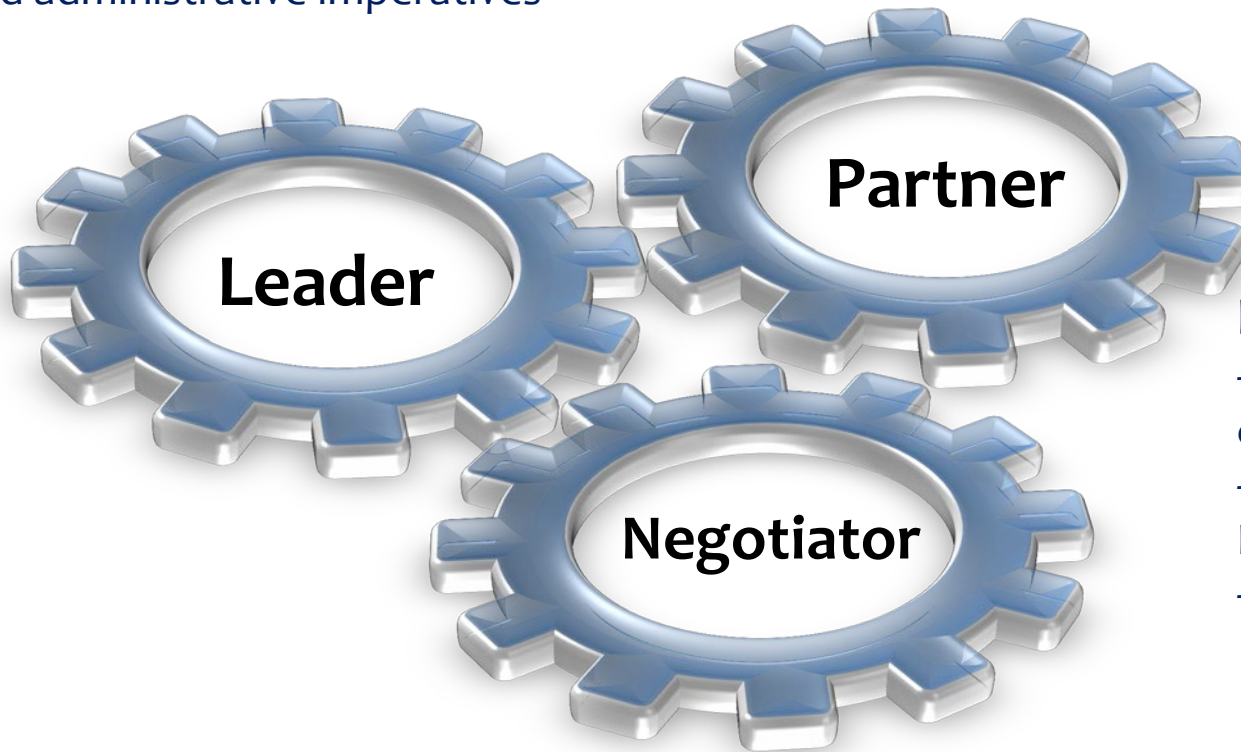
(including Ministry of Health)

Leader

- Work with other arms of government to achieve their goals
- Understand other sectors' political and administrative imperatives

Partner

- Sectors other than health
- Evaluate the effectiveness
- Integrated policy-making
- Build capacity
- Resource mobilization



Negotiator

- Technical knowledge but no control
- Intersectoral platforms - Evidence base
- Policy, legislative coherence

Key lessons

a) How do we communicate this approach to other sectors?

- Not use the term
- Quality improvement tool.

b) What opportunities exist for beginning HiAP?

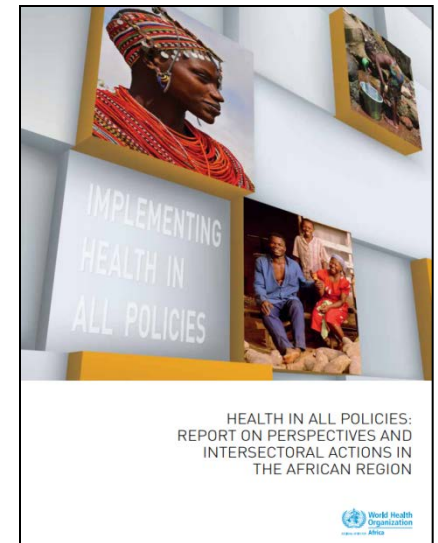
- From the health sector's perspective, close link with community health
- Noncommunicable Disease Actions // urban health//air pollution

c) How do we maintain the sustainability of HiAP processes?

- Developing and sustaining partnerships, commitment, community
- Good quality information relevant to the country

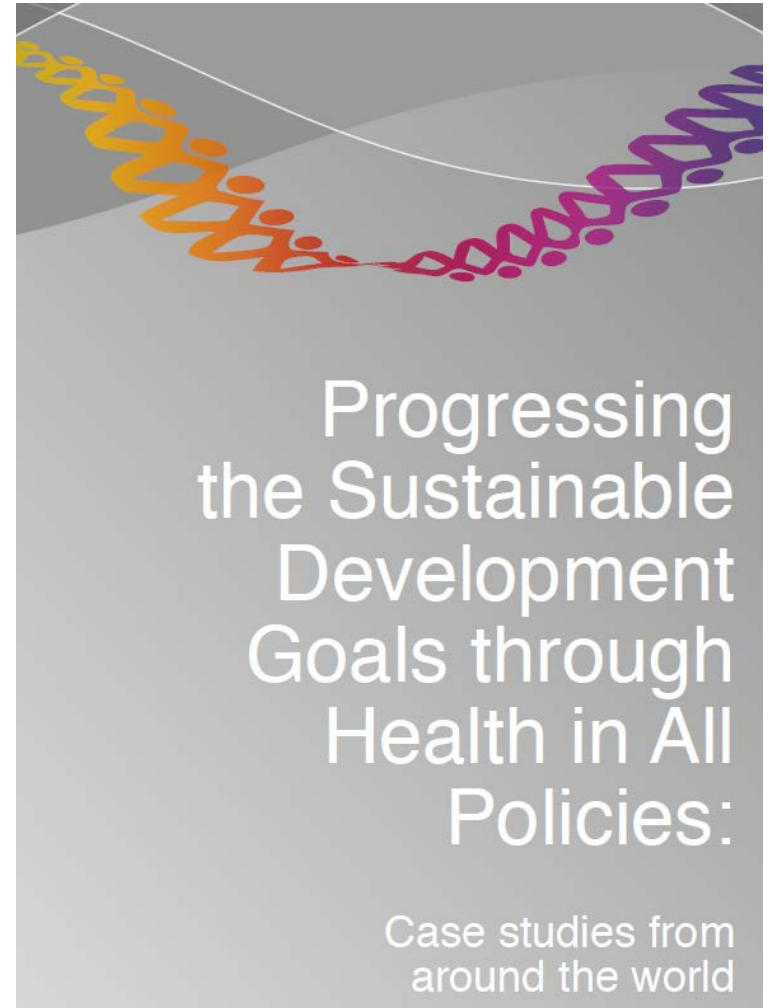
d) What are the main barriers to be addressed?

- Siloed structures and funding
- Capacity to see and coordinate activity beyond these silos
- Lack of knowledge why necessary and what outcomes



Practical Lessons – 13 country study

- Political leadership
- Social vision
- Ministry of Health and health department
- Participatory governance



Emerging practice

- Governance
- Partnerships based on co-design, co-delivery and co-benefits
- Dedicated capacity and resources
- Use of evidence and evaluation.

Adelaide Statement

Outcome Statement from the 2017 International Conference

Health in All Policies: Progressing the Sustainable Development Goals

Implementing the Sustainable Development Agenda through good governance for health and wellbeing: building on the experience of Health in All Policies

Governance (and..for HiAP)

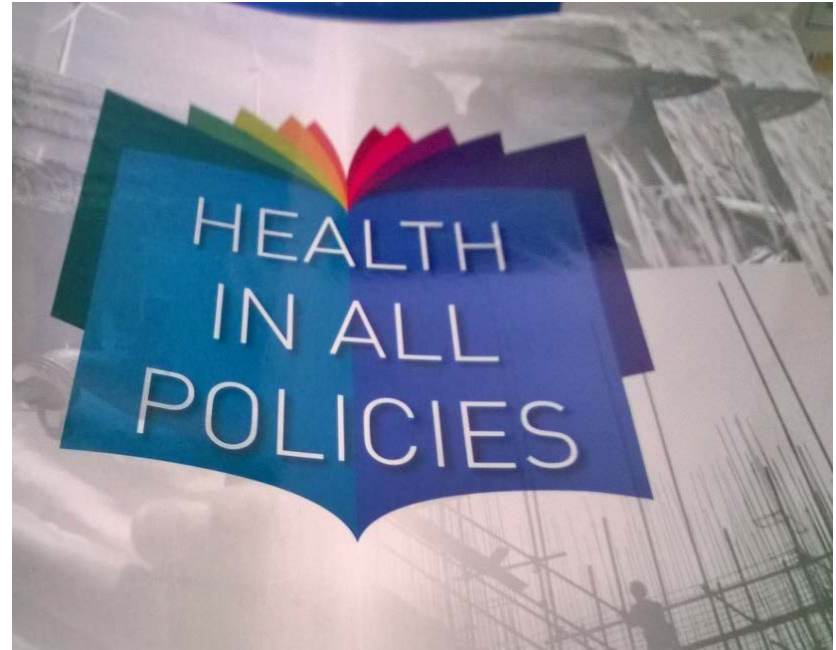
1. collaboration
2. citizen engagement
3. a mix of regulation and persuasion
4. independent agencies and expert bodies
5. adaptive policies, resilient structures and foresight

“Smart governance for health” – Kickbush, EURO 2014



Distinguishing features

- Vision of systematic governance structures, sustained partnerships
- Other sector's priorities, maximizing the health benefits of that priority
- Collaboration and navigation
...Partnership



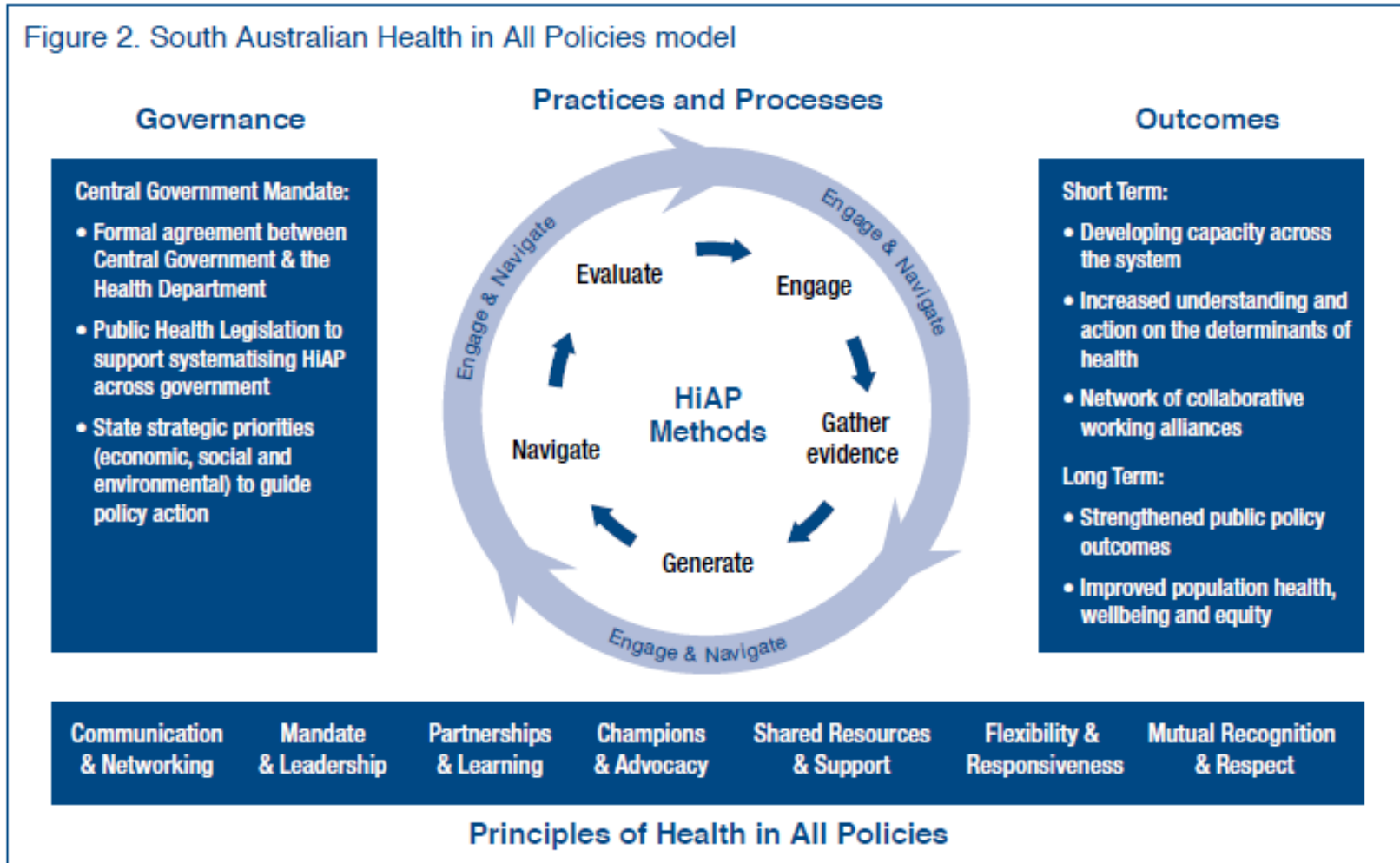


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South Australia

Figure 2. South Australian Health in All Policies model



SA Governance

Figure 1. Health in All Policies Horizontal and Vertical Governance



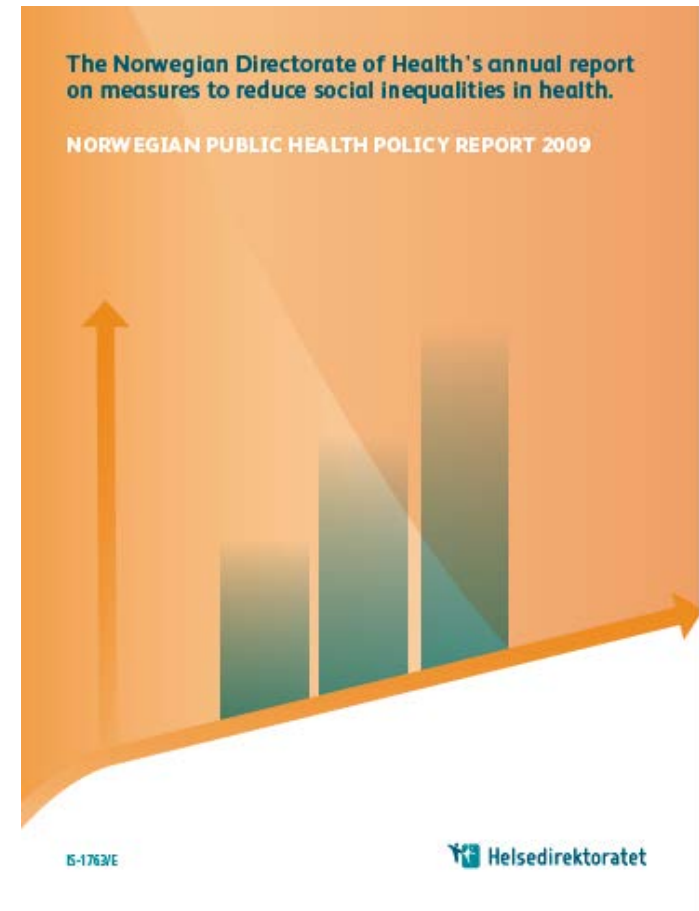
SA Challenges

- Maintaining high level commitment
- Weak capacity
- Better monitoring and reporting



Norway

- Local govt primary implementer through Public Health Action 2011
- Health overview work
 - Health factors
 - Health care
 - Environment and society
- Primary tool for planning
- Urban planning central focus

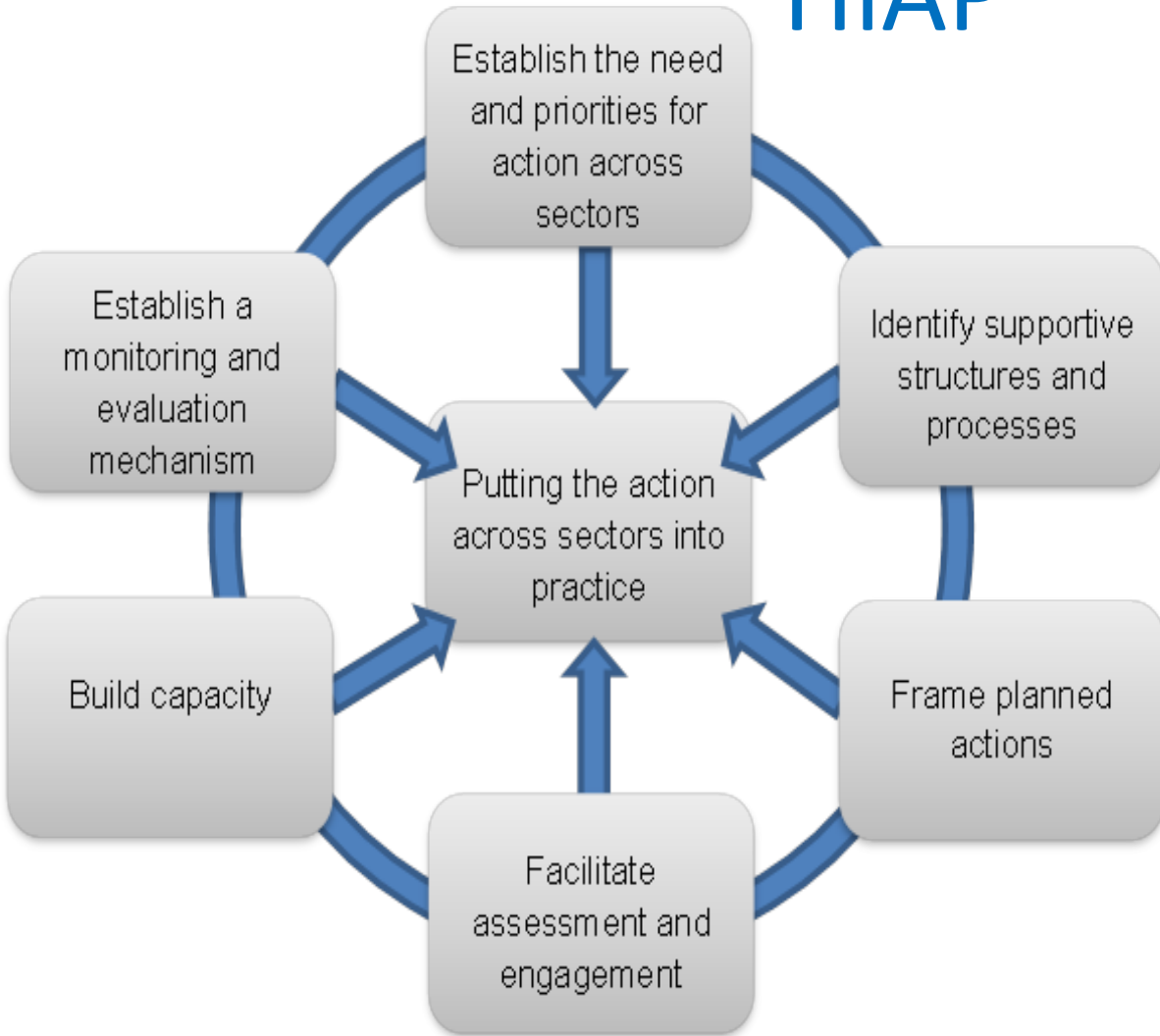


Norway– local government

- Organizational placement of officer for population health, equity
- Unleashing competence and capacity
- Method and data for health overview
- Uncoordinated goals
- Complexity of equity



HiAP



Norway

- Start health equity visibility
- Public health legislation, inter/d
- Co-benefit?
- Relationships?
- Flexible?

South Australia

- Start development plan
- Public health legislation, inter/d

Thank you for your attention!

Q&A?

valentinen@who.int

