Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

Health in All Policies| The Role of Government

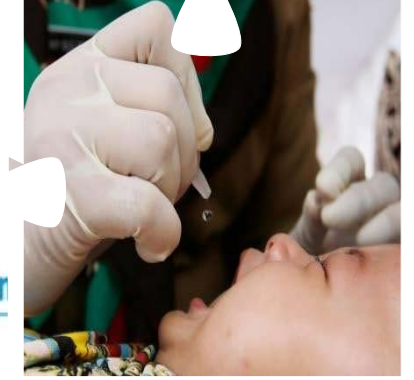**Session 2.2. HiAP Workshop, 19 June**

By Kira Fortune

Washington DC, June 2018

Agenda: The Role of Government in HiAP

1	2	3	4	5
Setting the Scene	Role of Government: Applying HiAP	Structure and Mechanisms for HiAP	Group Work: Review of Case Studies	Conclusion

Learning Objectives

- Describe the role of government in the HiAP approach

- Explain some of the barriers to closer intersectoral collaboration

- Describe conditions conducive to the HiAP approach

- List and appraise different structures and mechanisms for intersectoral collaboration and HiAP

Reflections on Regional Progress

At the close of the Millennium Development Goals, remarkable progress was achieved regionally, particularly in terms of health related outcomes:

- Reduction in child mortality
- Combating infectious diseases
- Increased access to improved water and sanitation
- Decrease in extreme poverty
- Increased access to schooling and infrastructure
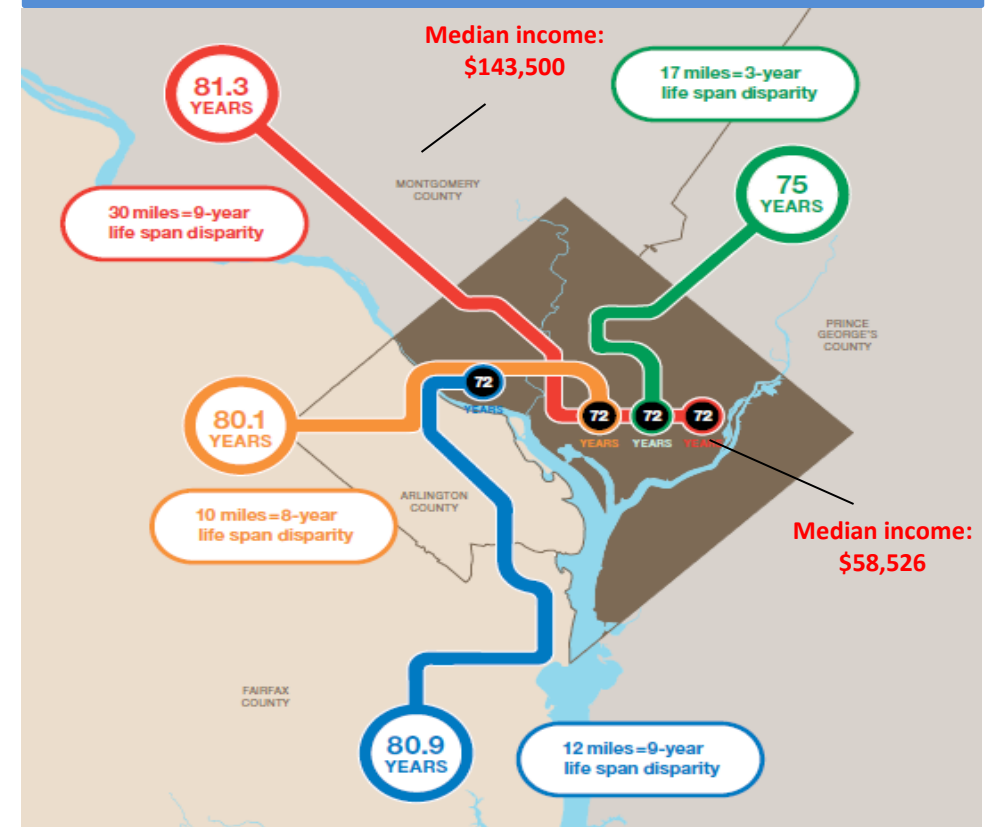- An increase in overall life expectancy

ERADICATE EXTREME POVERTY AND HUNGER 1

REDUCE CHILD MORTALITY 4

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES 6

Inequity at a Glance

- 2.2 billion people world-wide live on less than $2 per day

- Recent evidence demonstrates that more than 1 in 4 residents of the Region lives in moderate poverty (on less than US $4 a day)

- More than 130 million people in Latin America are chronically poor

- There is a 32-year-gap in average female life expectancy between Mozambique and Japan

- Life expectancy in Dominican Republic is 73 whereas in Haiti it is 62 (a gap of 11 years within the same island)

The Red Line between Washington, D.C. and Shady Grove, Md. has 17 metro stops spanning 30 miles and an estimated nine-year difference in life span

Median income: $143,500

81.3 YEARS

17 miles=3-year life span disparity

75 YEARS

30 miles=9-year life span disparity

MONTGOMERY COUNTY

PRINCE GEORGE'S COUNTY

72 YEARS

72 72 72 YEARS YEARS

80.1 YEARS

10 miles=8-year life span disparity

ARLINGTON COUNTY

Median income: $58,526

80.9 YEARS

12 miles=9-year life span disparity

FAIRFAX COUNTY

Sources: World Bank 2015, CEPAL 2018

Sources: Robert Wood Johnson Foundation, 2011

Moving Beyond the Health Sector

Key challenges for the Region:

• **Demographic trends:** Increased proportion of elderly population

• **Urbanization:** Most urbanized region in the developed world, with 80% of its population residing in cities

• **Non-communicable diseases:** responsible for three of every four deaths

Legal & Policy Environment

Ethnicity

Social Exclusion

Health Systems

Family and Peer Influences

Gender Norms

Increased Urbanization

Employment

Norms & Values

Addressing the Social Determinants of Health: An Essential Factor in Breaking the Cycle of Inequity

In 2008 The Commission on the Social Determinants of Health launched Closing the Gap in a Generation, putting equity firmly on the global agenda

Commission on Social Determinants of Health FINAL REPORT | EXECUTIVE SUMMARY

World Health Organization

Commission on Social Determinants of Health

Closing the gap in a generation

Health equity through action on the social determinants of health

The Commission made three over-arching recommendations

To tackle the inequitable distribution of power, money and resources

To improve daily living conditions

To measure and understand the problem and assess the impact of action

Rio Political Declaration on Social Determinants of Health

Through public consultation, Member States identified Five Key Pillars:

- Monitoring progress
- Global Governance
- Global action on social determinants
- The role of the health sector
- Promoting participation

A key outcome of the Global Conference was the *Rio Political Declaration on Social Determinants of Health*
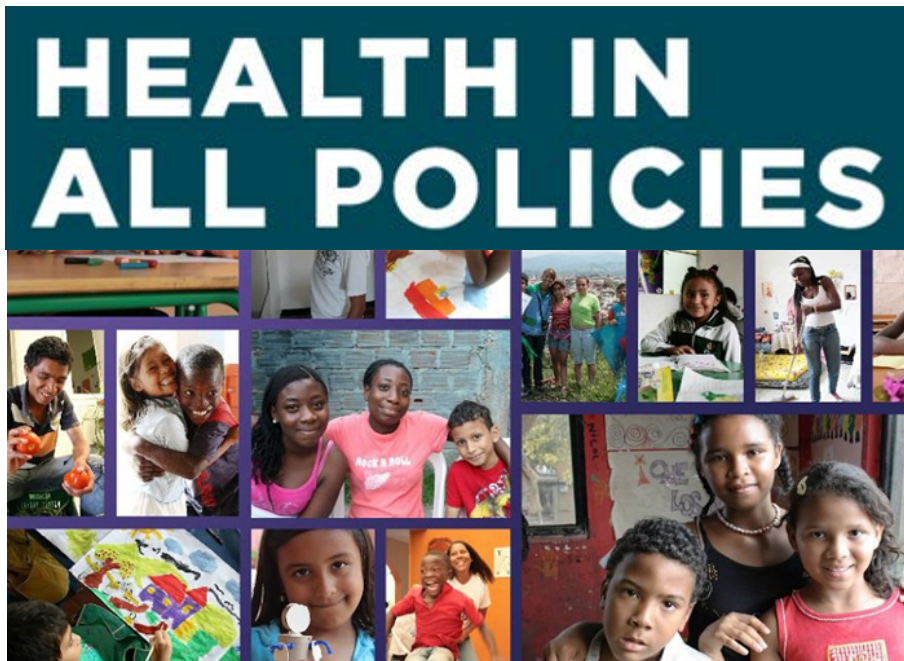
Rio Political Declaration on SDH

1. To adopt **better governance** for health and development
2. To promote **participation** in policy-making and implementation
3. To further **reorient the health sector** towards reducing health inequities
4. To strengthen **global governance** and collaboration
5. To **monitor progress** and increase accountability

All for Equity

World Health Organization

Health in All Policies

"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" 2013 Helsinki Statement on Health in All Polices


Key tool to implement the Rio Political Declaration: social and environmental determinants of health

- Often better addressed through policies, interventions and *actions outside the health sector*
- Building partnerships and *finding common ground* between the health sector and other sectors of government, civil society and the private sector is essential

The SDGs & Equity

Equity is the defining principle of the SDGs.
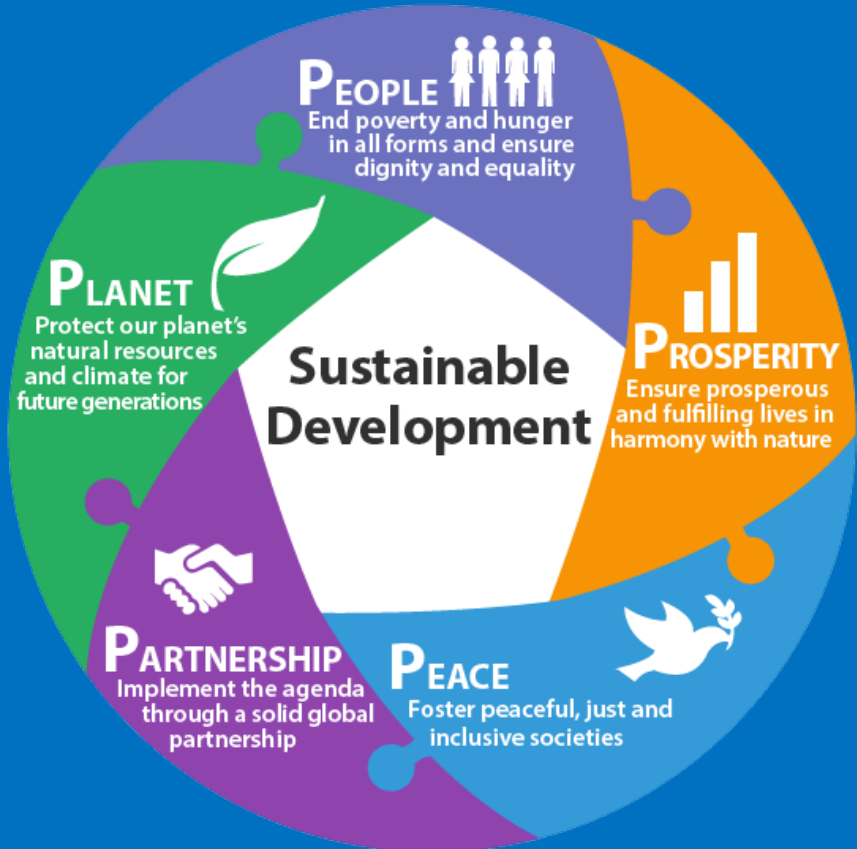
Our responsibility is to become more compelling advocates for Health in and beyond SDG 3

The SDGs and the Application of Health in all Policies

The approaches and principles of Health in All Policies mirror those of the SDGs

- HiAP acts as an **enabler for achieving health equity** and a collaborative strategy for the effective incorporation of health considerations into decision-making.

- Seeks to ensure that people have **equal opportunities** to achieve the highest level of health

- Maintains a focus on comprehensive, **intersectoral action** to address underlying social, economic, environmental and political causes of population health

Equity is the defining principle of the SDGs

3 GOOD HEALTH AND WELL-BEING

Our responsibility is to become more compelling advocates for health within and beyond SDG 3

Implementing the Vision: Health in All Policies
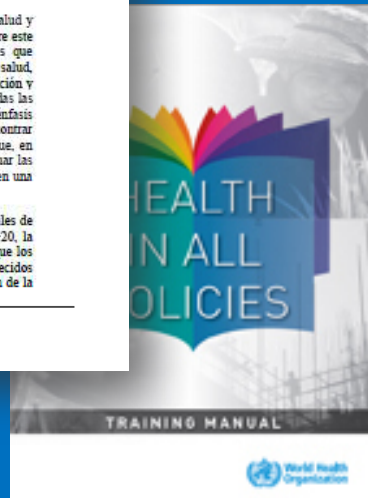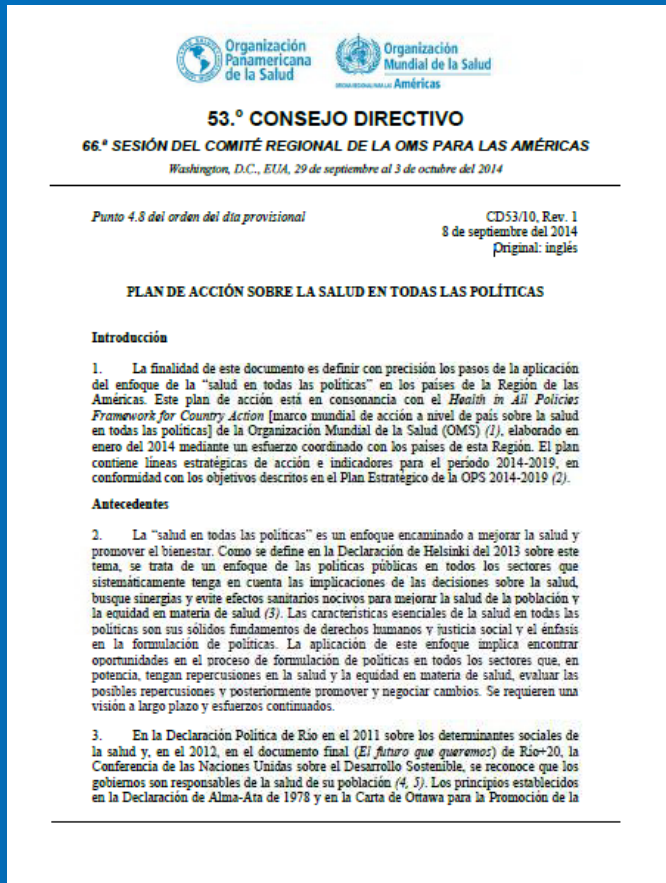
Region of the Americas is a global leader in driving forward this initiative, being the *first WHO Region to establish a Plan of Action on HiAP*

1. White Paper: options and opportunities

2. More than 26 Case studies documented on the 'how to'

3. Task Force and Working Group on HiAP in the SDGs

4. Capacity building: training being rolled out by PAHO across the Americas

5. Virtual Course on HiAP

Implementing the Vision: Regional Review of Health Inequalities

GENDER

ETHNICITY

EQUITY

HUMAN RIGHTS
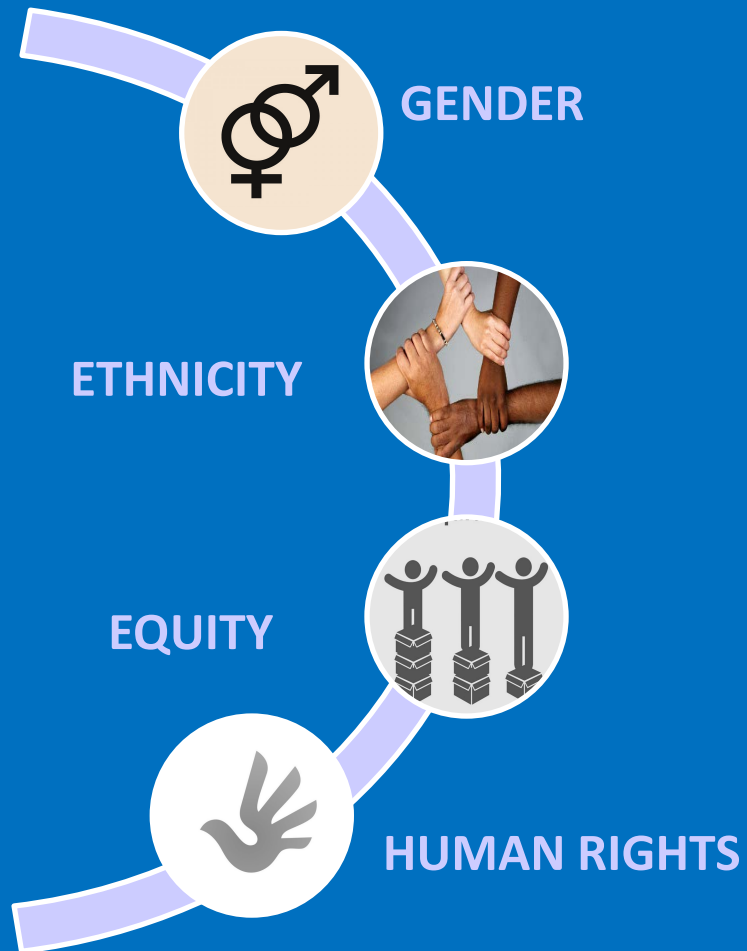
Goal of the Commission:

- Build on existing evidence and generate deeper understandings of key drivers of health inequities
- Support strategies to promote equity and health equality with high-quality evidence
- Document actions taken by governments, regions and communities to address inequities
- Make actionable recommendations at local, national and global levels

Composed of Regional leaders in health, gender, ethnicity, equity, human rights and the social determinants of health

Role of Government

Governments have a responsibility for the health of their peoples:

- Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity
- Health is an individual right and social justice issue
- Health is a public good

Important Functions of Government in HiAP Approach

- **Commissioning research**

- **Engaging stakeholders within and beyond government**

- **Formulating and implementing intersectoral policies**

- **Evaluating impact of intersectoral policies**

Implementing the Vision: Progress at the Country Level

1 Brazil

Bolsa Família: The conditional cash transfer programme *Bolsa Família* was established in 2003 to ensure access to social rights for health care thereby expanding access to health and education for families in poverty and extreme poverty, and to reduce poverty and income inequities.

2 Chile

Chile Crece Contigo: is a system of protection for early childhood development, with a mission to monitor, protect, and uphold the rights of all children and their families by providing programmes and services, which enable special support for the poorest households that account for most vulnerable families.

3 Colombia

De Cero a Siempre is the National Strategy for Comprehensive Care in Early Childhood in Colombia. The strategy aims to unify the efforts of the public and private sectors, civil society organisations, and international cooperation to improve the experience and outcomes of early childhood in Colombia

4 Cuba

Dengue Prevention Programme and Eradication of Aedes aegypti is a comprehensive set of intersectoral interventions aimed at elimination and control of Aedes aegypti mosquito (and other vectors) through environmental sanitation, hygiene, and collective household action

The Role of Government: The Case of Chile's CreceContigo

Commissioning research: Presidential Advisory Council assessed scientific literature and case studies from around the world, expert opinions, and feedback from Chilean adults and children to develop the CCC policy

Engaging stakeholders within and beyond government: Thousands of Chileans attended public consultation events or submitted feedback online during its development

Formulating and implementing intersectoral policies: All relevant government agencies (in education, health and social development) highly engaged and collaborating to ensure the success of CCC

Evaluating impact of intersectoral policiesCCC collects data about its participants and uses this to evaluate impact and inform policy, and this has been in place from the outset

Group Activity: Conditions that Promote or Hinder Intersectoral Collaboration

HEALTH IN ALL POLICIES

With your partner, list conditions or situations that promote or hinder working across sectors and levels of government

Each group will present their lists for group discussion

Lessons Learnt

Successes:

- Government supports and encourages intersectoral action

- Sectors have shared interests

- Issue has high political importance and requires urgent action

- Proposed policy has public support

- Strong, effective leaders in the bureaucracy (policy champions/entrepreneurs)

- Intersectoral action is well planned with clear objectives, roles and responsibilities;

- Sufficient resources are available;

- There are plans to monitor and sustain outcomes

Barriers:

- Distracted or unstable leadership
- Conflicting personalities
- Fragmented government functions
- Sub-national geographical and government jurisdiction divisions
- Sectors appearing to have competing interests
- Limited and misuse of resources (staff, funding, etc.)

Health in All Policies: Context Matters

3 GOOD HEALTH AND WELL-BEING Our responsibility is to become more compelling advocates for Health in and beyond SDG 3

Our responsibility is to become more compelling advocates for Health in and beyond SDG 3 and encourage global, regional, national and local actors to use multi-sectoral approaches.

1 Sharing Information **2** Co-operating **3** Coordinating Plans **4** Prioritize indicators

Every SDG Requires Multi-sectoral Collaboration

3 GOOD HEALTH AND WELL-BEING Ensure healthy lives and promote well-being for all = **8 DECENT WORK AND ECONOMIC GROWTH** + **2 ZERO HUNGER** + **4 QUALITY EDUCATION** + **6 CLEAN WATER AND SANITATION**

HiAP

	Agenda setting			Policy formation			Policy implementation		Policy review		
	Identify problem	Research	Set agenda	Develop options and strategies	Negotiate	Formulate policy/ guidance	Implement policy	Enforce policy	Monitor	Evaluate	Report
1. Cabinet committees and secretariats			■	■	■	■	■				
2. Parliamentary committees		■	■						■	■	
3. Interdepartmental committees and units	■	■	■	■	■	■	■		■	■	■
4. Mega-ministries and merges				■	■	■	■	■	■		
5. Joint budgeting							■	■			
6. Intersectoral policy-making procedures				■	■	■	■				
7. Non-government stakeholder engagement	■				■						

Source: based on analysis in McQueen DV et al. (2012) Intersectoral Governance for Health in All Policies. WHO.

Forum of the Countries of LAC on Sustainable Development

REGIONAL AND GLOBAL DIMENSIONS OF THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

Forum of the Countries of Latin America and the Caribbean on Sustainable Development
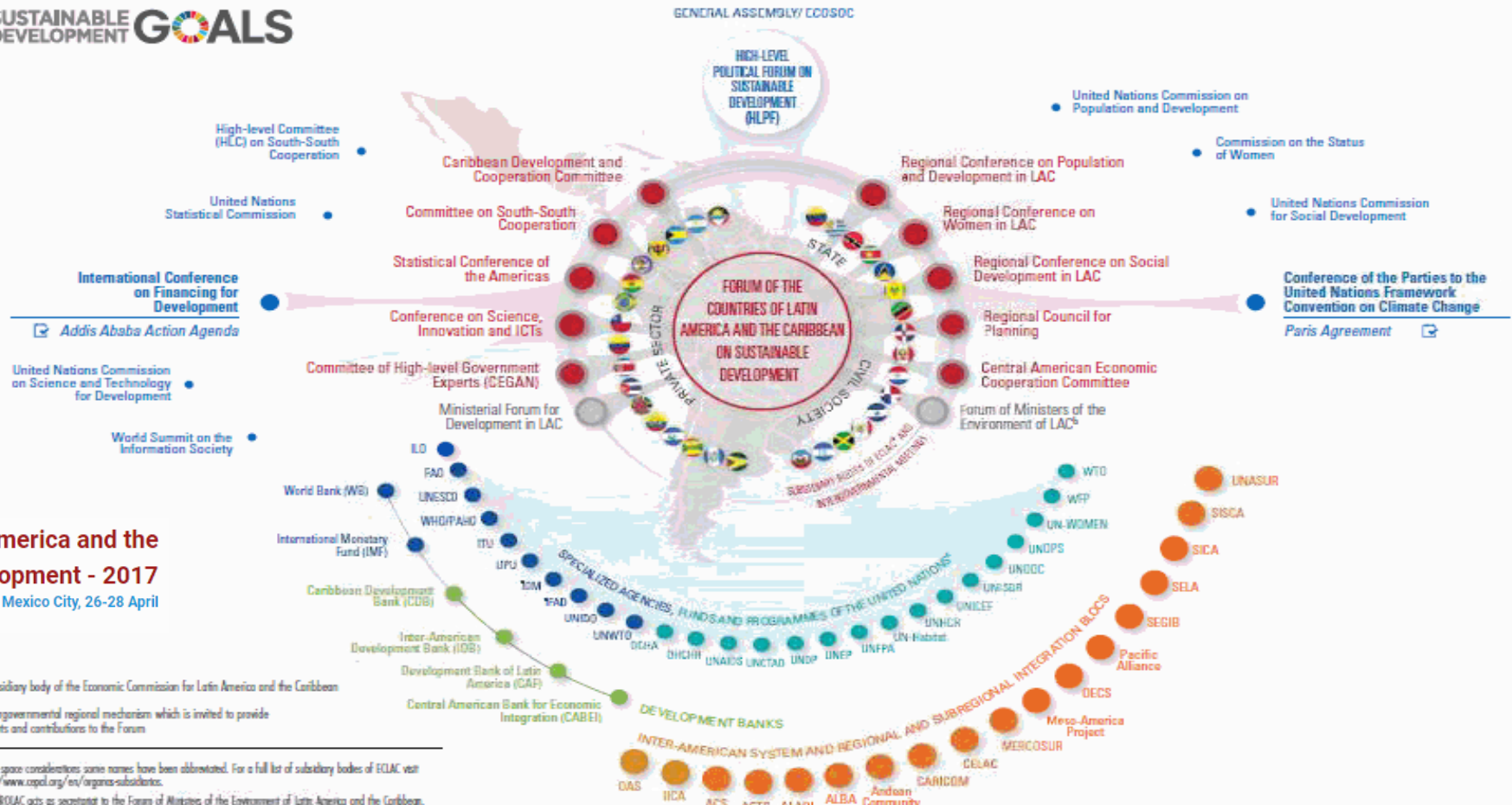
Forum of the Countries of Latin America and the Caribbean on Sustainable Development - 2017

First meeting - Mexico City, 26-28 April

Regional Progress: SDGs Agenda

3 GOOD HEALTH AND WELL-BEING — Our responsibility is to become more compelling advocates for Health in and beyond SDG 3

Annual report on regional progress and challenges in relation to the 2030 Agenda for Sustainable Development in Latin America and the Caribbean

2017

México
Consejo Nacional de la Agenda 2030 para el Desarrollo Sostenible

Guatemala
Consejo Nacional de Desarrollo Urbano y Rural (CONADUR)
👤 Secretaría de Planificación y Programación de la Presidencia

Belice
👤 Ministerio de Finanzas y Desarrollo Económico

República Dominicana
Comisión Interinstitucional de Alto Nivel para el Desarrollo Sostenible
👤 Ministerio de Economía, Planificación y Desarrollo

Honduras
Dirección Presidencial de Planificación Estratégica, Presupuesto e Inversión Pública
Secretaría de Coordinación General de Gobierno

El Salvador
Consejo Nacional de Desarrollo Sostenible (en proceso de creación)
👤 Secretaría Técnica de la Presidencia

Costa Rica
Comisión Nacional Coordinadora de Alto Nivel de los ODS
👤 Ministerio de Planificación Nacional y Política Económica

Venezuela (República Bolivariana de)
Consejo de Vicepresidentes
👤 Ministerio del Poder Popular de Planificación

Panamá
Coordinación Multisectorial plan Panamá 2030 en el marco ODS
Ministerio de Desarrollo Social

Colombia
Comisión Interinstitucional de Alto Nivel para el Alistamiento y la Efectiva Implementación de la Agenda de Desarrollo Post 2015 y sus Objetivos de Desarrollo Sostenible
👤 Departamento Nacional de Planeación

Brasil
Comisión Nacional para los Objetivos de Desarrollo Sostenible
👤 Secretaría de Gobierno de la Presidencia de la República

Perú
Comisión Intersectorial para el seguimiento de la Agenda 2030

Paraguay
Comisión Interinstitucional de Coordinación para la Implementación, Seguimiento y Monitoreo de los Compromisos Internacionales Asumidos por el País en el Marco de los Objetivos de Desarrollo Sostenible de las Naciones Unidas.
Ministerio de Relaciones Exteriores

Chile
Consejo Nacional para la Implementación de la Agenda 2030 sobre Desarrollo Sostenible
👤 Ministerio de Desarrollo Social

Argentina
Consejo Nacional de Coordinación de las Políticas Sociales

Uruguay
👤 Oficina de Planeamiento y Presupuesto

👤 Secretarías Técnicas para los ODS que integran el Consejo Regional de Planificación, órgano subsidiario de la CEPAL

Fuente: Instituto Latinoamericano y del Caribe de Planificación Económica y Social (ILPES), sobre la base de información de los países.

Group Exercise

In small groups, review the case studies and consider the following questions:

1. What role, if any, did high-level government support for HiAP approaches play in these case studies?

2. Which sectors and non-governmental stakeholders are the most likely collaborators for the Ministries of Health in both countries to tackle the issues identified? What might some of the barriers be to implementing such collaborations? Do these differ between the two case studies?

3. In what ways might actors in the Ministries of Health in Mexico and Suriname benefit from understanding the incentives and modes of working of other sectors? Does this differ in the two examples given? Can you identify incentives of other actors that might actually be in conflict with those of the health sector in either case study

Each group will present their lists for group discussion
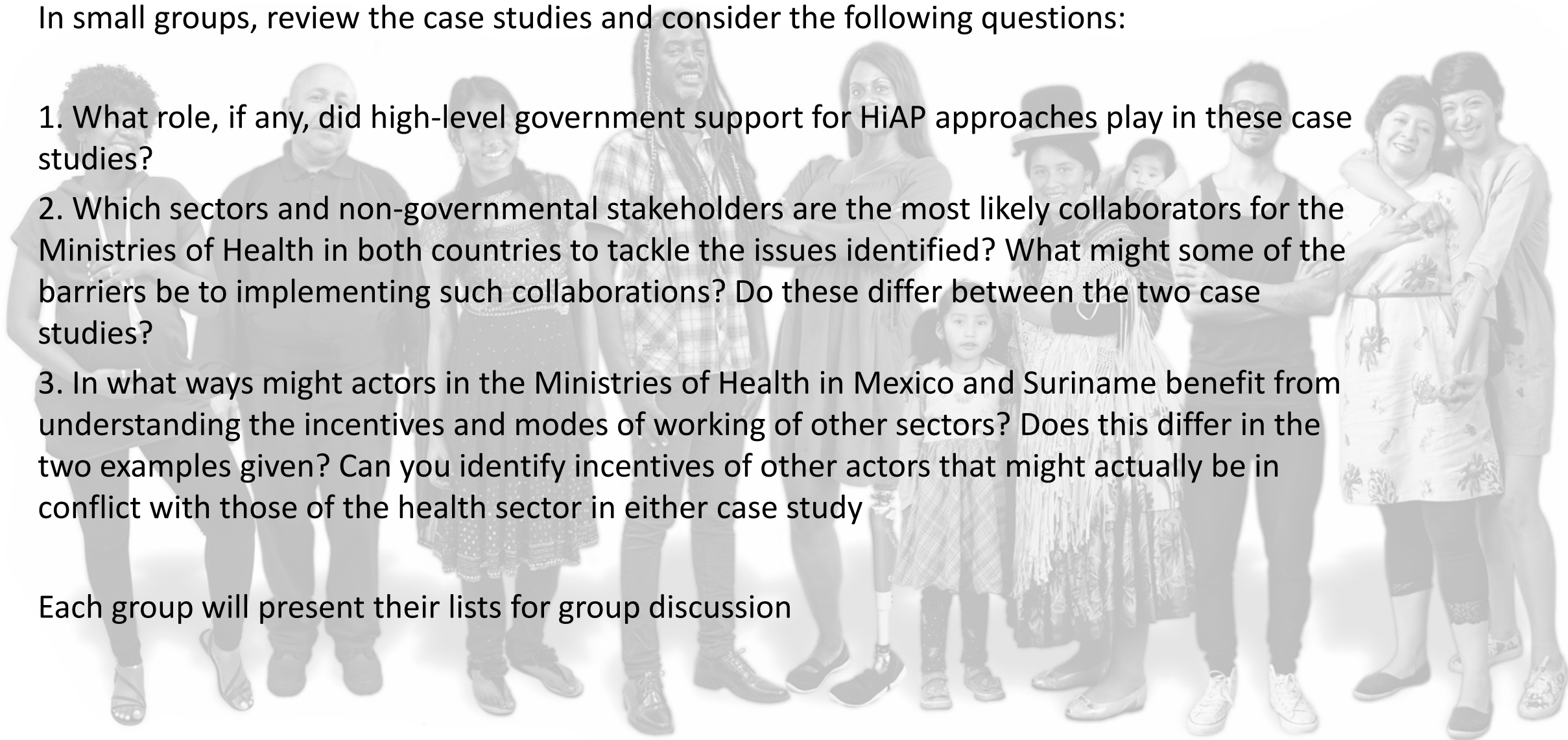
Lessons Learnt:

- High-level government support is fundamental to the success of a HiAP approach

- Strong, effective leaders in the bureaucracy are important – personalities matter

- Need to identify networks, contacts and "gatekeepers" in other government sectors to establish more direct and effective lines of communication

- Crucial to understand the goals, languages and processes of other government sectors

- Successful engagement of other government sectors requires the development of trust and the establishment of a consensus on shared goals and policies
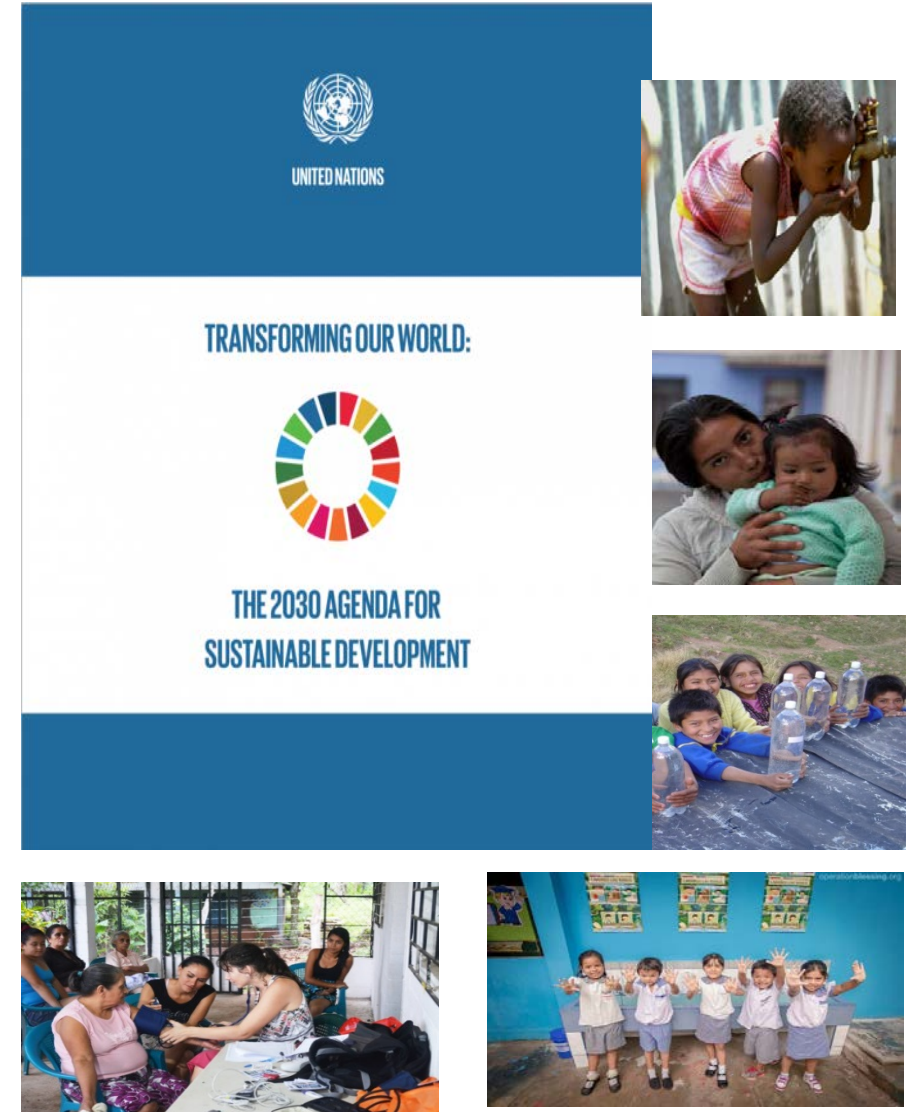
Conclusions

The SDGs provide <u>unprecedented opportunities</u> to engage with stakeholders across the spectrum of sustainable human development using a HiAP approach

The region has taken critical steps to actively participate in this new cycle of global commitment by translating the <u>agenda into practice</u> and <u>develop concrete actions</u> – build on our successes whilst recognizing challenges

<u>Closing the equity gap is the smart thing to do:</u> Make the investment case

<u>Demonstrate the 'how-to': Document and disseminate good practices at the local, national, regional and global level</u>

Only by monitoring inequalities will it be possible to verify the impact of pro-equity policies and progress toward keeping the promise of ensuring that <u>no one is left behind</u>

THANK YOU