

**WHO Health in All Policies
Implementation and Health Equity -
Tools for SDH Action (*Test of concept and
first five draft v.1 tools*)**

HiAP Master Class, Adelaide 29 March 2017

Erik Blas and Nicole Valentine

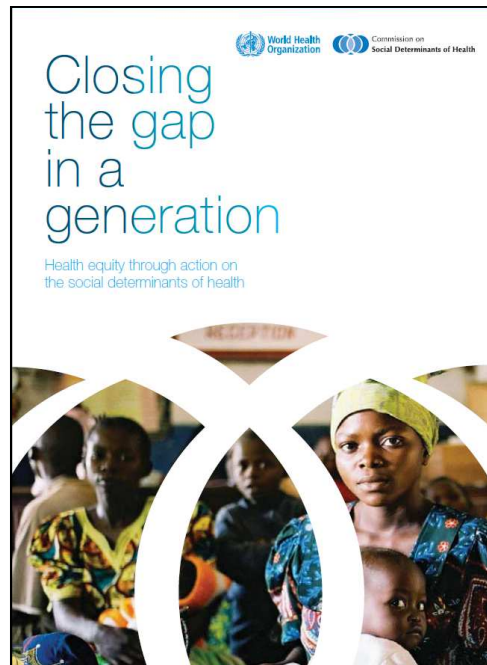
Overview of session

I. Background – HiAP and equity

II. Tools

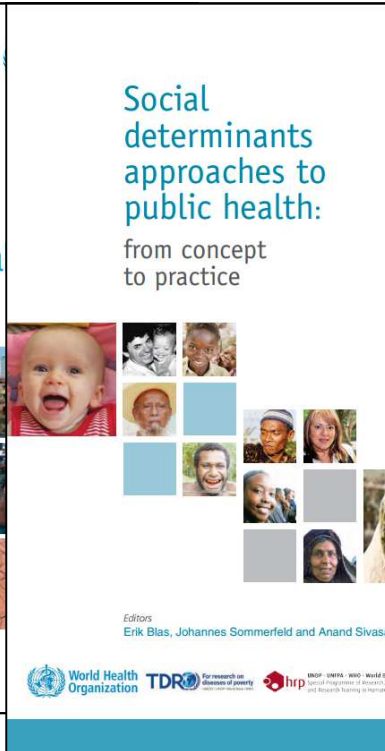
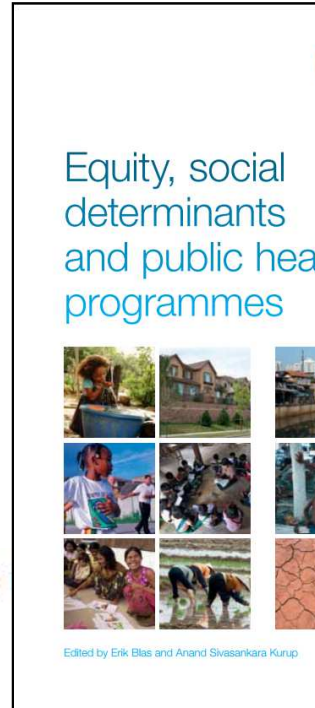
- 1: HiAP Tools – Concept & Five Examples
- 2: Group discussion - Tools
- 3: Conclusion

Background of HiAP and social determinants of health



CHAPTER 10

Health equity in all policies, systems, and programmes



“If health is present in every dimension of life, it also implies that risk is everywhere. This has significant consequences for how we frame health policies and where assign responsibilities for health in society.”

Illona Kickbusch (2007)

Health inequalities (source-Melkas)

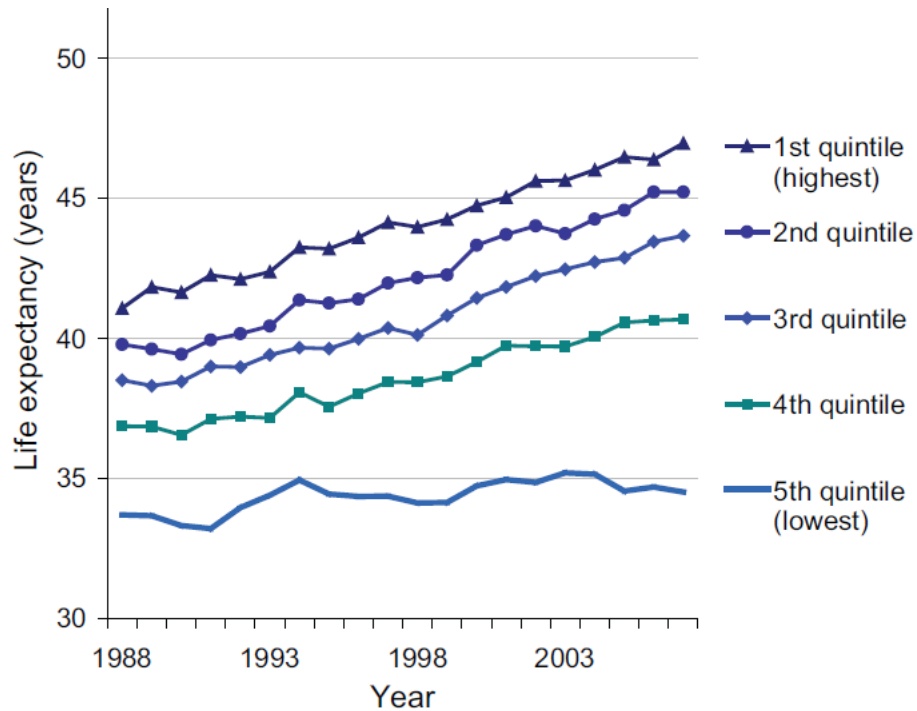


Figure 9. Life expectancy of 35-year-old men by income quintile in 1988–2007.

Source: Tarkiainen L, Martikainen P, Laaksonen M, et al. Trends in life expectancy by income from 1988 to 2007: decomposition by age and cause of death. *J Epidemiol Community* 2011;66(7):573–8.

Goal 10. Reduce inequality

10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the

population at a rate higher than the national average

10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the

population and the total population

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of

age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.2.1 Proportion of people living below 50 per cent of median income, by age, sex and persons with disabilities

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory

laws, policies and practices and promoting appropriate legislation, policies and action in this regard

10.3.1 Proportion of the population reporting having personally felt discriminated against or harassed within the previous 12 months

10.4 Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality

10.4.1 Labour share of GDP, comprising wages and social protection transfers

Goal 17. Partnerships

Multi-stakeholder partnerships

17.16 Enhance the Global Partnership for Sustainable Development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the Sustainable Development Goals in all countries, in particular developing countries

17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

Data, monitoring and accountability

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.16.1 Number of countries reporting progress in multi-stakeholder development effectiveness monitoring frameworks that support the achievement of the sustainable development goals

17.17.1 Amount of United States dollars committed to public-private and civil society partnerships

17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics

17.18.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics

HiAP and equity

Opportunities for initiation	Policy change window	Political will high	X	
		Political will low		
	International influences	Favour HiAP, health equity	X	
		Do not favour HiAP, health equity		
Key drivers of implementation	Vision of health (used by health sector and others)	Closer to social indicators	X	
		Closer to absence of disease		
	Relationships within governmental partners	Integration	X	
		Cooperation – coordination	X	
		Informative		
	Levels of administration of the government involved	All levels of government	X	
		Only national and federal/state		
		Only local level		
	Relationships between government and non-government actors (civil society)	Involving in decision-making/priority setting	X	
		Information sharing		
Key domains of an equity lens (in policies and interventions)	Entry points to address social determinants of health	Structural and intermediary social determinants of health	X	
		Only intermediary social determinants of health; life style or working and housing conditions		
		Not including SDH, or has a sole emphasis on access to health services		
	Coverage approach	Universal or mixed	X	
		Targeted only		
	Equity as an explicit targeted outcome of HiAP	YES	X	
		NO		
	Main approach to address equity	Gradient	X	
		Gaps		
		Vulnerable groups		
Role of health in the policy process	Policy development	X		
	Implementation			
	Monitoring and evaluation			
Key drivers of sustainability	Mandates of structures, organization and budget	Formal or informal structures and mandates	YES	X
			NO	
		Integrated budget or pooling of resources	YES	X
			NO	
	Tools and mechanisms to strengthen interchange between sectors	Solid information base to analyse equity and HiAP for monitoring and evaluation	YES	X
			NO	
Use impact assessment		YES	X	
	NO			

HiAP and equity

Key message:

In the scope / portfolio of Health in All Policies, assess what likely impact you are having on equity. It is not automatic.

Part 1:

HIAP TOOLS CONCEPT & FIVE EXAMPLES

WHO HiAP practice tools

Social determinants approaches to public health: from concept to practice

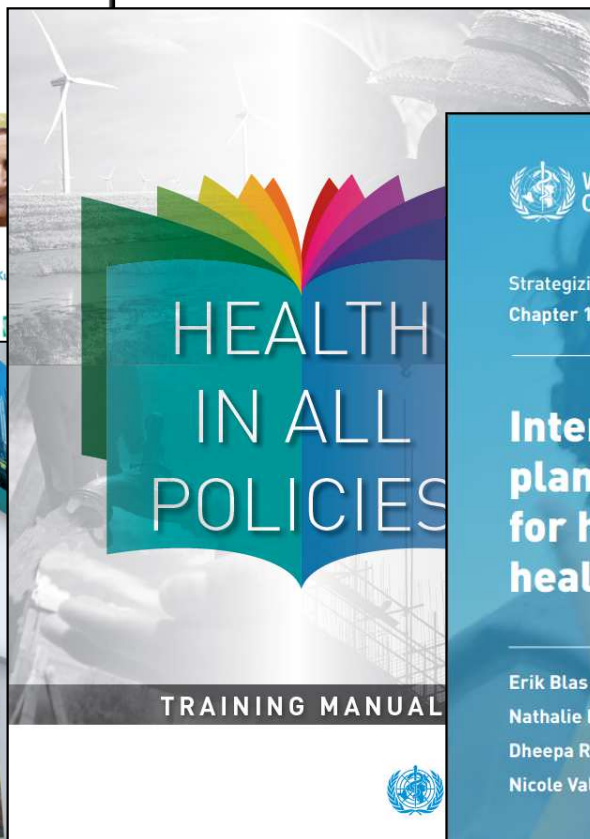


Editors
Erik Blas, Johannes Sommerfeld and Anand Sivasankara K



PRACTISING A HEALTH IN ALL POLICIES APPROACH—
LESSONS FOR UNIVERSAL HEALTH COVERAGE AND
HEALTH EQUITY

A policy briefing for ministries of health based on experiences from
Africa, South-East Asia and the Western Pacific



World Health Organization

Strategizing national health in the 21st century: a handbook
Chapter 12

Intersectoral
planning
for health and
health equity

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Suriname HiAP

The WHO HiAP Tools for SDH Action Project



- **Purpose**
 - Hands-on set of tools easy to adapt and use
 - (*Intersectoral work, health equity, sustainability of HiAP processes*)
- **Concept of tools**
 - Written guidance or a concrete hands-on example of how to address specific steps
 - (*Essential, expanded, specialist tools*)

Tools found so far (1)

Country / state	Agenda setting						Develop options and strategies
	Identify problem		Research		Set agenda		
	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>	
Australia / South	**	🌸🌸🌸	**	🌸🌸	**	🌸🌸🌸	* 🌸🌸🌸
Canada / Quebec	*	🌸🌸					* 🌸🌸
Finland	*	🌸🌸🌸	*	🌸🌸🌸			
Namibia	*	🌸🌸🌸			*	🌸🌸	
Norway	***	🌸🌸🌸	*	🌸🌸	*	🌸🌸🌸	* 🌸🌸🌸
Sudan					***	🌸	
Suriname	***	🌸🌸🌸	***	🌸🌸🌸	***	🌸🌸🌸	*** 🌸🌸
United Kingdom	**	🌸🌸	*	🌸	***	🌸🌸🌸	** 🌸🌸
USA/California	**	🌸🌸	***	🌸🌸	***	🌸🌸🌸	** 🌸🌸

Tools found so far (2)

Country / state	Formulation				Implementation			
	Negotiate		Formulate policy		Implement policy		Enforce policy	
	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>
Australia / South	*	🌸🌸🌸			**	🌸🌸	***	🌸🌸🌸
Canada / Quebec	*	🌸🌸🌸			*	🌸🌸🌸	*	🌸🌸🌸
Finland	*	🌸🌸			*	🌸🌸🌸	**	🌸🌸🌸
Namibia								
Norway			*	🌸	**	🌸🌸🌸	*	🌸🌸🌸
Sudan							*	🌸
Suriname	***	🌸🌸	***	🌸🌸🌸	**	🌸🌸	**	🌸🌸🌸
United Kingdom	***	🌸🌸			**	🌸🌸	***	🌸🌸
USA/California	***	🌸🌸🌸	***	🌸🌸🌸	***	🌸🌸	***	🌸🌸🌸

Tools found so far (3)

Country / state	Review					
	Monitor		Evaluate		Report	
	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>	<i>Specificity</i>	<i>Novelty</i>
Australia / South	*	🌸🌸🌸	*	🌸🌸🌸		
Canada / Quebec	*	🌸🌸🌸				
Finland	*	🌸🌸🌸	*	🌸🌸	*	🌸🌸🌸
Namibia						
Norway	**	🌸🌸🌸	*	🌸🌸🌸	***	🌸🌸🌸
Sudan						
Suriname	**	🌸🌸🌸	*	🌸🌸	**	🌸🌸🌸
United Kingdom			*	🌸		
USA/California			*	🌸🌸	*	🌸🌸

Different HiAP starting points

- **Model 1:** Starting point in health moving to policies that influence the level and distribution of health
 - a. Starting with the overall population health situation
 - b. Starting with specific health problems / risk factors / programmes
- **Model 2:** Starting with policy in other sector moving to assessing for effect on health level and distribution
 - a. Starting with legal policy framework
 - b. Starting with specific policies or sets of policies

Key characteristics of HiAPs reviewed

Country	Model	Start year	Resources
Australia / South	Model 2b	2007	\$\$\$(\$\$)
Canada / Quebec	Model 2a	2002	\$\$\$\$\$
Finland	Model 1b	1972	\$\$\$\$\$
Namibia	Model 1a	2016 (Oct)	\$
Norway	Model 1a	2000	\$\$\$\$\$
Sudan	Model 1b	2015 (Aug)	\$
Suriname	Model 1a	2015 (Jun)	\$\$
UK	Model 2b	2010	\$\$\$\$
USA / California	Model 1a	2008	\$\$\$

Test objective 1: To get quick feedback on the concept of the 'tool-box' (plenary)

- A. What do you think of the usefulness of having a web-based structured access to generic tool descriptions and links to examples [permutations] of use?
- B. Are the needs for tools in '*resource-rich*' settings different from the needs in '*resource-poor*' settings – why or why not?

Tool 1 (v.1): Health Lens Analysis

About the tool

- Developed as part of South Australia's HiAP
- Includes HIA – beyond deficits to cover opportunities

When to use the tool

- Model 2b HiAP approaches
- Composite tool covering: agenda setting, formulation and evaluation

How to use the tool

- Engage
- Gather evidence
- Generate recommendations
- Navigate governance structures
- Evaluate

Examples of use

- South Australia
 - Active Ageing Through Employment
 - Digital Technology
- USA / California
 - Applying a health lens to land use planning in San Francisco

Tool 2 (v.1): Quick assessment

About the tool

- Developed as part of Suriname's HiAP
- *Three premises*: health inequities and under-performance are avoidable, and a limited number of SDH are the main causes
- Complete evidence is not necessary

When to use the tool

- Model 1a HiAP approaches
- *'Identify the problem'*

How to use the tool

- Review BoD report, incl. 10-15 largest contributor and risk factors
- Guidance notes and templates for participatory process
- 3 Delphi-rounds
- Consolidate for national consensus workshop and agenda-setting

Examples of use

- Suriname
 - Health of the population – health of the country
 - Sample Master Sheet – self-harm
 - Sample Policy Domain – social construct

Tool 3 (v.1): Build relationships & talk about HiAP

About the tool

- Developed as part of California and UK HiAP
- Shared, different and opposed interests

When to use the tool

- Attune thinking and communication at all stages of HiAP
- Particularly useful for ‘negotiate’

How to use the tool

- Building intersectoral relationships
 - Focus on building trust
 - Model reciprocity
 - Pursue mutuality
- Talking about HiAP
 - Framing the environment
 - Building on shared values
 - Basic messaging

Examples of use

- *“Health in All Policies – a guide for State and Local Governments”* (US/California)
- *“Health in All Policies a manual for local government “* (UK)

Tool 4 (v.1): HiAP Team Staff

About the tool

- Pieced together from Norway, California and other experiences
- Competence and capacity to make it all happen is indispensable

When to use the tool

- Probably the very first tool to consider
- If insufficient capacity – may not be worthwhile starting at all

How to use the tool

- HiAP Coordinator
 - Reporting lines
 - Tasks
 - ‘Soft’ and ‘Hard’ competences
- HiAP Officer
 - Back-office tasks
 - ‘Soft’ and ‘Hard’ competences

Examples of use

- Norway
 - Extensive staffing at central / decentral levels
- California
 - Small permanent team, relying on volunteers and interns

Tool 5 (v.1): Report

About the tool

- Conceptualized based on Norwegian and other experiences
- HiAP is political – report should target politicians and the public

When to use the tool

- Outline of report should be prepared at *'agenda setting'* stage
- Biennial is probably optimal (capacity and political cycles)

How to use the tool

- Make it short – or executive + full
- Sample list of content
 - Executive summary
 - Introduction
 - Level of health (absolute & bench-marked)
 - Health inequity (inequity dimensions)
 - Policy domains
 - The evidence base
 - Governance and management

Examples of use

- Norway
 - “Public Health Political Report – Indicators for Cross-sectoral Public Health Work”
- Finland
 - Local governments by law mandated to produce comprehensive welfare reports every four years and compressed version every year

Part 2:

GROUP DISCUSSION

Test objective 2: To get quick feedback on the five sample draft v.1 tools, representing the four stages of the HiAP cycle.

- Are the descriptions of the tool clear and practical, including when and how to use clear – if not why?
- What is useful about the tool with respect to health equity?
- How useful is the tool for local adaptation? Should it be part of the Essential tool-kit?
- Do you have any suggestions to improve the tool—given that the description should not exceed two pages?

Part 3:

PLENARY DISCUSSION // **CONCLUSION**

Test objective 3: To solicit examples of tools that have actually been used in different settings and contexts and highlight what needs for equity are

- If you have one or more examples, kindly e-mail to erik@blas.dk and valentinen@who.int with links and a short description of use, including lessons learnt, facilitating factors and challenges.

Next steps (*preliminary*)

- Incorporate feedback from Adelaide Master class
- Complete [essential tool-kit] package (10 – 12 tools)
- Review by practitioners and others representing different settings and experiences