"Applying Health in All Policies: An Approach To Achieve Sustainable Development Goals" In the Eastern Mediterranean Region
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HEALTH IN ALL POLICIES CONCEPTS AND APPLICATIONS

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LEARNING OBJECTIVES

- Define Health in All Policy (HiAP)

- Explain the origins and development of HiAP

- Recognize when to use the HiAP approach

- Distinguish the HiAP approach from other public policies

HEALTH IN ALL POLICIES (HiAP)

Health in All Policies is 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.

(WHO Definition adopted by the 2013 Global Health Promotion conference focusing on HiAP, and used in the World Health Assembly resolution 2014)

Resolution of Ministers of Health
Global sustainable action across sectors to improve health and health equity

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY WHA67.12

Agenda item 14.6 24 May 2014

Contributing to social and economic development: sustainable action across sectors to improve health and health equity
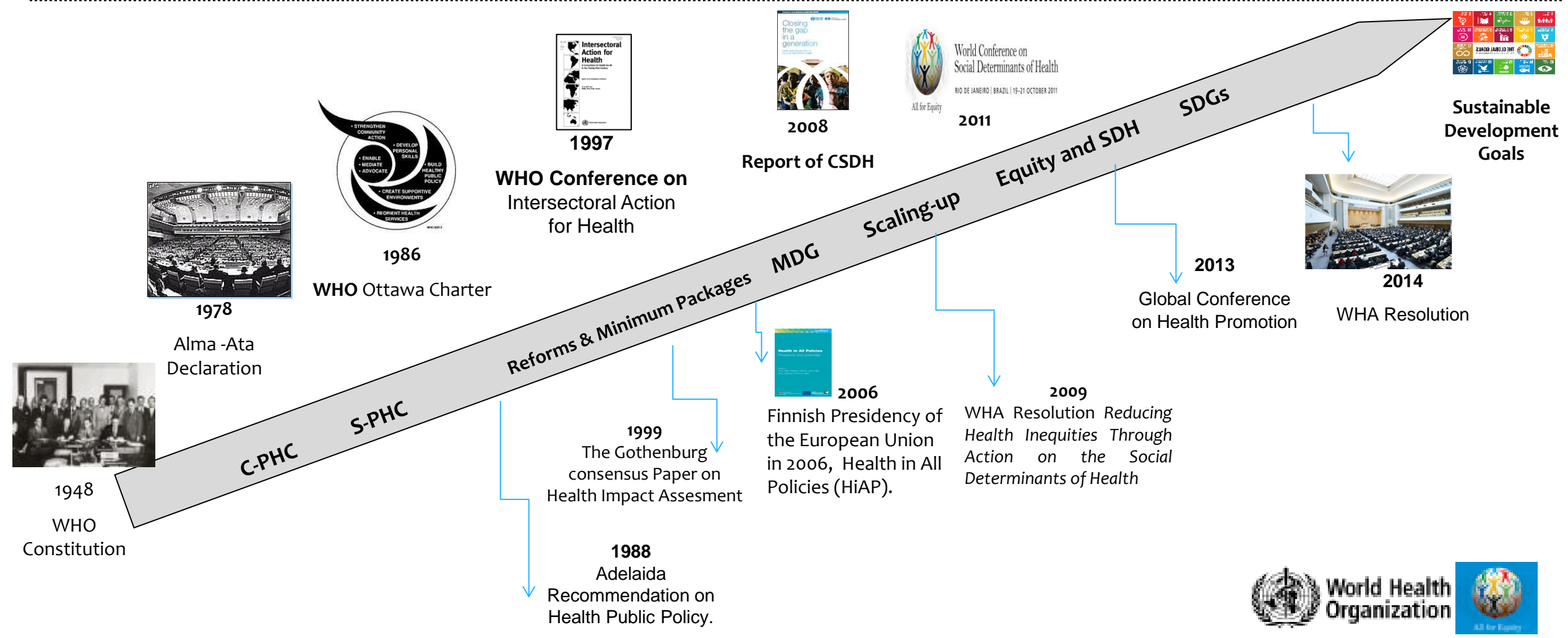
PUBLIC POLICIES

- A public policy refers to the policy of government influenced by its unique social, economic, political and cultural context

- A public policy is a set of interrelated decisions taken by a political actor or group of actors concerning the selection of goals to deal with societal problems and the means of achieving them where those decisions should, in principle, be within the power of those actors to achieve them

- They are most often established by legislation, but they can also be created by an executive order, a bureaucratic regulation, a city ordinance or even a court decision

- The authoritative allocation of values for a society.
- The process of deciding who gets what, when, where and how.
- What the government chooses to do or not to do about a specific problem.

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HISTORY: OPPORTUNITIES IN ACTION ON SOCIAL DETERMINANTS OF HEALTH THROUGH HEALTH IN ALL POLICIES APPROACH

1948
WHO Constitution

1978
Alma -Ata Declaration

1986
WHO Ottawa Charter

1997
WHO Conference on Intersectoral Action for Health

2008
Report of CSDH

2011
World Conference on Social Determinants of Health

Sustainable Development Goals

2013
Global Conference on Health Promotion

2014
WHA Resolution

1988
Adelaida Recommendation on Health Public Policy.

1999
The Gothenburg consensus Paper on Health Impact Assesment

2006
Finnish Presidency of the European Union in 2006, Health in All Policies (HiAP).

2009
WHA Resolution *Reducing Health Inequities Through Action on the Social Determinants of Health*

C-PHC · S-PHC · Reforms & Minimum Packages · MDG · Scaling-up · Equity and SDH · SDGs

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WHY HiAP

- Systems approaches and networked responses at all levels and force policy makers to move beyond silos

- Getting the "whole system in the room" to avoid those unintended negative impacts of public policies on health of populations or subgroups of the population

- Effectively engaging stakeholders and citizens

  - Understand the complexity of the issues and
  - Involved in identifying potential solutions


Poverty

Urbanisation

Climate change

Trade & industrialization

Conflict

Displaced people

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POLICY SITUATIONS IN FAVOUR OF HiAP APPROACH

- **Complex health challenges**
  - o Example: NCDs

- **External policies with high impact on health**
  - o Example: free trade agreements

- **Government priority affecting many sectors**
  - o Example: improving early childhood development
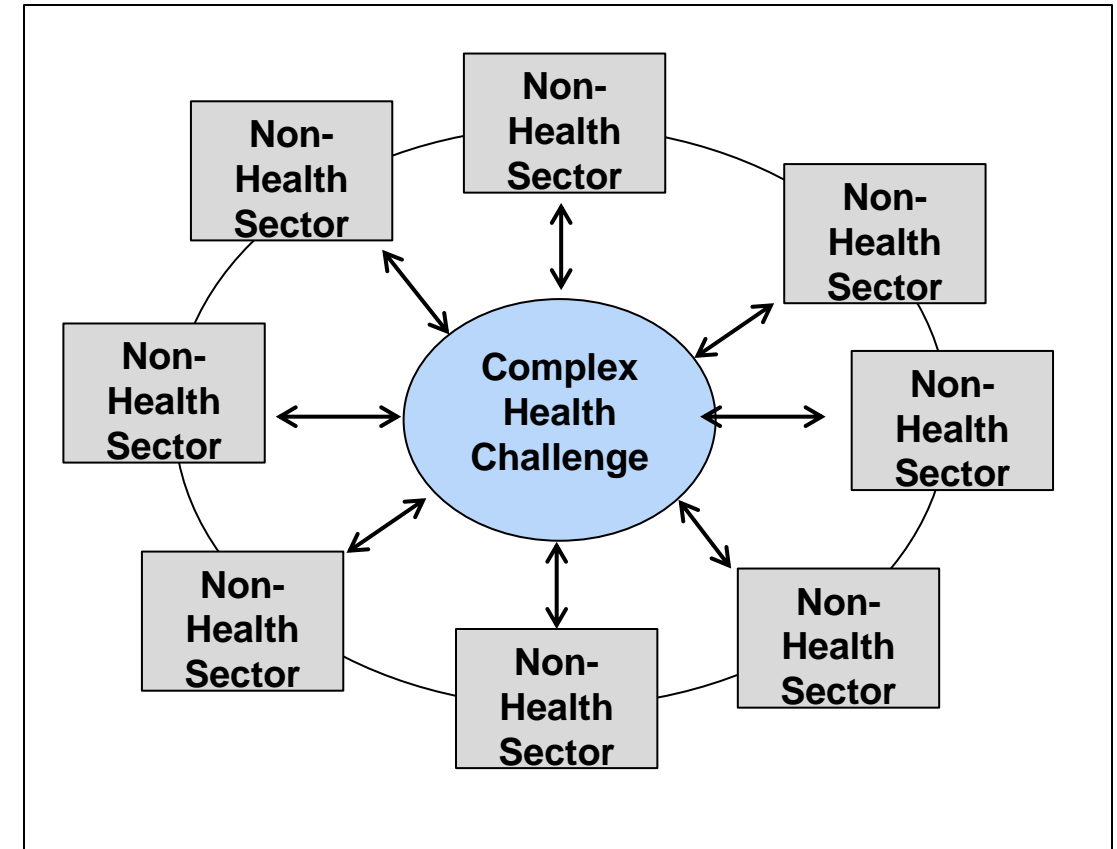
POLICY MAKING AND HiAP

- Mind shift in policy making
- New ways of developing policies, designing programs and delivering services
- New ways of working together
- New ways of accountability and incentives

1 — What is the goal?

2 — Who is the lead agent?

3 — Who are the actors?

4 — What is the mechanism?

5 — What are the expected results

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HiAP IN PRACTICE: ECUADOR - NATIONAL PLAN OF GOOD LIVING

Ecuador's Plan Nacional para el buen vivir (National Plan of Good Living, or NPGL) has become the roadmap for the development and implementation of social policies in Ecuador, with the full backing of the highest political authority. The concept of Good Living is based on a broad definition of health. Health is one of a set of specific sectoral work plans, each of which has to be consistent with national strategy and priorities. The health sector work plan is guided by the social determinants of health approach, and its goals are realized through the Development Coordinating Ministry, which supervises the Ministries of Health, Labour, Education, Inclusion, Migration, and Housing. Between 2006 and 2011 when the Programme was implemented, social investments increased 2.5 times; the proportion of urban homes with toilets and sewage systems increased from 71% to 78%; rural homes with access to collection of waste increased from 22% to 37% and health appointments in the public service sector increased by 2.6 per 100 inhabitants (PAHO 2013).
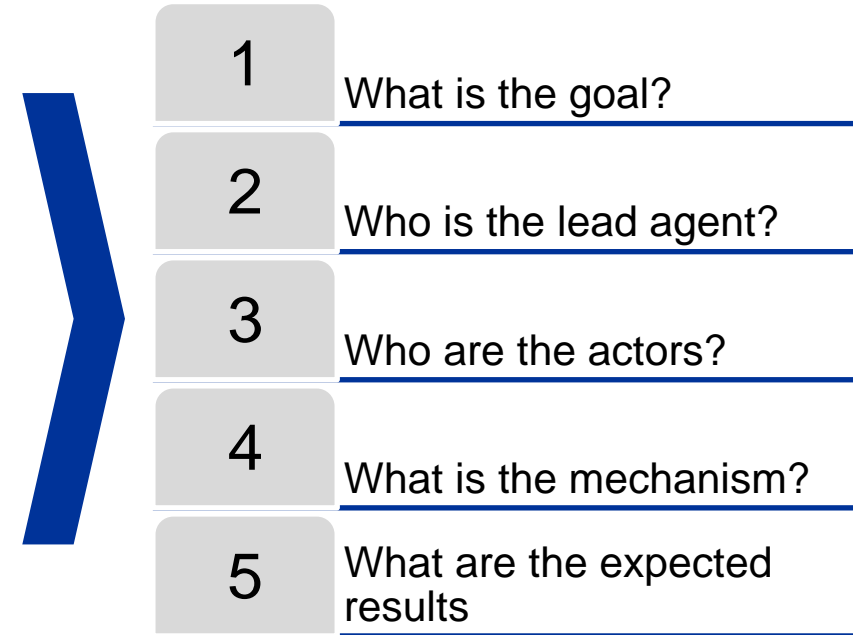
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HiAP IN PRACTICE: SWEDEN – REDUCING ROAD FATALITIES

The Vision Zero initiative is an example of how a government agency that is not normally associated with the health sector, the Swedish Road and Traffic Safety Agency, contributed significantly to improved population health. Based on the Agency's recommendations, the Road Traffic Safety Bill enacted in 1997 by the Swedish Parliament required that fatalities and serious injuries are reduced to zero by 2020 (Whitelegg & Haq 2006). It ushered in a systems approach that brought together the transport, justice, environment, health and education sectors, and established partnerships with the private sector and civil society. In addition to playing a facilitating role, including provision of data, the Swedish health authorities worked alongside the country's emergency services to reduce fatalities and improve outcomes. Through the police, road safety measures such as speed limits, seat belt use, and random breath testing were enforced, while civil society organizations and the private sector promoted safe driving. Technical measures included improved design of roads, vehicles, surveillance and safety equipment. The approach, increasingly emulated in other countries, led to a fall in the numbers of fatal road crashes from 9.1 deaths per 100,000 in 1990 to 2.8 deaths per 100,000 in 2010, despite a significant increase in traffic volumes (IRTAD 2012).

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HiAP IN PRACTICE: THAILAND - INSERTING HEALTH CONCERNS INTO INTELLECTUAL PROPERTY LEGISLATION

The process of drafting Thailand's National Plan for Intellectual Property in 2009 demonstrates how the health concerns of civil society can feed into the policy process in both the health and trade sectors. During the drafting of the Plan by the Thai Ministry of Commerce, civil society organizations (CSOs) made use of Section 11 of the 2007 National Health Act, which guarantees access to information on government programmes that "may affect [a person's] health or the health of a community, and shall have the right to express his or her opinions on such matters." On this basis, the CSOs requested that the Thai government review the Draft Plan in order to ensure that intellectual property (IP) regulations concerning otherwise legal essential generic medicines would not invoke charges of IP infringement, as had been the case of other countries. Instead, they requested a specific plan for IP protection and enforcement regarding pharmaceutical products. The involvement of CSOs in this process resulted in the establishment of a working group composed of the National Health Commission Office, the Ministry of Commerce, Department of Intellectual Property, and Ministry of Public Health, which was tasked with developing an IP plan specific to medicines and related products. Before any adoption of health-sensitive issues in free trade agreement frameworks, representatives of health authorities and civil society, including academics, are included in committees, working groups and hearing sessions of the trade sector; moreover, the issue of IP for pharmaceutical products is considered before setting any international trade or economic agreements. (Source: National Health Commission Office, Thailand).

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HiAP IN PRACTICE: INTERNATIONAL FRAMEWORK CONVENTION ON TOBACCO CONTROL
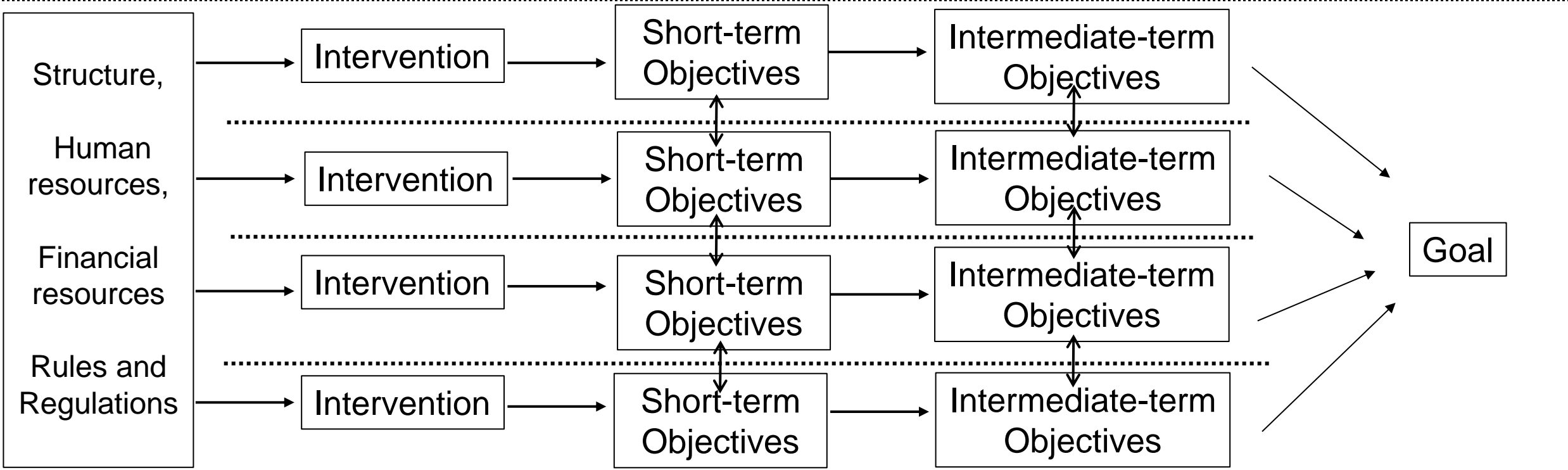
Tobacco control has been a major success for HiAP at the global level. The Framework Convention on Tobacco Control (FCTC), which entered into force on 27 February 2005, is the first treaty negotiated under the auspices of the World Health Organization. It was developed in response to the globalization of the tobacco smoking epidemic, in recognition that the spread of the epidemic is facilitated by a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. The FTCT now has 177 signatory countries, and has successfully led to stronger tobacco control policies in many parts of the world. Both supply and demand reduction measures are included in a "package" of interventions. In addition to the Ministry of Health, relevant ministries or agencies such as Finance, Trade, or Customs in each signatory country work together to meet minimum standards governing the packaging, sale, advertising, and taxation of tobacco products (WHO 2013b).

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THEORY OF CHANGE

Structure, Human resources, Financial resources Rules and Regulations	→ Intervention	→ Short-term Objectives	→ Intermediate-term Objectives	
	→ Intervention	→ Short-term Objectives	→ Intermediate-term Objectives	
	→ Intervention	→ Short-term Objectives	→ Intermediate-term Objectives	→ Goal
	→ Intervention	→ Short-term Objectives	→ Intermediate-term Objectives	

- Coordinating structure
- Skilled personnel
- Common budget

- Harmonized sectors' activities
- **Health sector** is *permanent partner*
- **For all**

- Harmonized sectors' objectives
- **Health** objective is one of them
- **For all**

- Harmonized Sectors' objectives
- **Health** is one of them
- **For all**

- Common impact
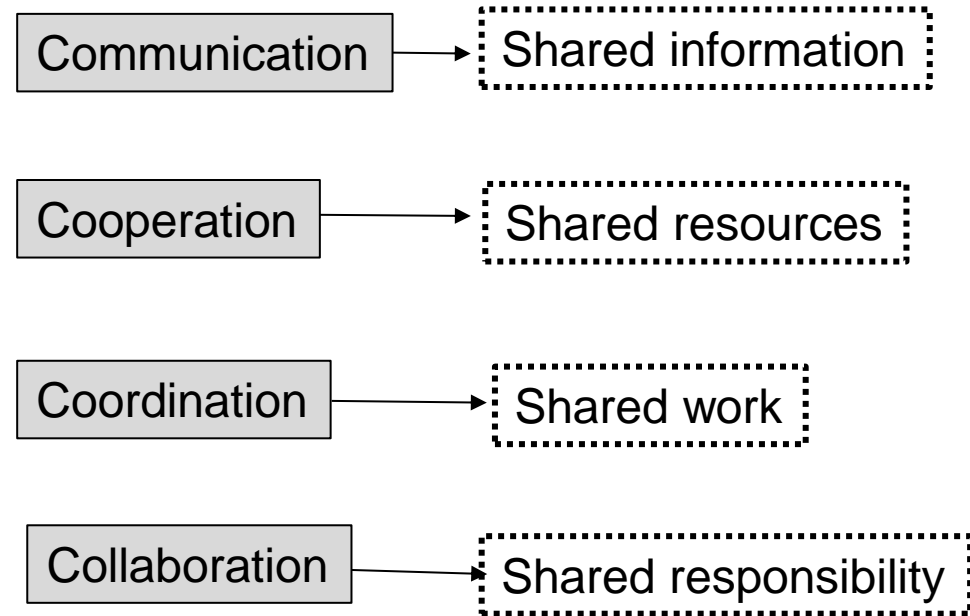- **Health** or non-health
- **For all**

INTERSECTORAL COLLABORATION

INTERSECTORAL COLLABORATION: A recognized relationship—ranging from a formal agreement to an ad hoc group—between different sectors of society working together in a way that can improve outcomes more effectively, efficiently, or sustainably than when working independently from one another.

WIN-WIN: A solution that is satisfactory or guarantees a favorable outcome for all parties. This may be an outcome with one benefit for all parties, or may have multiple benefits. A Health in All Policies approach seeks to find win-win solutions.

CO-BENEFIT: A secondary benefit arising from implementation of a policy or program that has a different primary benefit as its purpose. Health co-benefits can result when non-health policies intentionally or unintentionally impact health outcomes. For example, policies to reduce greenhouse gases may have public health co-benefits through positive impacts on air pollution, active transportation, etc.

Communication	→	Shared information
Cooperation	→	Shared resources
Coordination	→	Shared work
Collaboration	→	Shared responsibility

ROLES AND RESPONSIBILITIES IN HiAP APPROACH

HiAP approach needs **'Whole of government** and **'Whole of society'** approach, **getting the "whole system in the room" TO** avoid those unintended impacts of public policy that can be detrimental to the health of populations or subgroups of the population.

- Governmental sectors
  - Non-health sectors
  - Health sectors
- Parliamentarians Policy experts
- Community members
- Civil society and NGOs
- Private sector
- International agencies
- UN agencies

- Leader
- Advocator
- Coordinator
- Supervisor
- Implementer
- Evaluator

ROLE OF HEALTH SECTOR IN HiAP APPROACH

- Within the health sector:
  - Improve health
  - Promote healthcare equity

- Comprehensive programs to improve health for all
- Secure services and resources to serve the population at large
- Identify health needs of the population with an equity lens
- Build partnership with various stakeholders to achieve the healthcare goals
- Building capacity within the health sector on service provision and healthcare equity concept and analysis

- External to the health sector:
  - Maximize health benefits
  - Promote health equity

- Provide evidence on root causes for ill health
- Advocate for health protection to be addressed in public discourse
- Create regular platforms for dialogue with other sectors and stakeholders
- Actively seek opportunities to collaborate with and influence other sectors
- Promote synergy and negotiating trade-offs between sectors
- Build knowledge by providing evidence of success and lessons learnt
- Build capacity in the health and non-health sectors on health consequences of public policies and health equity concept and health lens analysis

KEY MESSAGES

- HiAP is a continuous approach to improve health and promote health equity, it is still a work in progress to which actors in many countries and at many levels are contributing every day

- HiAP brings together partners from many sectors to recognize the links between health and other policy areas, break down silos, and build new partnerships in win-win solutions with one benefit for all parties, or multiple benefits

- HiAP provides a means to maximize health benefits and avoid those unintended impacts of public policy that can be detrimental to the health of populations or subgroups of the population though a "whole of government" and "whole of society" approach

- Policy making at country level cannot be seen in isolation from globalization, global development and global governance. It influences and can be influenced by decisions made beyond national borders

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Thank you