

Implementation of Health in all Policies: Good Practices and Lessons Learnt



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Proposed Themes

1. Centrality of Global EQUITY: Social Determinants of Health (SDH) and Health in all Policies (HiAP) historical evolution and WHO mandates
2. What has happened on HiAP implementation?
3. Achievements and challenges
4. Themes for Debate





1. Centrality of EQUITY: SDH & HiAP

FINANCIAL TIMES

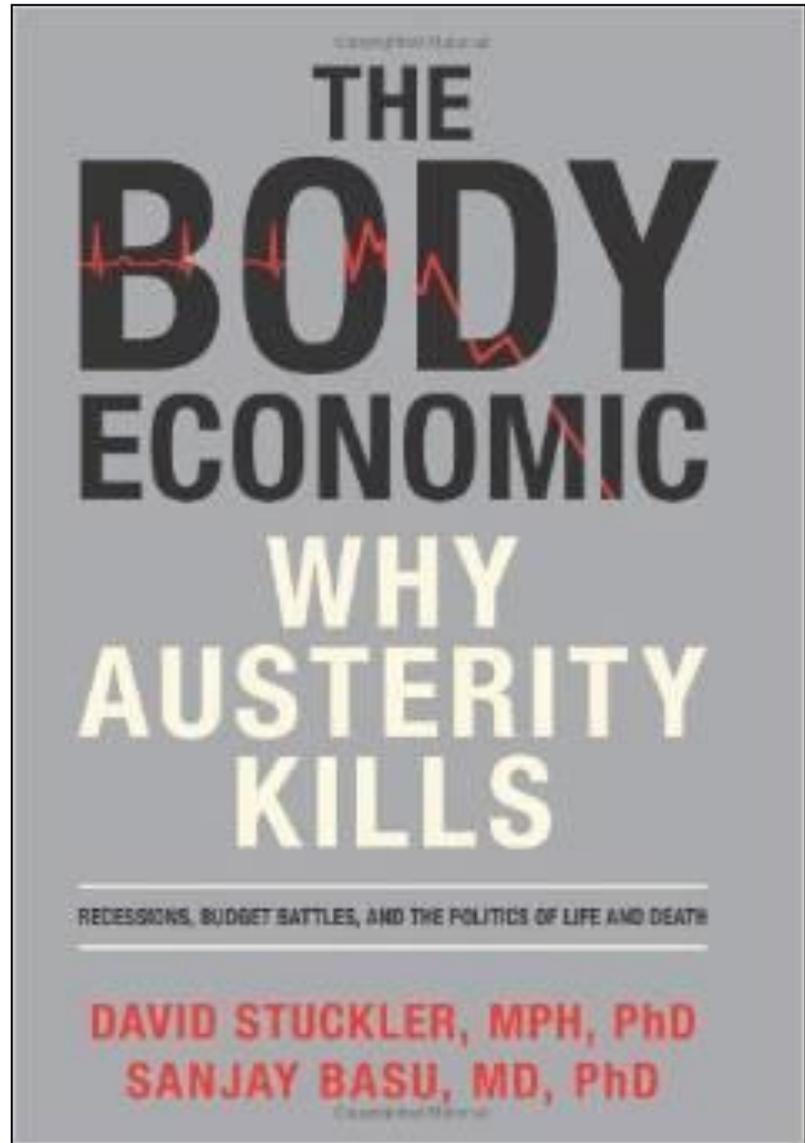
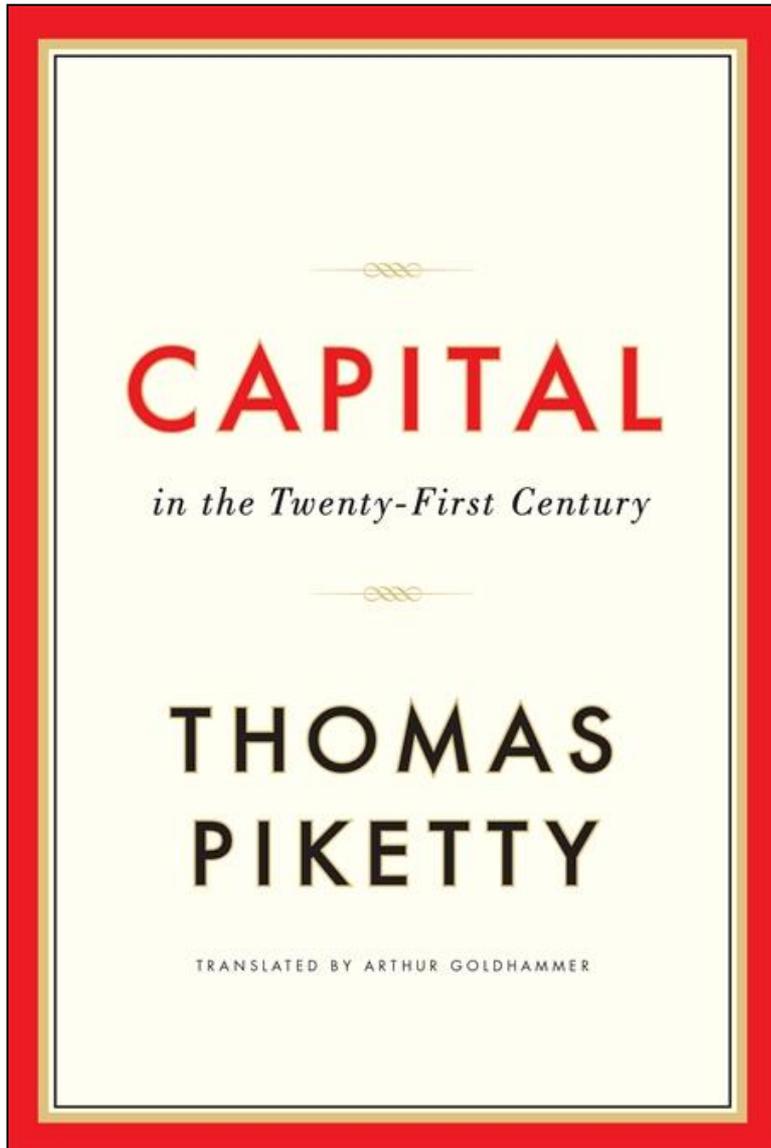
Thursday November 13 2014

BREAKING NEWS

Thomas Piketty's 'Capital' wins Business Book of the Year

Capital in the Twenty-First Century, an epic analysis of the roots and consequences of inequality, has been named the 2014 Financial Times and McKinsey Business Book of the Year.







INEQUALITY

What can be done?

ANTHONY B. ATKINSON

'This important book is a rarity – an astute analysis that entertains as much as it informs'

ALAN JOHNSON

MICHAEL MARMOT

AUTHOR OF STATUS SYNDROME

THE HEALTH GAP

THE
CHALLENGE
OF AN
UNEQUAL WORLD

BLOOMSBURY



Instead of delivering growth, some neoliberal policies have increased inequality, in turn jeopardizing durable expansion



Inside the stock exchange in Santiago, Chile, one of the first countries to adopt a form of neoliberal policies.

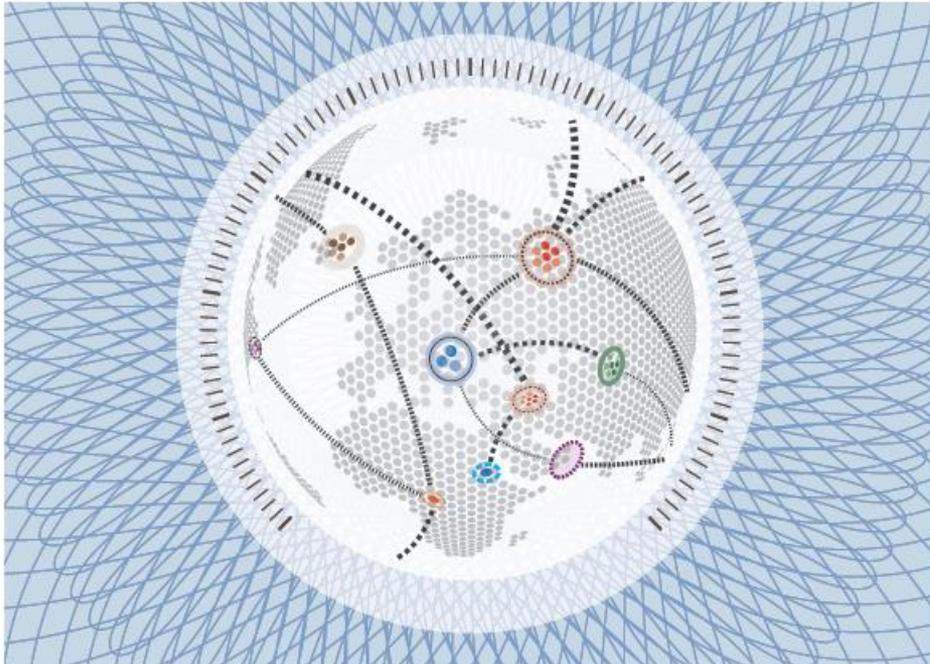
Neoliberalism: Oversold?

IMF, June 2016

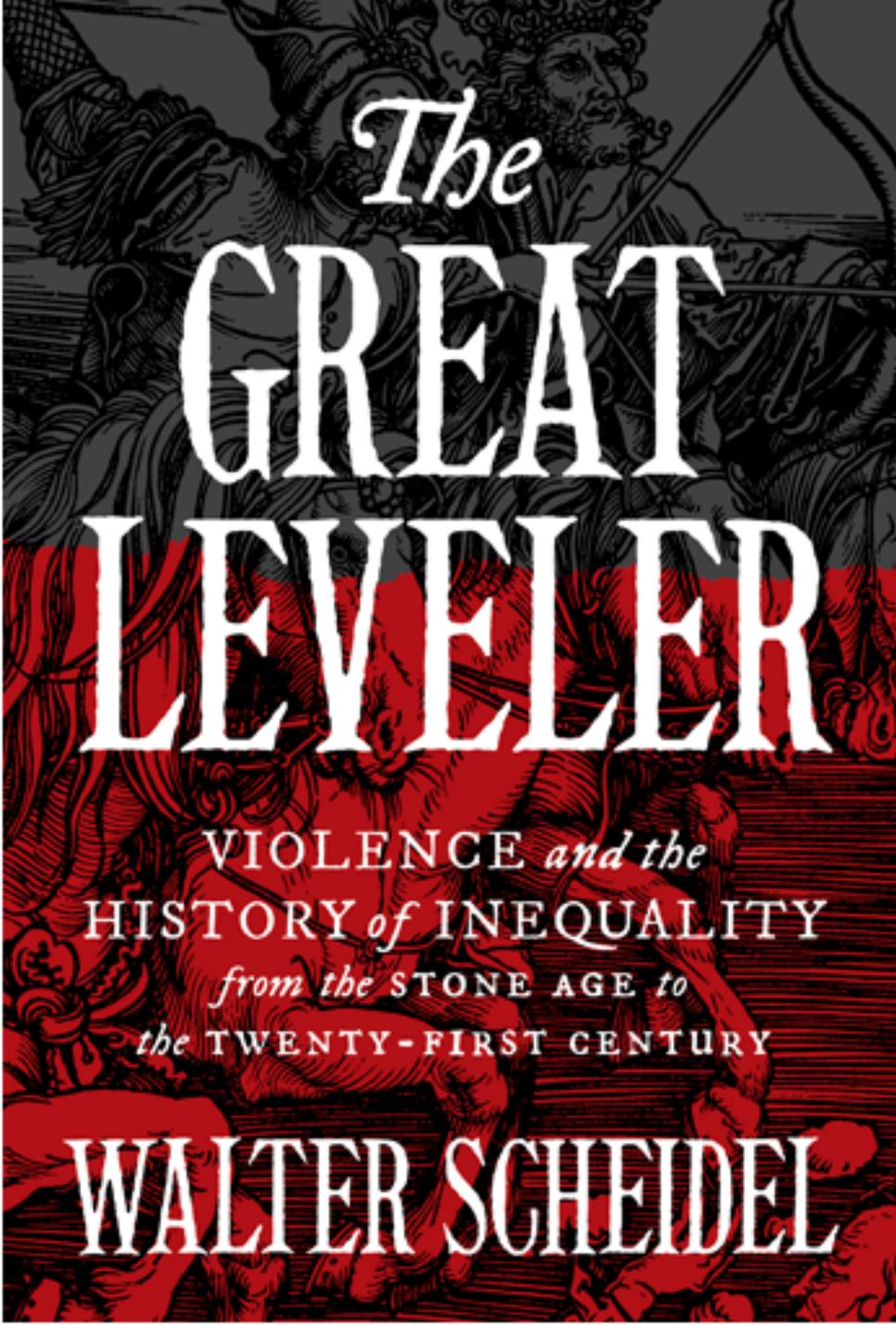


World Health Organization

The Global Risks Report 2017 12th Edition



“Rising income and wealth disparity is rated by GRPS respondents as the most important trend in determining global developments over the next 10 years”



The
**GREAT
LEVELER**

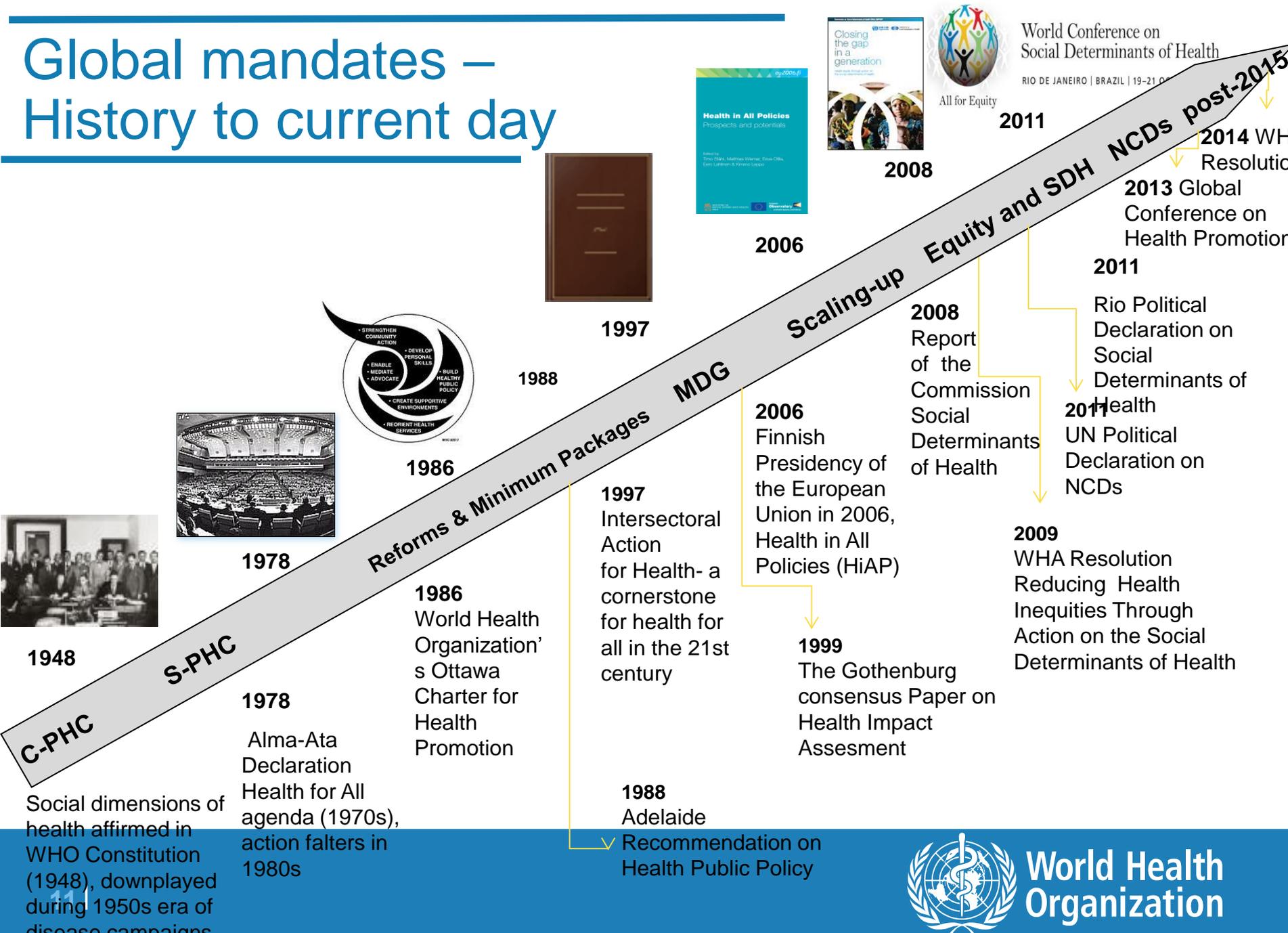
VIOLENCE *and the*
HISTORY *of* INEQUALITY

from the STONE AGE *to*
the TWENTY-FIRST CENTURY

WALTER SCHEIDEL

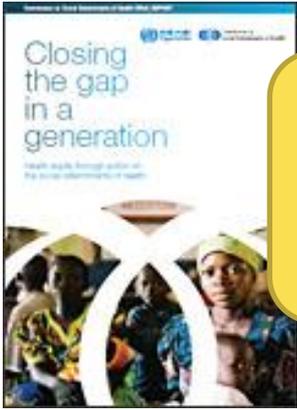
“Walter Scheidel shows that inequality never dies peacefully. Inequality declines when carnage and disaster strike and increases when peace and stability return”

Global mandates – History to current day



World Health Organization

2005-2008: WHO's SDH Commission



Inequalities are killing at a large scale...

- The circumstances on which people born, grow, live and age AND the systems in place to deal with disease
- Those circumstances are shaped by upstream forces: economy, policies and POLITICS
- A great deal responsible for health inequities.

Social determinants recommendations

1 Improve Daily Living Conditions



2 Tackle the Inequitable Distribution of Power, Money, and Resources



3 Measure and Understand the Problem and Assess the Impact of Action



The World Conference on the SDH (Rio 2011): The Rio Declaration on the SDH



1. Adopt better **GOVERNANCE** for Health and Development: **HiAP!**
2. Promote social participation in policies and their implementation
3. Reorient the health sector for the reduction on health inequities
4. Strengthen global governance and collaboration
5. Monitor progress and improve accountability



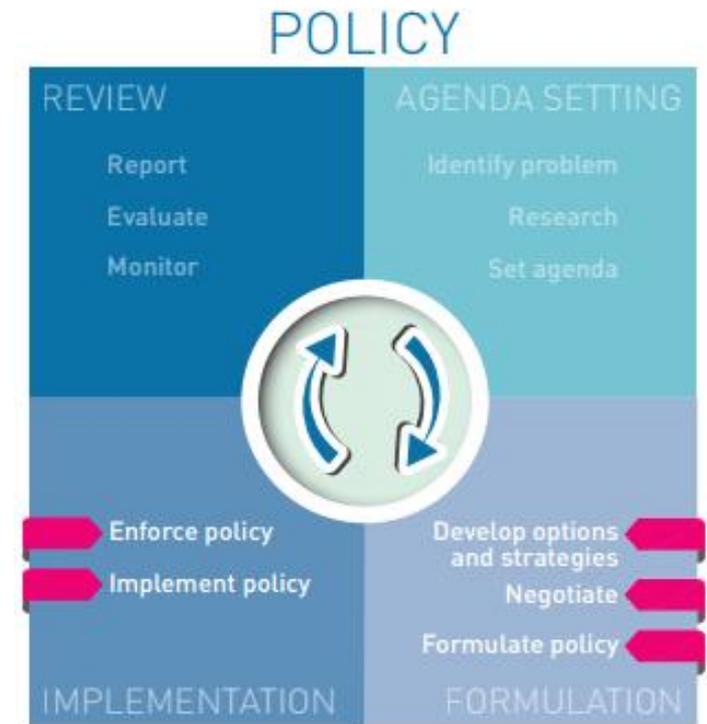
The role of government in the HiAP approach

Commission research

Evaluation of the impact of intersectoral policies

Engaging stakeholders within and beyond government

Formulation and implementation of intersectoral policies





Conditions that favour effective intersectoral collaboration





Different structures and mechanisms for intersectoral action

- Cabinet committees and secretariats
- Parliamentary committees
- Interdepartmental committees and units
- Mega-ministries and merges
- Joint budgeting
- Intersectoral policy-making procedures



Different structures and mechanisms for intersectoral action

	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											



2. WHAT HAS HAPPENED ON HIAP IMPLEMENTATION?

In most countries and Regions

- Background: focussed intersectoral non-systematic unsustained experiences on diseases with no coherent linkages with SDH & inequities & Governance
- Increasingly: interest and rhetorical adoption by MoHs but few new experiences
- SDGs: a huge opportunity to build upon
- WHO: advocacy and training but little technical support capacity



South Australian HiAP Initiative

- The South Australian Health in All Policies initiative is an approach to working across government (whole-of-government framework) to better achieve public policy outcomes and simultaneously improve population health and wellbeing.
- Established in 2007, the successful implementation of Health in All Policies in South Australia has been supported by a high level mandate from central government, an overarching framework which is supportive of a diverse program of work, a commitment to work collaboratively and in partnership across agencies, and a strong evaluation process.



South Australian HiAP Initiative

- This initiative is about promoting healthy public policy and is based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health.
- Based on this understanding, the project focuses on improving population health and wellbeing outcomes through action on the policies of other sectors that impact on the social determinants of health, **rather than starting from a health policy focus.**
- By incorporating a focus on population health into the policy development process of different agencies, the government is able to better address the social determinants of health in a systematic manner.



Policy areas involved so far

- Water security
- Regional migrant settlement
- Broadband access and use
- Active transport
- Urban planning
- Determinants of obesity
- Education
- Sustainable regional development
- Mobility (drivers' licensing)



Underpinning principles

The underpinning principles of South Australia's Health in All Policies initiative are informed by key drivers described in the Adelaide Statement on Health in All Policies, which are context specific and include:

- Creating **strong alliances and partnerships** that recognize mutual interests, and share targets
- Building a **whole of government commitment** by engaging the head of government, cabinet and administrative leadership
- Developing **strong high level policy processes**
- Embedding responsibilities into governments' overall strategies, goals and targets **ensuring joint decision making** and accountability for outcomes
- Enabling openness and full consultative approaches to encourage **stakeholder endorsement and advocacy**
- Encouraging **experimentation and innovation** to find new models that integrate social, economic and environmental goals
- Pooling **intellectual resources, integrating research and sharing wisdom** from the field
- Providing feedback mechanisms so that progress is **evaluated and monitored** at the highest level.

Some innovative Regional experiences

- Europe: Health in ROMA populations (equity, SDH, intersectoral)
- Americas:
 - Regional Plan of Action on HiAP being implemented at all levels
 - Fifteen local experiences on HiAP have been documented
 - 4 regional workshops on HiAP: teams developing country action plans on HiAP

Country example: SURINAM

- Training organized for all Caribbean countries
- MoH and Government interested in implementing HiAP
- Thorough equity and SDH assessment
- Intersectoral identification of related public policies
- Linked to National SDG strategic Planning
- Parliament informed and active: budget
- WHO and other agencies involved



Country Example: Namibia

- Early stages starting with formulation of HiAP implementation strategy
- Supporting MoH dialogue key sectors, stakeholders
- Establishing coordination mechanisms linking existing structures, including Parliament
- Strong on Capacity Building in policy analysis
- Considering from start Monitoring and Evaluation mechanisms



Country Experience FINLAND

- Worked at decentralized, municipal level before country grew economically
- Built initially around child school nutrition issues
- Consolidated with Public Health Act December 2010
- Explicit on promoting EQUITY in health by addressing SDH through interinstitutional, local coordination
- Strong on Education, health promotion, PHC and UHC
- Welfare, social protection deeply embedded



New York City HiAP initiative

- DoH of NYC, Health EQUITY in all strategies initiative
- Strongly anti marginalization > ethnically focused
- Coordinating all Departments especially housing, education and welfare
- Linked to other Major De Blasio pro marginalized programmes

Examples of HiAP in CONFLICT countries



The Palestinian Medical Relief Society:

- A comprehensive program to tackle malnutrition and anemia combined with job creation activities.
- Provide individuals with sheep and goats as source of milk and cheese for household and assist women to enter the job market.

*Source : Social determinants of health in countries in conflict
A perspective from the Eastern Mediterranean Region – 2008*

Unconditional cash transfers

- Studies in conflict countries have demonstrated that school fees and other indirect costs such as books and uniforms are a key expenditure priority when households receive income support.
- Increase in girls schooling by 40%.

Source: The Role of Social Protection Programmes in Supporting Education in Conflict-Affected Situations- Rebecca Holmes 2010 UNESCO.



Programmatic Experiences

- Several good experiences around Tobacco & alcohol control, food-nutrition, malaria, air pollution
- Coordination of different sectors activities
- Usually under MoH leadership and regulation
- Some with strong private for profit support or opposition
- Good civil society & mass media involvement
- Some with subnational/urban protagonism



3. KEY challenges

- Ideological: Neoliberalism? Inequities, accepted norm?
- Political: Leadership/will in MoH & Other actors positionings (CSOs, Media, Private sector)
- Political: War, conflict countries
- Institutional: WEAK , uninformed & isolated sectors
- Institutional: WEAK capacities in MoHs and in WHO
- Financial/Economics: Fiscal space, poverty, Poor budgets

3. Some lessons(personal reflections)

- Health&health inequities: accepted parameters, values, objectives and results on the level of development of ANY society
- SDH/HiAP: THE health response to health and overall societal inequity
- Consensus: SDH in the global public health and social agenda
- SDH: a bridge between health and development
- SDGs: SDH/HiAP central for equity and indivisibility: opportunity!!
- WHO: modest but significant role loyal to its history/values. Greater achievements where political/institutional context is more favourable
- Going from values to theory (EB), to strategies, to political consensus, to instrumentalization,to capacity building, to implementation & to measurement

4. Some Issues for DEBATE

- Are structural SDH (neoliberalism) going against equity and social justice?
- Do "Efficientism", "pragmatism", "shorttermism" & "verticalism" trivialize transversalism, equity & long term development?
- Would Instrumentalization/focalization make "selective SDH" restricting its transformational character?
- Do Public Administration Reforms favour SDH/HiAP?
- Is the health sector able/ready to lead on DSS/STP?

Thank you! Merci !

* * * * *

*“No one should be denied access to life-saving or health promoting interventions for unfair reasons, including those with economic or social causes. ... **When health is concerned, equity really is a matter of life and death.**”*

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For further information:

www.who.int/social_determinants



Dr Margaret Chan
Director-General