Regional Framework on Health in All Policies for South-East Asia

World Health Organization

Regional Office for South-East Asia

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Contents

Acronyms

8GCHP	Eighth Global Conference on Health Promotion
HiAP	health in all policies
HIA	health impact assessment
ILO	International Labour Organization
OECD	Organization for Economic Cooperation and Development
NCD	noncommunicable diseases
SDH	social determinants of health
UHC	universal health coverage
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
ECOSOC	United Nations Economic and Social Council
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1.   Background

Health is seen as a major resource for the whole society. When the health of people improves at the individual or societal level, the whole of society develops socially and economically. This development is within the family and the wider community and is seen across generations.

Health in all policies (HiAP) is a renewal of healthy public policy, joined up with the public policy approach, where health became a driving force for social and economic development.

The Ottawa Charter emphasizes: "*Health promotion goes beyond health care. It puts health on the agenda of policy-makers in all sectors and at all levels, addressing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.*" This concept is further developed in the Bangkok Charter on Health Promotion which calls for the participation of all stakeholders in developing healthy settings, namely schools, cities, communities and hospitals as a way of coordinating actions between health and other sectors.

Resolution WHA.62.14 on reducing health inequities through action on the social determinants of health endorsed by the World Health Assembly in 2009, urges Member States to improve health efficacy in tackling the determinants of health and health inequities through a HiAP approach, and for WHO to provide necessary assistance and guidance towards enabling actions. HiAP is defined as a horizontal, complementary policy-related strategy with a high potential to contribute to improving population health. The core of HiAP is to examine determinants of health controlled by policies of sectors other than health.

Implementation of HiAP was addressed by WHO in the expert meeting convened in Adelaide in 2010. This meeting drew on the report of the WHO Commission on Social Determinants of Health (2008) and other significant documents from the International Labour Organization (ILO), Organization for Economic Cooperation and Development (OECD), United Nations Development Programme (UNDP), United Nations Economic and Social Council (ECOSOC), United Nations Educational, Scientific, and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), the World Bank, World Economic Forum and the State Government of South Australia. The Adelaide Statement on HiAP outlines the need for a new social contract between all sectors to advance development, sustainability, and equity as well as improve health outcomes.[1] It is a new form of governance where government can work jointly across sectors to improve the social, economic, and environmental determinants of health by providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.

The World Conference on Social Determinants of Health was organized in Rio de Janeiro, Brazil in 2011 to reconfirm the commitment to address social determinants of health (SDH) and demonstrate concrete actions across the world. The outcome of the Conference as declared in the Rio Political Declaration on Social Determinants of Health, endorsed in Resolution WHA.65.8, indicated that SDH mostly lie outside the health sector; thus addressing health in other public policies would be crucial to the achievement of successful national health outcomes. Actions towards HiAP were, therefore, recommended.

In the Rio Political Declaration, WHO was requested to (a) strengthen capacity for prioritizing work on social determinants; (b) support Member States in implementing HiAP; (c) provide support to Member States in strengthening efforts on measurement and evaluation; (d) support research on effective policies and interventions to improve health equity; and (e) address the performance of existing

global governance mechanisms to deal with SDH and reduce health equities.

Finally, the UN Summit on Non-communicable Diseases in 2011 unprecedentedly recognized the emergence of four major diseases, namely, cardiovascular diseases, cancers, diabetes, and chronic respiratory diseases as a global problem. Causes of these diseases are preventable, particularly through interventions outside the health sector. The global plan of action to prevent and control noncommunicable diseases (NCDs) is being drafted with components on prevention through HiAP.

To follow up on the aspiration of HiAP and implementation of global commitments, WHO held the Eighth Global Conference on Health Promotion (8GCHP) in Helsinki, Finland, 10–14 June 2013. The theme of the Conference focused on the implementation of HiAP and progress of health promotion actions from the Ottawa Charter to 8GCHP.

HiAP is defined by 8GCHP as "...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." The global statement recognized that HiAP is founded on health-related rights and obligations and contributes to strengthening the accountability of policy-makers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, and determinants of health and well-being. It also contributes to sustainable development.[2]

Regional context

The Bangkok Charter on Health Promotion 2007 is a benchmark for health promotion activities in South-East Asia, pushing the health promotion agenda through the healthy settings framework.

In February 2009, the WHO Regional Office for South-East Asia held a regional consultation on SDH to convene and assess actions taken by Member States to reduce the equity gap with examples ranging from contributions from social security systems for self-employed women in India, microcredit to the poorest in Bangladesh, and provision of universal health coverage (UHC) in Thailand. The consultation led to the "***Colombo Call for Action***" urging countries to mainstream "health equity in all policies," empower individuals and communities, and advocate for good governance and corporate social responsibility. Subsequently, the "***Lighthouse Project***" was launched in Sri Lanka to address socioeconomic and cultural factors in relation to all priority areas of determinants of health.

In 2011, the WHO Regional Office for South-East Asia held a regional consultation on intersectoral actions addressing SDH. The aim was to support Member States to document practices addressing SDH through intersectoral actions for preventing and controlling communicable and noncommunicable diseases, improving mother and child health and health systems in the Region. The consultation resulted in reconfirming commitments to progress in HiAP and mainstreaming social determinants across sectors. It also called for WHO to provide technical support to build capacities of Member States to assess health impacts and health equity and move towards HiAP.

Recent discussions on the post-2015 development agenda, within the South-East Asia Region and around the globe, place health at the centre of sustainable development, providing human security and social capital. Harmonizing health with all sectors will open opportunities to address gender, equity, climate change, human rights, UHC, and matters that affect people's health and determinants at the highest level. Implementing HiAP will harness the future development goals.

2. Objectives

The Regional Framework on Health in All Policies (HiAP) is designed to:

(1) provide strategic pathways to implement HiAP with appropriate tools/mechanisms to reach common goals where people's health and equity in South-East Asia are taken into consideration;

(2) serve as an advocacy tool on HiAP among stakeholders in South-East Asia;

(3) guide countries to identify driving forces, instruments, opportunities and barriers in planning and implementing HiAP; and

(4) provide recommendations on tools to assess, monitor, and evaluate HiAP in South-East Asia.

3. Framework

The Regional Framework on HiAP is designed to provide strategic pathways to implement HiAP with appropriate tools/mechanisms to reach common goals where people's health and equity in South-East Asia are taken into consideration.

Building on existing intersectoral/multisectoral actions for health (see Figure 1), a number of countries in South-East Asia could scale up their initiatives and strengthen the process towards achieving HiAP that would drive national agendas for UHC, improving people's health and reducing health inequity.

Figure 1: **Regional Framework on Health in All Policies for South-East Asia**
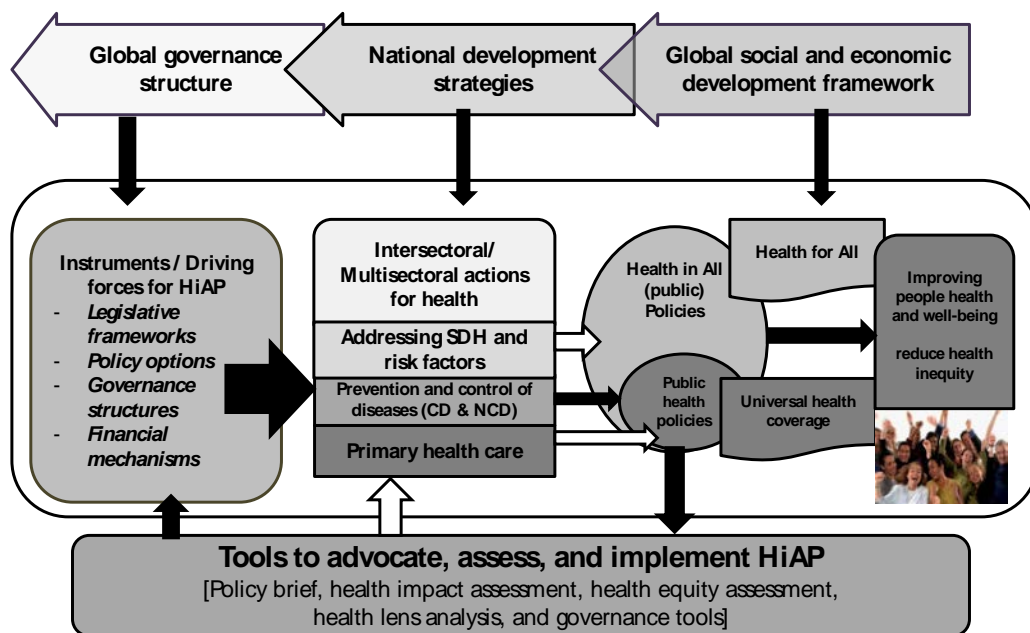
Two broad approaches to HiAP can be considered in the Region:

(1) focus on the structural determinants (governance, development policies, equity, human rights, transparencies, decentralization, accountability) affecting population health and how they can be addressed at the highest policy levels, thus ensuring health in all (public) policies; and

(2) focus on intersectoral/multisectoral actions and relevant policies that improve health system performance (through UHC, primary health care, and other disease control programmes).

A combination may be used to tackle both health system performance as well as broader determinants of health; for example, in the control of NCDs. Many broader determinants of health impact people's health and risk factors of communicable and noncommunicable diseases. For example, free trade and access to

tobacco that cause lung cancer; poor housing that increases indoor air pollution, causing chronic respiratory disease and increased risk of TB[3], and absence of an effective justice system that can respond to human rights violations preventing people from accessing social services.

The primary health care approach is prominent in almost all public health interventions in South-East Asia for more than three decades. Revitalization of the primary health care initiative will strengthen multisectoral actions for health-care delivery and health system performance, where people's health can be put at the top of the national agenda with renewal of multisectoral actions at policy level. Some countries have already initiated health system reform, which will be an important opportunity to put health in other sectors' policies.

However, given the complex and diverse sociopolitical conditions within the Region, an initiative could be taken to understand how policies are formulated, and when the political climate would be favourable and opportune to bring health concerns to policy-makers and establish a window of opportunity in the country context. Instruments/driving forces for HiAP could be relied on legislative frameworks, policy options, governance structures, and financial mechanisms.

UHC is an important entry point to bring whole governments to address health-care delivery in a systematic way, going beyond the borders of mere health financing. It can help them to respond to health inequities and take appropriate steps to reduce them. UHC not only increases accessibility of health services, but also partially addresses the socioeconomic causes of ill health and inequity. UHC can tackle issues beyond financing health care within health systems by using effective coordination for prevention and promotion as part of best investment for health.

Whole-government approach to address determinants of health and promoting health in all levels of public policies would be the means to drive other sectors to take actions towards governance and

accountability that would have positive effects on national development and the overall wellbeing of people.

UHC with a whole-government approach could be sustainable, particularly in low- and medium- income countries where resources are limited. Joint financing mechanisms among various public/private sectors within the whole government to ensure UHC encompasses a preventive, promotive, curative, and rehabilitative approach for all population groups would be a way to sustain it. Countries in South-East Asia could benefit from adopting the whole-government approach in the prevention of communicable and noncommunicable diseases. They should promote healthy and sustainable environments that support the entire health system, going beyond curative care where the cost is becoming increasingly high.

Health impact assessment (HIA), health-lens analysis, and health equity assessment have been used in various degrees at different levels of government projects, programmes and activities, with limited influence on policy-makers. In the case of Thailand, HIA has been used as an effective tool to raise health concerns from the community to parliamentary policy-makers in a participatory process that drives the health agenda into a number of development policies.

Research to generate evidence for the policy-making process in the Region is limited or ineffective. Different stages of policy development require different types of evidence in combination with public opinion and political agendas.

Common understanding on health across sectors needs to be advocated with strong evidence to support different stages of policy development. Healthy people/community/nation/island visions that have been adopted by different countries in the Region will be a step to identify common goals and shared responsibilities with concrete outcomes. Intersectoral/multisectoral responses and actions should be relevant to the betterment of population health and have policy-level influences through advocacy and strategic communications. Applicable

tools and assessment should be participatory and involve all relevant sectors, stakeholders and civil societies.

From the Adelaide Statement on Health in All Policies[1], the HiAP approach aims to assist leaders and policy-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services. It requires engagement of leaders and policy-makers at all levels of government – local, regional, and international. HiAP works best when:

➢ a clear mandate makes joined-up government an imperative;

➢ a systematic process takes account of interactions across sectors;

➢ mediation occurs across interests;

➢ accountability, transparency and participatory processes are present;

➢ engagement occurs with stakeholders outside of government; and

➢ practical cross-sector initiatives build partnerships and trust.

4. Six elements for country actions

Through a series of consultations and reviews, six key components to implement HiAP are identified globally[2]. After the 8GCHP, WHO launched the HiAP Framework for Country Action in January 2014, suggesting six key elements for its implementation as follows:

(1) establishing the need and priorities for HiAP;

(2) framing plan of action;

(3) identifying supportive structures and processes;

(4) facilitating assessment and engagement;

(5) ensuring monitoring, evaluation and reporting; and

(6)   building capacity.

5.   Strategic directions for operationalization

South-East Asian countries have a long history of experience with intersectoral/multisectoral actions for health, particularly in disease control and public health interventions. There is evidence of intersectoral interventions addressing maternal and child health, improving nutrition, controlling HIV/AIDS, dengue, tuberculosis, and promoting health and hygiene through various healthy settings.

Intersectoral collaboration between the ministries of health and education is one of the success stories that show evidence of how education, particularly female education at secondary level reduced maternal and child mortality in a number of countries. Education of women is also linked with development and poverty reduction. "Health for All" and "Education for All" approaches were synchronized in a way to tackle determinants of health and uplift national development in the Region.

However, despite long historical experiences of intersectoral actions, only few countries have explicit healthy public policies, HiAP or whole-of-government approach to address population health and its determinants in the Region. From the regional literature review and research conducted in 2012–2013 (See Annex 1, 2, 3), Thailand is the only country in South-East Asia that has a legislative framework that considers health of the population and HIA as a tool to ensure healthy public policy. Bhutan, Sri Lanka, and Timor-Leste have different forms of whole-of-government approach for intersectoral actions for health and well-being of the people.

Recognizing different stages of development and progress on intersectoral/multisectoral actions made in the Region, different strategic directions should be considered to start up the process for implementing HiAP, or to scale up existing mechanisms to advance the process.

Member States in South-East Asia and development partners may adopt one or more of the following strategies:

(1) **<u>General strategy at national level</u>** integrates a systematic consideration of health concerns into routine policy processes of other sectors' to promote better quality of life. Integrating health in high-level development goals (such as the post-2015 development agenda) would be a timely opportunity to ensure that health is considered within the whole-of-government approach. Sound public policies across sectors are interrelated in ensuring a suitable governance structure and financial mechanism that enable the public sector to respond to population health and well-being.

(2) **<u>Local/Sub-national strategy</u>** mediates between general strategic development frameworks and health within the local government context to address determinants of health in all local government policies to address equity and health through health promotion in all urban and rural policies and to use HIA and/or health equity tools to engage multisectoral partners.

(3) **<u>Issue-centred strategy</u>** integrates specific health concerns into policy, programmes and activities of relevant sectors' in disease control and prevention, as well as specific health issues (e.g. WHO-FTCT, food security, NCD, road safety, preparation for disaster management).

(4) **<u>Combination</u>** of the above strategies as applied in country-specific context can also be initiated. The country may scale up intersectoral/multisectoral programmes on prevention and control throughout its national public policies that influence implementation of the programmes, and vice-versa.

In order to identify the strategic direction suitable for regional and country situations, the following practical steps could be taken:

➢ self-assessment within the health sector, particularly on the capacities, participation within health sectors and health partners, and intersectoral opportunities;

➢ assessment of other sectors to identify relevant priorities and establishing common concerns;

➢ analysis of areas of concerns requiring intersectoral/multisectoral actions;

➢ development of a strategy to involve other sectors;

➢ formulation of a common understanding and development of a framework for joint actions.

Once the strategic direction is identified, potential steps (see Annex 4) may be taken in the implementation phase. These include:

➢ establishment/strengthening of governance structures, political will, and accountability mechanisms;

➢ enhancement of community participation (throughout policy development, implementation, and evaluation processes);

➢ selection of practices that foster intersectoral actions; and

➢ monitoring of progress and sustainability.

6. Tools/Analytical framework for implementation and advocacy

Implementation of HiAP could be facilitated by a number of existing tools developed within the Region as well as by learning from other regions. Tools and analytical frameworks that enhance intersectoral/multisectoral policy development process and/or be adopted for South-East Asia include:

➢ <u>Health-lens analysis</u> identifies key interactions and synergies between targets, policies and strategies.

> ➢ <u>Impact assessment tools</u> HIA with focus on equity is the most favourable tool to stimulate linkage between health and other sectors. Impact assessment can be done for both positive and negative impacts. It can also address social and economic impacts with people's participation throughout the process.

> ➢ <u>Equity assessment tools</u> Systematic reviews of health and equity issues have been promoted as a useful and comprehensive source of evidence for decision making. Equity lens analysis can be used in designing interventions and points of actions (targets) where the levels (upstream, midstream, downstream) of health determinants being addressed, coverage of population to close the gaps, and implicit or explicit of equity goals are present.

> ➢ <u>Governance tools</u> address organizational structures, process, finance, and/or regulation. They employ a "whole-of-government" approach through which cross-departmental collaboration is established at the highest government level.

7. Monitoring progress on implementation

Some key elements and criteria for successful implementation of HiAP, as seen in examples from South Australia[4], WHO European Region[5], and collection of experiences from the European Region Observatory[6] are:

> ➢ having explicit political commitment with overarching high level strategy that endorses the HiAP approach across governing bodies with shared goals and clear policy guidance that aligns and engages health with other sectors to build policy coherence;

> ➢ having coordination mechanisms that enhance and improve synergies between sectors, reduce fragmentation of action, and decrease duplication; mechanisms that facilitate intersectoral action policies for sustainability across sectors;

> ➢ having strong leadership, a clear vision and initiative directing the team towards the goals that foster joined-up policies and their implementation, and build capacity of the health sector and stakeholders engaged in health delivery, services, and advocacy using a community participation approach;

> ➢ developing and/or maintaining health information systems across health and other sectors incorporating health equity analysis into both HiAP and HIA as important instruments to provide better evidence for, and understanding of, health inequities that need to be addressed at different levels; as well as facilitate cross-sectoral analysis in addressing inequity, social determinants, and identifying good practices;

> ➢ integrating advocacy actions for awareness-raising or agenda-setting for government policies, laws, and regulations;

> ➢ developing sensitive, rigorous and sophisticated evaluation models that can monitor processes, policy impacts, and policy outcomes in the long term, and identify win–win approaches, where clear evidence of co-benefits to health and other policy areas exists;

> ➢ having sufficient and appropriate human and financial resources.

8.   Role of health sector

Implementation of HiAP needs to build on a process that can help intersectoral entities/organizations to jointly make decisions through consultative approaches. Resolutions could be achieved with persistent and systematic engagement with formal political processes and key decision-makers.

Using different development fora (such as UNDAF, UN country team, social protection floor), health actors can work together with other sectors (such as trade, agriculture, finance, foreign affairs, and

education), as well as other players such as parliamentarians, nongovernmental organizations, private companies, research institutions, foreign aid donors, multilateral development banks, UN organizations, and consultancy firms.

The health sector needs to play a stewardship role in forging partnerships with other sectors to enhance intersectoral coordination, and become an active advocate for change. The health sector should take the lead in:

➤ building knowledge and generating an evidence base for policy development and strategic planning;

➤ advocating for health-centred political agendas and administrative imperatives of other sectors;

➤ assessing comparative health consequences of options within the policy development process;

➤ creating regular and continuous dialogue with other sectors;

➤ reviewing and assessing effectiveness of intersectoral/ multisectoral work and integrated policy-making;

➤ building capacity through better mechanisms, resources, agency support for skilled and dedicated staff; and

➤ working with other governmental agencies to achieve their goals and, in doing so, advancing the health and wellbeing of the population.

9. Addressing determinants of health from other sectors

Based on South-East Asian experiences in intersectoral/multisectoral actions, there are many factors/mechanism/legislations that provide windows of opportunities to enhance the implementation of HiAP to

address determinants of health beyond the health sector. These enabling factors include:

➢ existing macro- and meso-level policy context engendering intersectoral process, such as national commissions, ministerial standing committees, secretary-level committees, as well as UN country teams, which could act as effective intersectoral/ multisectoral bodies with leadership from high-level government officials. National social and economic development and similar bodies such as the Gross National Happiness Commission that design and develop national development plans play a crucial role in ensuring that their development policies and plans do not have negative impacts on the health and livelihoods of the population. The macro-level policy is important to advocate for sound governance structures, coordination, and participation of partners and stakeholders.

➢ sectoral policies such as human and social security policies and policies for social protection, food security, education, poverty reduction, transportation, environment, finance, and trade and commerce are key components that link health with other sectors. Health-lens analysis could be a tool to support sectoral policies and interventions, and to increase cross-sectoral/intersectoral/ multisectoral coordination.

➢ decentralized bodies are primary actors to assess the local needs and policy impacts on the people and community at the grass-roots level. Social, economic, environmental, and cultural determinants of health are imminent at the local level. Decentralization provides opportunities for local governance bodies to directly address health and inequity in their contexts. However, local capacity needs to be strengthened through a multisectoral participation process such as the community HIA implemented in Thailand.

➢ innovative policy frameworks that bring mutual accountability and shared responsibility such as comprehensive health and poverty reduction policies with adequate and sustainable financing, transparency, cooperation and coordination; good governance policies for development promoting participation, and reoriented delivery systems that ensure sector-wide accountability are required.

➢ improving capacity for shared vision, collaborative implementation and policy auditing across sectors ensuring that people's physical, mental, social health and wellbeing are addressed along with each sector's policies and their implementation.

10. Support from World Health Organization and partners

WHO should:

➢ support capacity building to implement HiAP;

➢ provide clear guidance to convince the health sector on the importance of HiAP and of strengthening collaboration with other sectors, as well as support capacity-building to implement HiAP at the global, regional, and country levels;

➢ develop a regional database and provide comparative analysis on the contributions of interventions addressing inequity and determinants of health across sectors, within and across countries; and

➢ continue to promote and strengthen healthy settings and scale up priority settings such as healthy cities to advance towards health in all urban policies and/or healthy urban planning.

WHO, in collaboration with international and multisectoral agencies and partners, should:

➢ work together to provide tools, guidelines, and advocacy materials for intersectoral actions at policy level, particularly on global/regional priorities such as NCD, tobacco control and food security, among others;

➢ generate evidence for the benefits of having HiAP at different levels;

➢ provide channels for policy dialogues and platforms for cross-country/cross-regional sharing of experiences as well as to mobilize joint-financial mechanisms to implement HiAP;

➢ coordinate to lead the health agenda in the post-2015 development goals, using this window of opportunity to mainstream HiAP; and

➢ promote and strengthen healthy settings such as healthy city to advance toward health in all urban policies.

Glossary of definitions

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.[*]
Healthy public policy	is characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health-enhancing.[7]

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[*] WHO (2013) Post Conference Draft on Health in Policies Framework for Country Action, 18 November 2013

Impact assessment	is about judging the effect that a policy or activity will have on people or places. It has been defined as the "prediction or estimate of the consequences of a current or proposed action."[8]
Health impact assessment	is a combination of procedures, methods, and tools by which a policy, programme, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. HIA aims to assess the health impacts of policies, plans, and projects in diverse economic sectors using quantitative, qualitative, and participatory techniques. HIA helps decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health.[9]
Health equity	Health equity has been conceptualized and commonly defined as disparity in health determined by unfair or unjust[10] action that could be potentially avoidable, remediable and affect the health status of groups of people in a systematic way.[11]
Whole-of-government approach	Whole-of-government approach denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, programme management and service delivery.[12] As a concept, it is not specific to health, but aims at arriving at common government goals and their implementation.
Intersectoral action for health	Intersectoral action for health (ISA) has been defined as "a recognized relationship between part or parts of different sectors to take action to improve health and health equity".[13] The objective is to achieve greater awareness of the health and health equity consequences of policy decisions and actions in different sectors. Various approaches to ISA can be taken: it may be issue-specific (e.g. focus on integrating a specific issue to other sectors policies), or it may be broader

and aim to integrate a systematic consideration of health into policies and actions of all other sectors (see definition of health in all policies above).[14]

Multisectoral action for health Multisectoral action for health (MSA) has been used to refer to health action carried out simultaneously by a number of sectors within and outside the health system, but according to the WHO Glossary of Terms,[8] it can be used as a synonym for intersectoral action for health.

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