GLOBAL STATUS REPORT ON HEALTH IN ALL POLICIES

SUMMARY

Global Network for Health in All Policies

Government of South Australia

The Global Network for Health in All Policies is delighted to be publishing the first Global Status Report (the Report) on Health in All Policies (HiAP). The Report offers an important development in the advancement of HiAP, describing the current state of HiAP approaches and the diversity of global HiAP practice. This summary brochure provides a snapshot of the Report.

Based on survey responses from 41 jurisdictions, the Report establishes an account of HiAP models, and identifies key challenges and lessons learned in HiAP action. It presents an analysis of HiAP in operation at different levels of government and phases of practice maturity.

It is hoped that the Report will contribute to improved understandings of HiAP among policy-makers and partners and that it will inform capacity building activities (including training and courses) to strengthen and sustain global HiAP practice.

The Report, along with future iterations, will help to shape the development of HiAP on a broader scale and continue to stimulate discussion about the value of the approach. The Report is also intended to inform future methods and indicators for global HiAP action.

The Global Network for Health in All Policies

The Survey and the Report were prepared on behalf of, and in collaboration with, the Global Network for Health in All Policies (GNHiAP). The GNHiAP is a network of government entities (national, regional, local) and other institutions (United Nations (UN), international intergovernmental organisations (IGOs), non-government organisations (NGOs) and academia) committed to working collaboratively to strengthen HiAP practice internationally.

What is Health in All Policies?

HiAP is about promoting healthy public policy. It is based on the understanding that health is not merely a product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants. The creation of healthy public policy therefore requires engagement with, and mobilisation of, agencies that have the policy levers and programs to influence action in these sectors and address these determinants. Good population health has positive impacts on productivity, sustainability and the economy therefore it benefits all sectors and society as a whole.

The World Health Organization (WHO) defines HiAP 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."* [1]

In particular HiAP involves the use of formalised governance structures to facilitate multisectoral action; this feature distinguishes HiAP from other forms of collaborative action.

HiAP in the SDG Era

The United Nations Sustainable Development Goals (SDGs)[2] provide a renewed impetus for joined-up action to address complex, contemporary problems and for the achievement of health and good governance. HiAP is recognised as an essential tool to facilitate improved multi-stakeholder action to achieve the SDGs. HiAP provides a mechanism to improve population health and wellbeing, whilst also advancing the goals of all sectors through shared responsibility.

It is envisaged that the Report will help raise the profile of HiAP as a rigorous methodology to support the implementation of the SDGs and other cross sector collaborative approaches.

Conceptual Framework

HiAP is a recognised approach to intersectoral action for health, which acknowledges and seeks to address the complexity and intersections of the social determinants of health and wellbeing in alignment with broader societal goals. HiAP is seen to extend intersectoral action however by *"facilitating sectors outside of Health to routinely consider and account for the health impact of their policies, plans and implementation"*.[3]

The greatest opportunity to impact the social determinants of health is through the creation of healthy public policy, policy being a key driver of resource and funding decisions for programs and service delivery across government. Policy development is not linear, as it is often presented, but complex and "messy". HiAP takes a complex systems approach to addressing health equity and the determinants of health through healthy public policy.

Figure 1 on pg 4 provides a mud map for the HiAP complex systems approach. By focusing on a specific issue, such as the provision of healthy food, the complexity of the issue and the sectors as well as policy and community settings that shape that issue becomes apparent.

There is a growing evidence base demonstrating a consistent set of conditions for success that support the establishment, implementation and sustainability of HiAP[4-6] including: Governance and Leadership; Resources for HiAP; Entry Points; Ways of Working; Capabilities; Monitoring, Reporting and Evaluation and HiAP Priorities and Outcomes and they are introduced in the *Key Findings* section of this brochure.

The Survey explored how these conditions for success are being translated in different jurisdictions. Importantly, these conditions are not mutually exclusive; rather they are interconnected and overlapping.

Punakha, Bhutan

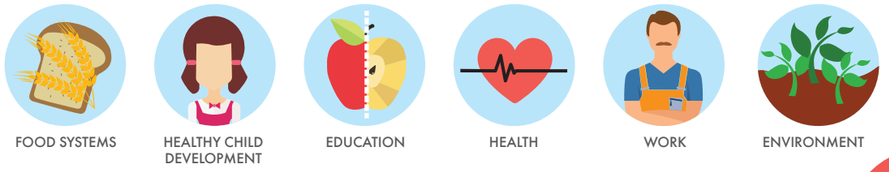
Methodology

The Global Network for Health in All Policies Survey - a 48 question, on-line survey - was distributed in October 2018 via 'snowball sampling' to national, subnational and local entities implementing a HiAP approach. Jurisdictions were asked to respond only if they identified as HiAP practitioners based on the WHO definition of HiAP (rather than practitioners of general intersectoral or multisectoral action for health). There were respondents from 22 countries. Some countries included responses for different levels of government.

FIGURE | 1

Food Systems and the Social Determinants of Health

Good health requires policies that actively support health. Health in All Policies is about different sectors working together to address the social determinants of health, for example:



HOW DOES IT WORK?

Worldwide, almost 1 in 5 deaths* are linked to dietary risk factors

A comprehensive, collaborative approach is needed to work with and across the food system to develop policies and interventions that promote sustainable production, distribution and consumption of healthy foods globally.

FOOD PRODUCTION AND SUPPLY

FARMING AND AGRICULTURE
- Policies to promote production of healthy foods
- Primary production supports environmental sustainability

FOOD INDUSTRY
- Fortification and reformulation of key nutrients
- Food labelling to identify healthy choices
- Reduce marketing of ultra-processed foods

FOOD RETAIL AND SERVICE OUTLETS
- Nutrition content labelling on menus
- Decreased portion sizes
- Placement and signage to support healthy choice

FOOD WASTE MANAGEMENT
- Improve efficiencies in the food production and supply chain
- Policies and levies to reduce waste in production and distribution systems

SUPPORTIVE FOOD ENVIRONMENTS

EARLY CHILDHOOD DEVELOPMENT
- Improve nutrition status of children and women
- Support and promote breastfeeding

EDUCATIONAL SETTINGS
- Improve nutrition literacy
- Increase healthy food and drink options

INSTITUTIONAL SETTINGS
- Policies to provide nutritionally balanced diets
- Limit unhealthy options
- Introduce nutrition screening

COMMUNITY SETTINGS
- Decrease advertising and promotion of unhealthy food and drinks
- Support and promote local food production and sharing
- Increase civic engagement in health initiatives

FOOD POLICY, PROGRAMS AND PROMOTION

LOCAL AND REGIONAL AUTHORITIES
- Healthy eating in planning and policy
- Community healthy eating initiatives

WELFARE SYSTEM
- Equitable welfare to prevent food insecurity
- Policy to promote donations of healthy food and drinks
- Increase healthy foods in emergency food outlets

HEALTH MINISTRY AND GOVERNMENT PROGRAMS
- Nutrition Policies, targets and monitoring
- Food and healthy eating guidelines
- Policies, taxes and incentives to improve healthy choices

Health can drive conversations with all sectors that work towards changes to policy and environments which make healthy choices easier.

*Global Burden of disease study - Global, regional and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risk for 195 countries and territories, 1990 -2017: a systematic analysis of Global Burden of Disease Study 2017 Lancet 2018:392:1923-94

Key Findings

The results are analysed by two key factors: phases of maturity (emerging, progressing and established) and, where appropriate, level of government (local, subnational and national). Analysis by maturation elicited stronger themes.

Definitions of these maturity phases emerging through the survey results are as follows:

- **Emerging** respondents have an interest in developing HiAP, may or may not be working in partnership with other sectors, and currently have no formal commitment to progress a HiAP approach.
- **Progressing** respondents have formal commitment to proceed, and acknowledge that they are in the early stages of HiAP planning or implementation.
- **Established** respondents have well developed formal mechanisms, with some having HiAP as embedded practice.

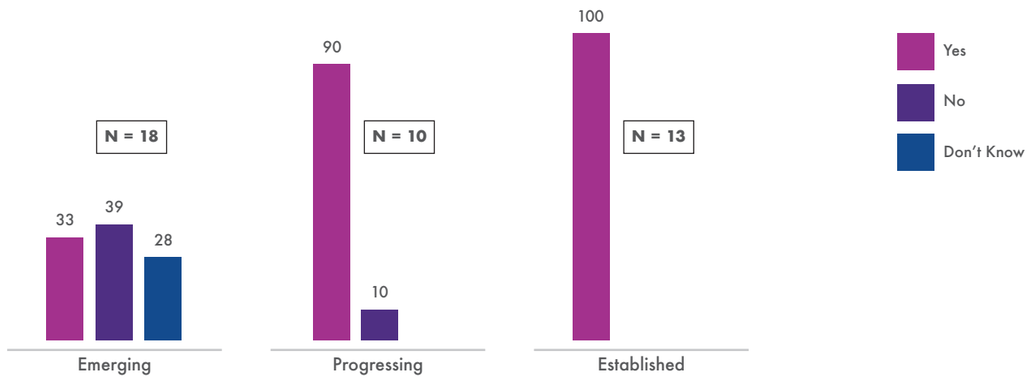
The results and findings are largely grouped under the known conditions that support HiAP:

Governance and Leadership:

Sustainable HiAP action is supported by high-level governance and leadership mechanisms which provide oversight for the HiAP approach, and formal structures to facilitate the implementation of HiAP.[a] The survey data show that the more established the HiAP practice, the more likely a jurisdiction is to have a strong authorising environment with political support (see Figure 2), as well as governance mechanisms or formal structures in place to oversee HiAP. The majority of jurisdictions have some governance arrangements or formal structures. Further clarification of the terms formal and informal governance will be important in the future.

FIGURE | 2

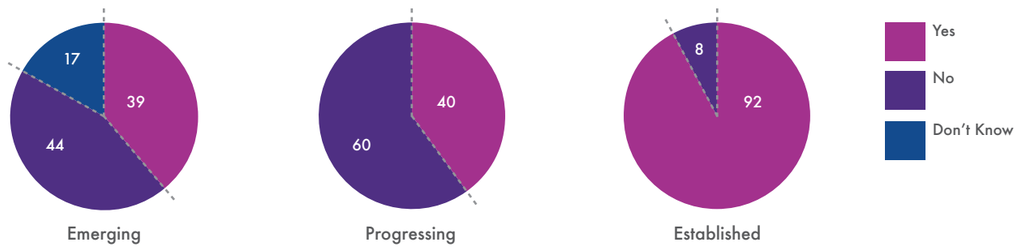
Political support for HiAP in respondent jurisdiction by maturity of practice (percentage)



[a] Please refer to the full report for a comprehensive list of references that have informed the concepts described in this brochure.

FIGURE | 3

Percentage of respondents with a dedicated HiAP team by maturity of practice



Resources for HiAP (personnel and monetary):

Resources are required to support and sustain good HiAP practice and in particular dedicated personnel are key given the importance of building strong collaborative relationships for successful HiAP action. Budgets to support HiAP activity are ideal, however, results show that HiAP implementation is possible with minimum budgets, regardless of practice maturity. Dedicated resources, whether staffing and/or budgets, are most common at the subnational level of government, and in the established phase of practice (see Figure 3).

Entry Points:

Many drivers can be used to initiate HiAP, depending on engaged policy actors, and opportunities to leverage existing local, national and international agendas and priorities. There is no single way to get HiAP on the agenda as it is context specific. Action needs to reflect and utilise current cross-cutting issues, potentially drawing on both the local and international context. These can include health system and health protection related factors or specific health issues (e.g. obesity or infectious diseases). Common actions for initiation of HiAP are action plans, events and high-level strategies. Entry points vary with stage of maturity. For example, emerging jurisdictions are more likely to act on "top down" drivers, possibly reflecting the SDGs imperative.

Ways of Working:

While there are key principles and strategies fundamental to the HiAP approach (including taking action on the social determinants of health, considerations of equity, a co-design approach and a focus on policy, particularly *"big P"* policy) there is no single or simple model for the implementation of HiAP. Rather, the components of the approach are tailored to the jurisdiction, by the jurisdiction – to the political, organisational and situational context.

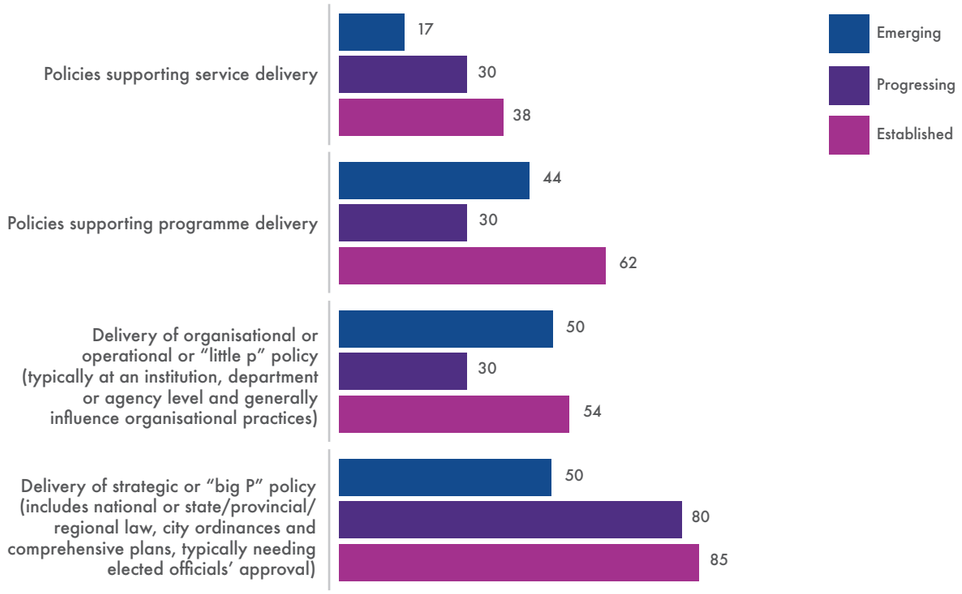
Capabilities (Individual and Organisational):

Knowledge, skills and experience to support HiAP practice, such as negotiation and diplomacy, are critical to HiAP, as is understanding and being respectful of the needs and demands that drive sectors outside of health. The results confirm the literature showing HiAP practice requires complex and comprehensive negotiation and diplomacy skills and the ability to navigate and be responsive to changes in the political, administrative and cultural landscapes. Respondents in the progressing phase of practice reported less competency than those in other phases.

This may be a result of reflection about the true breadth and complexity of skills required for HiAP that comes with growing experience. The results also suggest that skills and experience in working with other sectors are developed and strengthened as HiAP practice evolves.

FIGURE | 4

Percentage of respondents who report particular aspects of policy delivery for HiAP in their jurisdiction by maturity of practice



Respondents with more established practice report a more comprehensive range of current, or intended approaches to implementing HiAP in their jurisdiction than those with less experience. *'Delivery of strategic or "big P" policy...'* is the most common policy-related focus for HiAP practice (see Figure 4), which is encouraging given policy impact is widely considered the ultimate goal of a comprehensive and sustained HiAP approach. Having a dedicated team is more common in supporting *"big P"* policy approaches than having a dedicated budget – it takes people skills and time more than specific budgets. Other ways of working include: the presence of informal structures to support the implementation of HiAP; use of evidence and tools such as "Health Lens Analysis"; use of meetings and events for sharing information and engaging key HiAP influencers and networking. There seems to be limited action on environmental determinants and climate change at present through HiAP practice.

Monitoring, Reporting and Evaluation: Monitoring and evaluating HiAP progress is complex, but it is important to increase understanding about what has worked and why, and to identify challenges and best practice. Process, impact and outcome evaluation together can demonstrate the value of investment for health and wellbeing and policy collaborations.

The report shows clear linkages between the maturity of HiAP practice and having reporting and evaluation mechanisms in place as well as a positive relationship between formal governance structures and monitoring, reporting and evaluation. Further definition of terms in this area will be important as results indicate that monitoring, reporting and evaluation are defined differently across global jurisdictions.

HiAP Priorities and Outcomes: Establishing priorities for HiAP action provides clear strategic direction and identifies significant issues for HiAP in a particular context. HiAP priorities can be based on a variety of considerations, including the significance of the issues to health, alignment with government priorities, the feasibility of strategies to address a particular issue, and opportunities for collaboration. The survey results show that priority setting is important in all phases of maturity; the nature of these priorities is however influenced by the level of government and the political climate.

Jurisdictions reported on priorities related to evolving their practice and processes as well as specific health issues they intend to tackle in the near future. Demonstrating short and longer terms outcomes will be important in the future. Reported outcomes tend to span categories from an increase in political commitment, multisectoral action on health and social determinants of health issues, to the introduction of legislation and policy to support the systematisation of HiAP.

Bombwe, Zambia

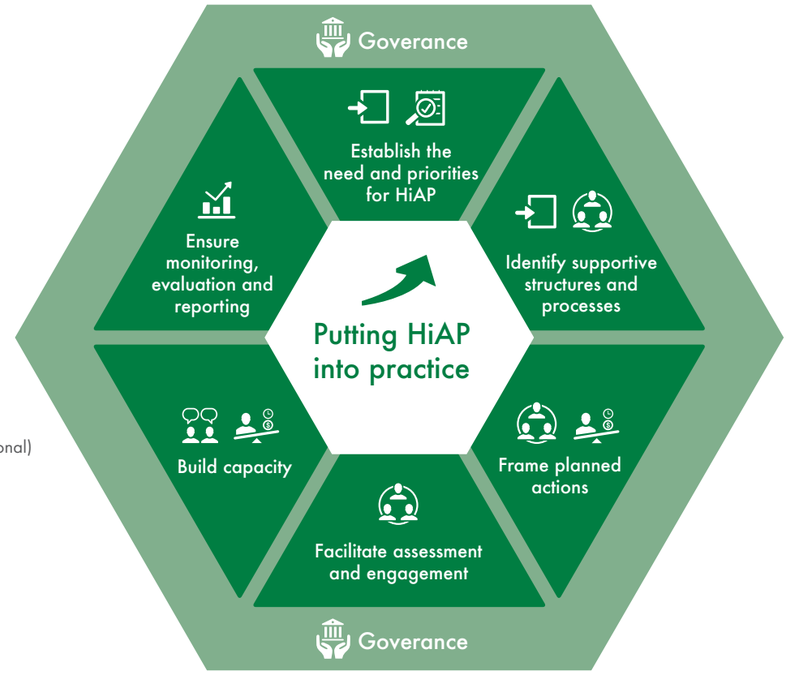
Expanding the HiAP framework

The WHO published one of the few existing frameworks to adequately document a model for HiAP[5], albeit with a focus on initiating, rather than embedding and systematising the approach. The findings of the Report build on and reinforce this model, aligning it to the known conditions for sustained and good HiAP practice. Such a model could be broadly applied to track transitions through HiAP maturity phases from emerging, to progressing and established HiAP practice. Figure 5 shows the integration of these factors and conditions within the WHO framework.

The findings of the survey reinforce the notion that Governance and Leadership are overarching requirements essential to the development of sustainable HiAP action; they produce the authorising environment to evolve HiAP practice and further embed it within the policies and practices of Government. Resources are also important throughout many stages; depending on context, they feed in at different points to support HiAP action. Resources are particularly important for building capacity, and creating tangible actions to produce measurable outcomes.

FIGURE | 5

Advancing the HiAP model



Glasgow, Scotland

Summary

It is envisaged that the first Global Status Report on Health in All Policies will stimulate discussion about the opportunities and challenges of HiAP implementation and its place in supporting the achievement of the SDGs. It will help to improve our understanding of how to initiate, implement and sustain HiAP practice. The consolidation of evidence will inform and strengthen future survey iterations and analysis of the status of Global HiAP practice.

Positive developments show that HiAP provides a sustainable model for working across sectors to deliver health outcomes and progress the goals of other sectors, however advances so far remain uneven across regions. The consolidation of evidence on HiAP practice presented in the Report allows us to take stock of where we are now, reflect on the key challenges, and progress HiAP in a more informed way that will ultimately support actions to deliver on the 2030 Sustainable Development Agenda.

[1] World Health Organization (2013a). Helsinki Statement on Health in All Policies. 8th Global Conference on Health Promotion, Helsinki, 10-14 June. Geneva (CH): WHO; 2013. Available from: http://www.who.int/iris/handle/10665/112636

[2] UN General Assembly, Transforming our world: the 2030 Agenda for Sustainable Development, 21 October 2015, available at: https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

[3] World Health Organisation (2018a). Health in All Policies as part of the primary health care agenda on multisectoral action. Technical series on primary health care. 2018.

[4] Government of South Australia & World Health Organization. Progressing the Sustainable Development Goals through Health in All Policies: case studies from around the world. Adelaide: Government of South Australia; 2017:17. Available at: http://www.who.int/social_determinants/publications/progressing-sdg-case-studies-2017.pdf

[5] World Health Organization (2014) *A Framework for Country Action Across Sectors for Health and Health Equity*. Geneva: World Health Organization; 2014

[6] Shankardass, K. Muntaner, C. Kokkinen, L, Shahidi, FV. Freiler, A. Oneka, G. Bayoumi, AM and O'Campo, P (2018) *The implementation of Health in All Policies initiatives: a systems framework for government action*. Health Research Policy and Systems (2018) 16:26 https://doi.org/10.1186/s12961-018-0295-z

Further information

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