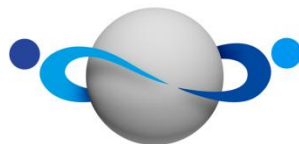


# Health in All Policies (HiAP) Framework for Country Action

ارائه دهنده: مهناز آشورخانی  
دانشجوی دکتری تخصصی آموزش و ارتقاء سلامت



# WHAT IS HIAP?

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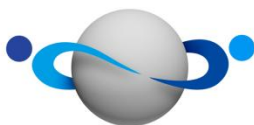
- ❑ The **Eighth Global Conference on Health Promotion** was held in Helsinki, Finland from 10th- 14th **June 2013**, with the theme “**Health in All Policies**”.
- ❑ **HiAP** is an **approach to public policies across sectors** that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to **improve population health and health equity**.
- ❑ As a concept, it reflects the principles of: **legitimacy, accountability, transparency and access to information, participation, sustainability, and collaboration** across sectors and levels of government.
- ❑ This framework document is based on the work done prior to, during and subsequent to that conference. It summarizes current thinking about the HiAP approach and provides a “starter’s kit” for applying HiAP in decision-making and implementation at national and subnational levels. It is applicable to all countries and policy contexts, including development work.



# WHY IT MATTERS

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- Health and health equity are values in their own right, and are also important prerequisites for achieving many other societal goals.
- **Many** of the determinants of health and health inequities in populations have **social, environmental, and economic origins** that extend beyond the direct influence of the health sector and **health policies**. Thus, **public policies** in all sectors and at different levels of governance can **have a significant impact on population health and health equity**.



# HOW TO IMPLEMENT THE FRAMEWORK

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- ❑ The Framework sets out six key components that should be addressed in order to put the HiAP approach into action:
  - ❑ 1. Establish the need and priorities for HiAP
  - ❑ 2. Frame planned action
  - ❑ 3. Identify supportive structures and processes
  - ❑ 4. Facilitate assessment and engagement
  - ❑ 5. Ensure monitoring, evaluation, and reporting
  - ❑ 6. Build capacity.
- ❑ These components **are not fixed** in order or priority. Rather, individual countries will adopt and adjust the components in ways that are most relevant for their **specific governance, economic and social contexts**.



# ROLES AND RESPONSIBILITIES

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- Although governments as a whole bear the ultimate responsibility for the health of their citizens, **health authorities** at all levels are key actors in promoting HiAP. They should therefore actively seek opportunities to collaborate with and influence other sectors. Intergovernmental organizations and structures (multilateral, bilateral, regional, etc.) can provide significant support to multisectoral action on health and development outcomes. Finally, having taken a lead role in multisectoral initiatives on issues such as marketing of breast-milk substitutes, tobacco control, and the international recruitment of health personnel, WHO has a special contribution to make to HiAP at both international and country level.



# HiAP reflects the principles of

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- ❑ **legitimacy** grounded in the rights and obligations conferred by national and international law
- ❑ **accountability** of governments towards their people
- ❑ **transparency** of policy-making and access to information
- ❑ **participation** of wider society in the development and implementation of government policies and programmes
- ❑ **sustainability** in order that policies aimed at meeting the needs of present generations do not compromise the needs of future generations.
- ❑ **collaboration** across sectors and levels of government in support of policies that promote health, equity, and sustainability.



# HOW TO IMPLEMENT THE FRAMEWORK

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- ❑ This section describes six key components that need to be addressed in order to put the HiAP approach into action:
- ❑ **1. Establish the need and priorities for HiAP**
- ❑ **2. Frame planned action**
- ❑ **3. Identify supportive structures and processes**
- ❑ **4. Facilitate assessment and engagement**
- ❑ **5. Ensure monitoring, evaluation, and reporting**
- ❑ **6. Build capacity.**



# 1. Establish the need and priorities for HiAP

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- ❑ to address gaps in health, health equity, or conditions for health systems' functioning and sustainability that can only be addressed by multisectoral approach
- ❑ to support other sectors in developing policies within their own remit that optimize co-benefits and minimize negative consequences on health
- ❑ to support broad government initiatives that need health sector involvement or leadership to succeed while also contributing to health objectives
- ❑ to enable intersectoral responses to crisis situations.

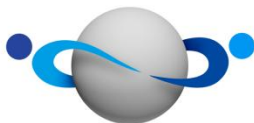




# Key activities: in phase 1 :

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- ❑ *Begin strategic planning and prioritization.*
- ❑ *Assess health, equity, and health systems- related implications of policies.*
- ❑ *Understand the country context* and the capacity of government structures to limit or enhance the application of HiAP.
- ❑ *Outline immediate, medium and long-term priorities*
- ❑ *Assess policy and political contexts.*
- ❑ *Map regulatory, oversight, and implementation capacity* and the financial, institutional, human, and technical resources that are needed.



## 2. Frame planned action

### □ Key activities in phase 2:

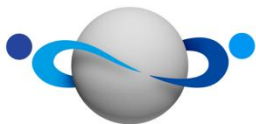
- *Identify the context* in which HiAP will be applied and determine which implementation strategies are currently feasible. Possibilities include the development of a stand-alone cross-sectoral plan, a plan based within a specific sector or agency, or incorporating HiAP within other strategic plans.
- *Identify the data, analysis and evidence* needed to plan, monitor and evaluate. Consult and review the data and analysis available, and identify new sources of information and evidence that may be necessary, including legal and policy analysis and both qualitative and quantitative methods.
- *Identify the structures and processes* required to support HiAP implementation. The initial approach can build on existing or emerging government structures and current policy-making processes and strategies within a country context. Specify the roles and responsibilities attributed to each of the structures and how these structures support and complement the strategic priorities of the HiAP approach.
- *Consider the human resources, funding and accountability implications* in the implementation of the plan. While an increase in staff number may not be necessary, change of work practices as well as job description will be required.



# 3. Identify supportive structures and processes

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- Key activities in phase 3:
- **Identify the lead agent to manage, adapt, account** for, and take forward the HiAP approach on a given issue (such as trade, health, environment, etc.) and function (such as prioritization, assessment, evaluation, etc.).
- **Consider opportunities** for establishing top-down and **bottom-up** as well as **horizontal** structural support for HiAP.
- Refer to existing agendas and normative frameworks to assist in the promotion of **intersectoral dialogue** and action and develop the case for integration of health determinants across sectors.
- Build on **accountability mechanisms** that can be applied to different sectors.



## 4. Facilitate assessment and engagement

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- Key activities in phase 4:
- **Assess the health impacts** of policies either through a stand-alone assessment or as a part of an integrated assessment to inform the engagement process.
- **Identify key groups or communities** likely to be impacted by existing or proposed policies, and invite them to provide information relevant to understanding potential health benefits or adverse consequences, and to propose alternative policy options.
- **Identify individuals who can contribute to the decision-making or policy implementation, and invite them to engage in the dialogue** to understand their **perspective, priorities, concerns, and recommendations**; foster an understanding of the health impacts and co-benefits of proposed policies, and elicit support for health-promoting policies.
- **Explore available mechanisms for scrutiny within the legislative process**, identifying opportunities for HiAP-related issues to be brought before such mechanisms.



# 5. Ensure monitoring, evaluation and reporting

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Key activities in phase 5:

- ❑ **Start monitoring and evaluation planning early**, where appropriate developing an evaluation framework and incorporating M&E throughout the HiAP process (see Annex 1 for examples of possible key result areas).
- ❑ **Identify potential opportunities for collaboration with key partners in and out of government**.
- ❑ **Identify specific focus areas**, develop and agree on milestones, and establish the baseline, targets, and indicators as appropriate (see Annex 1).
- ❑ **Carry out agreed monitoring and evaluation activities** according to agreed schedules.
- ❑ **Disseminate lessons learned** in order to provide **feedback for future policy** and strategy rounds.



## 6. Build capacity

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- Key activities in phase 6:
- **Train or support health professionals** in acquiring the requisite knowledge and skills, particularly to: (a) analyse a wide range of issues including legal and regulatory aspects of policies; (b) communicate findings to policy makers and community members; (c) understand expected implications of decisions on policies across sectors; (d) engage with other sectors to increase interest in health outcomes, and to learn about the goals and interests of those sectors
- **Build institutional capacity including workforce** capacity by: (a) providing current practitioners with specific training regarding HiAP; (b) adding HiAP-related activities to job descriptions and performance requirements; (c) incorporating public health training into the formal education of future health and other professionals, especially journalists and civil servants, as well as the public; (d) providing experiential learning under the guidance of experts or experienced bodies that can facilitate inter-country exchanges and learning; (e) developing a work force with an appropriate mix of disciplines and other capacities.



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- **Build research capacity** by reinforcing public health institutions as well as existing **multidisciplinary research** on the health of populations.
  - **Strengthen teaching and research collaboration across sectors.** This may require seeking new sources of funding as well as promoting the benefits of such collaboration with institutional leaders.
  - **Build capacity in other ministries,** ensuring that they have proper guidance concerning health impacts for their impact assessments and, when possible, providing them with a focal point for consultation.
  - **Build community capacity** by supporting the **ability of community** members to fully participate in the HiAP process. This may include promoting health and policy literacy; training leaders in techniques to support and enable informed community participation and engagement with decision-making; and implementation and evaluation of HiAP.



# ROLES AND RESPONSIBILITIES

## A key role for the health sector

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- ❑ **creating** regular platforms for **dialogue** with other sectors and stakeholders
- ❑ **advocating for health protection** and for social determinants of health to be addressed in public discourse
- ❑ conducting **training in relevant areas** such as **agenda management, policy evaluation, and negotiation**
- ❑ **promoting synergy and negotiating trade-offs between sectors** and among potential institutional partners.
- ❑ **building knowledge** by **providing evidence of success and lessons learnt**

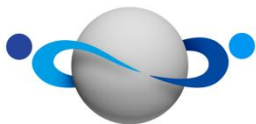




# 1. Assessing readiness to act and continually improve HiAP. How are professionals and institutions equipped to:

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- ❑ a. establish needs and priorities for HiAP
- ❑ b. map and understand issues and interests of parties
- ❑ c. use structures to support dialogue
- ❑ d. analyze and communicate health impacts
- ❑ e. negotiate policy changes
- ❑ f. engage community
- ❑ g. reflect on processes, relationships and lessons learned.



## 2. Assessing effects of HiAP applications:

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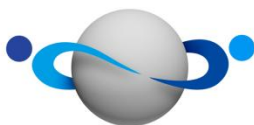
- ❑ a. Are there examples to demonstrate how the HiAP approach has influenced the considerations of health in public policies (such as health protection, address complex health issues, support health equity, sustainable health development and health system strengthening)
- ❑ b. Are there examples of policies which could/should have had HiAP applied and did not? Why not?
- ❑ c. When and why were health interests compromised? Is there a change in willingness to engage over time? Increased institutional support for HIAP? Is there a system process in place to learn from success and failure?



### 3. Assessing effectiveness of the HiAP approach:

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- a. **Measuring longer term outcomes** – .what are trends in determinants of health, health equity, social determinants over time?
- b. Are there measureable changes in **attitudes** towards understanding of health determinants over time among health sector, other sectors, and individuals and communities?
- c. Assessing **continued** need and cost effectiveness.



# با تشکر!

