



# Workshop – Framework for Country Action Across Sectors

A common framework to develop a community of practice

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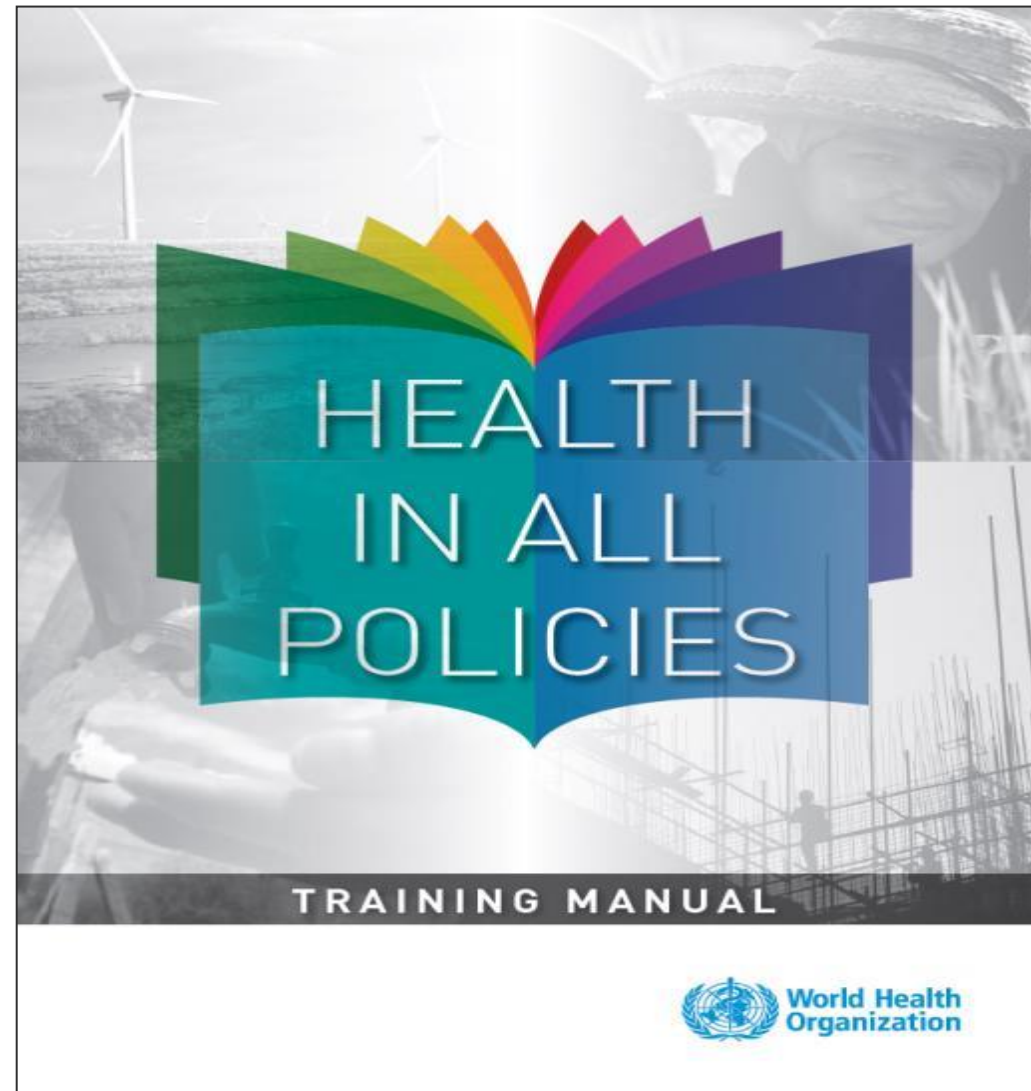
# **Global tools for HiAP**

## **- from political commitment to action**

# Resources for implementation...



# Training manual for national level





# Training manuals for local government



# Fact sheets, resource sites and research papers available...



**NACCHO**  
National Association of County & City Health Officials  
The National Connection for Local Public Health

[ FACT SHEET ]  
December 2014

## Local Health Department Strategies for Implementing Health in All Policies

### Introduction

Local health departments (LHDs) face complex public health challenges due largely to decisions made outside of the health sector. Factors such as socioeconomic policies, land use and transportation decisions, and the quality of education shape access to resources and opportunities that affect quality of life and health outcomes. Problems such as health inequities, which are unfair and avoidable differences in health status within and between countries; healthcare costs; high rates of chronic diseases; and climate change are complicated, interrelated issues lacking simple solutions. One way LHDs can begin to address such problems is by collaborating with partners from "non-health" sectors through a Health in All Policies (HIAP) approach that infuses health considerations into policy, planning, and program decisions. The National Association of County and City Health Officials (NACCHO) has produced this fact sheet to provide an overview of strategies that can help LHDs implement HIAP in their jurisdictions.

### About Health in All Policies

NACCHO defines HIAP as a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants. HIAP emphasizes the need to collaborate across sectors and break down "silos" to achieve common health goals. It is an innovative approach to the processes through which policies, plans, and programs are created and implemented but does not require that health be at the center of every policy, plan, or program. Because LHDs possess the legal authority, responsibility, and mission to protect and promote the public's health, they are natural leaders to implement HIAP at the local level by acting as facilitators to convene partners and stakeholders—such as city or county officials, planning or transportation departments, community-based organizations, local businesses, developers, and advocates—to address the policy and structural factors affecting health within communities. HIAP often fits within LHDs' ongoing efforts to improve population health through policy, systems, and environmental change strategies.

### 7 STRATEGIES for Implementing Health in All Policies

HIAP is a change in the systems that determine how decisions are made and implemented by local, state, and federal governments to ensure that policy decisions have neutral or beneficial impacts on health determinants.



# Global Network for Health in All Policies: A partnership for integrated SDG Action

<http://actionsdg.ctb.ku.edu/gn-hiap/>

**ACTION:SDG**  
*All for equity*  
Convening SDH actors to reach the SDGs

Home SDH, HIAP & SDGs LEARN/TRAIN BECOME A PARTNER GNHiAP County Action

Search

**Health in All Policies: Launch of the Global Network**

**Health in All Policies: Launch of the Global Network**

**Welcome to the website of the *Global Network for Health in All Policies:***  
***A partnership for integrated SDG action***

The **Global Network for Health in All Policies (GNHiAP)** is a country-led initiative, which mission is to work with various stakeholders to address the determinants of health, by strengthening the Health in All Policies (HiAP) approach, with an aim to support the implementation of the Sustainable Development Goals and Universal Health Coverage.

The GNHiAP was launched by the governments of Sudan, Finland and Thailand, the Province of Québec, and the State of South Australia during the 70th World Health Assembly in May 2017.

**News & Events**

- Another news item: eighth post on the GNHiAP site November 17, 2017
- News Item: Seventh post November 17, 2017
- Upcoming event: Sixth November 17, 2017
- Fifth post for the GNHiAP Events November 17, 2017
- Another post here: fourth November 17, 2017
- A third sample post November 17, 2017
- New sample post November 17, 2017
- GNHiAP: the first post November 17, 2017

• = countries • = cities • = institutions

# Health in All Policies Framework for Country Action

- An outcome document of the Helsinki Conference
  - the revised version was adopted by World Health Assembly (WHA68) in 2015, called **"Framework for Country Action Across Sectors for Health and Health Equity"**
- Provides practical, coherent means for implementing HiAP
  - particularly at a national level
  - can be adapted for supranational level decision-making as well as the local level



# Key components of implementing Health in All Policies



Source: Adapted from the Health in All Policy: Framework for Country Action, see: <http://www.who.int/healthpromotion/frameworkforcountryaction/en/>.

WHA68/17 (2015)

# HiAP - key components

## Monitoring, evaluation and reporting

- Assess all phases of the policy cycle and impacts of the policies: 1) Policy development, 2) Policies implementation and sustainability, 3) impacts on intermediate health indicators, 4) impacts on health risk factors, health status.
- Establish or utilize existing public health reporting mechanism for reporting the measures taken in order to improve health and well-being across government sectors

## Frame planned action

- gain understanding of key governmental goals or goals of other sectors relevant to health
- determine scope of policies that have potentially important implications for health, health equity and health system functioning

## Supportive organizational structures and processes

- Create or make use of existing structures for multi-sectoral action
- strengthen political will and accountability mechanisms

## Establish the need and priorities for HiAP

- define and analyse area of concerns: co-benefits, & conflicts of interest
- identify priorities and opportunities for action

## Facilitate assessment and engagement

- engaging all sectors and the community
- use of impact assessments

## Capacity Building

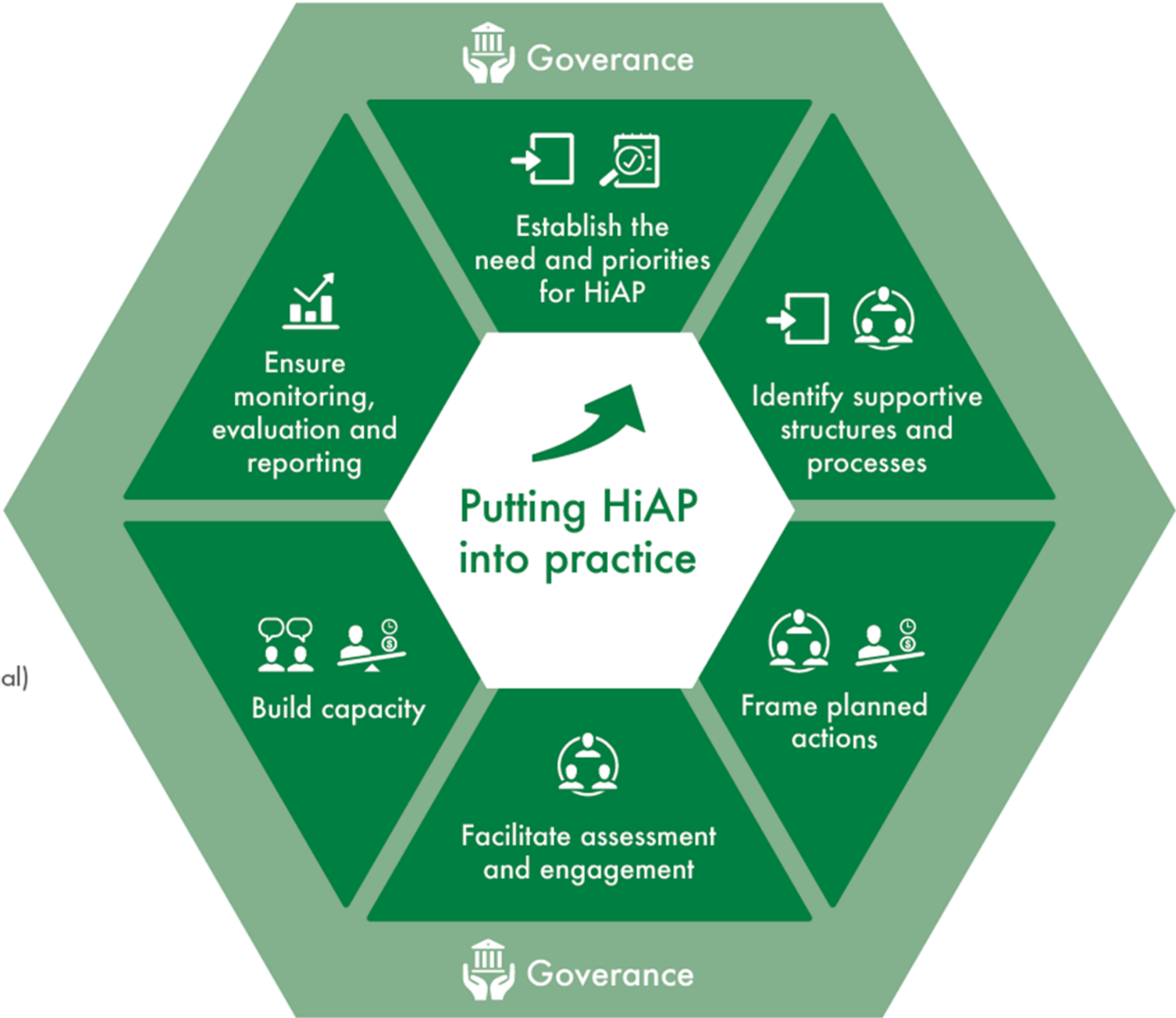
- support institutional development and participate in community capacity building
- train a skilled workforce (competence to analyse policies and their potential health implications across sectors, negotiating skills etc)
- public health capacity to monitor public health and its determinants
- data and data analyses

Source: Modified Health in All Policies Framework for Country Action –  
conference draft 4 June 2013

FIGURE | 5

Advancing the HiAP model

-  Governance and Leadership
-  Resources for HiAP
-  Entry Points
-  Ways of Working
-  Capabilities (Individual and Organisational)
-  Monitoring, Reporting and Evaluation
-  HiAP Priorities and  Outcomes



# Instructions for Group work

- We split to four groups according to the maturity of practice and language: 1) emerging, 2) progressing, 3) established and 4) French group
- 45 minutes discussion in groups
  - Select chair and rapporteur (also take notes)
  - Select at least discussion theme 5 (next slide) to be discussed
  - Write down the key messages to be shared with the whole group
- Rapporteur presents the findings, 5 min per group



# Themes for discussion

- 1) What are key drivers in initiating and adopting and implementing HiAP (questions 12-13)
- 2) How evidence/**data** is used to document the links between health and other government policy priorities for the successful implementation of HiAP in your jurisdiction? (modified question 38)
  - Why evidence is needed and how it is being used? Is data/evidence from other sectors than health used?
- 3) Human and financial resources for HiAP (see questions 26-31)
  - Does your jurisdiction has a dedicated HiAP team/personnel that supports HiAP action?
  - Does your jurisdiction has a dedicated budget for HiAP activities?
- 4) Briefly describe how evaluation and reporting of HiAP practice is carried out (q 46).
  - If not done, why and what would be needed?
- 5) **How does the elements of HiAP approach guide the implementation of HiAP? Is something missing, where would more concrete guidance needed?**