Helsinki Statement
Framework for Country Action

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Helsinki Statement on Health in All Policies

8th Global Conference on Health Promotion
HELSINKI 2013

THE 8TH GLOBAL CONFERENCE ON HEALTH PROMOTION, HELSINKI, FINLAND, 10-14 JUNE 2013

THE HELSINKI STATEMENT ON HEALTH IN ALL POLICIES

Building on our heritage, looking to our future

The 8th Global Conference on Health Promotion was held in Helsinki, Finland from 10-14 June 2013. The meeting builds upon a rich heritage of ideas, actions and evidence originally inspired by the *Alma Ata Declaration on Primary Health Care* (1978) and the *Ottawa Charter for Health Promotion* (1986). These identified intersectoral action and healthy public policy as central elements for the promotion of health, the achievement of health equity, and the realization of health as a human right. Subsequent WHO global health promotion conferences[1] cemented key principles for health promotion action. These principles have been reinforced in the 2011 *Rio Political Declaration on Social Determinants of Health*, the 2011 *Political Declaration of the UN High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,* and the 2012 Rio+20 Outcome Document (*the Future We Want*). They are also reflected in many other WHO frameworks, strategies and resolutions, and contribute to the formulation of the post-2015 development goals.

Health for All is a major societal goal of governments, and the cornerstone of sustainable development

We, the participants of this conference

Affirm our commitment to equity in health and recognize that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. We recognize that governments have a responsibility for the health of their people and that equity in health is an expression of social justice. We know that good health enhances quality of life, increases capacity for learning, strengthens families and communities and improves workforce productivity. Likewise, action aimed at promoting equity significantly contributes to health, poverty reduction, social inclusion and security.

Health inequities between and within countries are politically, socially and economically unacceptable, as well as unfair and avoidable. Policies made in all sectors can have a profound effect on population health and health equity. In our interconnected world, health is shaped by many powerful forces, especially demographic change, rapid urbanization, climate change and globalization. While some diseases are disappearing as living conditions improve, many diseases of poverty still persist in developing countries. In many countries lifestyles and living and working environments are influenced by unrestrained marketing and subject to unsustainable production and consumption patterns. The health of the people is not only a health sector responsibility, it also embraces wider political issues such as trade and foreign policy. Tackling this requires political will to engage the whole of government in health.

[1] Subsequent conferences were held in Adelaide (1988); Sundsvall (1991); Jakarta (1997); Mexico City (2000); Bangkok (2005); Nairobi (2009).

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. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being.

We recognize that governments have a range of priorities in which health and equity do not automatically gain precedence over other policy objectives. We call on them to ensure that health considerations are transparently taken into account in policy-making, and to open up opportunities for co-benefits across sectors and society at large.

Policies designed to enable people to lead healthy lives face opposition from many sides. Often they are challenged by the interests of powerful economic forces that resist regulation. Business interests and market power can affect the ability of governments and health systems to promote and protect health and respond to health needs. *Health in All Policies* is a practical response to these challenges. It can provide a framework for regulation and practical tools that combine health, social and equity goals with economic development, and manage conflicts of interest transparently. These can support relationships with all sectors, including the private sector, to contribute positively to public health outcomes.

We see *Health in All Policies* as a constituent part of countries' contribution to achieving the United Nations *Millennium Development* Goals and it must remain a key consideration in the drafting of the post-2015 Development Agenda.

We, the participants of this conference

- Prioritize health and equity as a core responsibility of governments to its peoples.
- Affirm the compelling and urgent need for effective policy coherence for health and well-being.
- Recognize that this will require political will, courage and strategic foresight.

We call on governments

to fulfil their obligations to their peoples' health and well-being by taking the following actions:

- **Commit to health and health equity as a political priority** by adopting the principles of Health in All Policies and taking action on the social determinants of health.
- **Ensure effective structures, processes and resources** that enable implementation of the Health in All Policies approach across governments at all levels and between governments.
- **Strengthen the capacity of Ministries of Health to engage other sectors of government** through leadership, partnership, advocacy and mediation to achieve improved health outcomes.
- **Build institutional capacity and skills** that enable the implementation of Health in All Policies and provide evidence on the determinants of health and inequity and on effective responses.
- **Adopt transparent audit and accountability mechanisms** for health and equity impacts that build trust across government and between governments and their people.

- **Establish conflict of interest measures** that include effective safeguards to protect policies from distortion by commercial and vested interests and influence.
- **Include communities, social movements and civil society** in the development, implementation and monitoring of Health in All Policies, building health literacy in the population.

We call on WHO to

- Support Member States to put Health in All Policies into practice
- Strengthen its own capacity in Health in All Policies
- Use the Health in All Policies approach in working with United Nations agencies and other partners on the unfinished Millennium Development Goals agenda and the post-2015 Development Agenda
- Urge the United Nations family, other international organizations, multilateral development banks and development agencies to achieve coherence and synergy in their work with Member States to enable implementation of Health in All Policies

We, the participants of this conference

- Commit ourselves to communicate the key messages of this Helsinki Statement to our governments, institutions and communities.

Health in All Policies (HiAP) Framework for Country Action

8th Global Conference
on Health Promotion
HELSINKI 2013

SUMMARY

This document serves as a "starter's kit" for applying Health in All Policies (HiAP) in decision-making and implementation at national and subnational levels. It can be easily adapted for use in different country contexts and at the regional and global levels.

WHAT IS HIAP?

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.

WHY IT MATTERS

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

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

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.

WHAT IS HIAP?

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

- Constitution of the World Health Organization, 1946

The Eighth Global Conference on Health Promotion was held in Helsinki, Finland from 10th-14th June 2013, with the theme "Health in All Policies". 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.

In the context of this framework, multisectoral action refers to actions between two or more sectors within government (such as health, transport and environment), and is used as a synonym for intersectoral action. When referring to actors outside the government (such as non-governmental, private sector, professional, or faith-based organizations) the term multi-stakeholder is used.

BACKGROUND

Although its roots can be traced to the very origins of World Health Organization, the Health in All Policies approach builds on a rich heritage of ideas, actions and evidence that have emerged since the Alma Ata Declaration on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (1986).

The Ottawa Charter, which resulted from the First International Conference on Health Promotion, provides a cornerstone for health promotion. It identifies the paramount importance of health equity, and of five key Action Areas. These in turn became the focus of the Conference in Adelaide in 1988, where principles and practices for healthy public policy were highlighted, as well as the focus of subsequent health promotion conferences on achieving health and health equity through creating a health-conducive environment, building effective partnership, addressing social determinants, and taking country action.

The HiAP approach has been reinforced in the more recent 2011 Rio Political Declaration on Social Determinants of Health (WHO 2011a), and the UN General Assembly Resolution on the Prevention and Control of Non-Communicable Diseases (United Nations 2011).

CONCEPT AND PRINCIPLES

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.

HiAP is founded on health-related rights and obligations, and contributes to strengthening the accountability of policymakers for health impacts at all levels of policy-making. It emphasizes the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development.

It is recognized that governments are faced with a range of priorities and that health and equity may not automatically gain precedence over other policy objectives. Nonetheless, health considerations do need to be taken into account in policy-making. Efforts must be made to capitalize on opportunities for co-benefits across sectors and for society at large. Effective safeguards to protect policies from distortion by commercial and vested interests and influence also need to be established.

As a concept, HIAP is in line with the Universal Declaration of Human Rights, the United Nations Millennium Declaration, and accepted principles of good governance (UNDP 1997). In particular, HiAP reflects the principles of:

- **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.

WHY IT MATTERS

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 and decisions made in all sectors and at different levels of governance can have a significant impact on population health and health equity.

The HiAP approach is therefore necessary to protect and promote health and health equity, particularly where there are competing interests. It ensures that health and health equity considerations become part of decision-making.

HiAP provides a means to identify and avoid those unintended impacts of public policy that can be detrimental to the health of populations or subgroups of the population, thus reducing risk.

HIAP IN PRACTICE

HiAP has been used widely with considerable success, and there is now considerable documentation of initiatives reflecting the HiAP approach (WHO 2011b; WHO 2013a; Howard & Gunther 2012; Leppo et al 2013; Perrier & Shankardass 2011; McQueen et al 2012; Rudolph et al 2013 ; Kickbusch and Gleicher 2012).). The following examples demonstrate how health objectives can be furthered through policies that cut across a number of sectors, both nationally and internationally, while fulfilling HiAP's fundamental principles.

ECUADOR: THE NATIONAL GOOD LIVING PLAN

Ecuador's Plan Nacional para el buen vivir (National Plan of Good Living, or NPGL) has become the roadmap for the development and implementation of social policies in Ecuador, with the full backing of the highest political authority. The concept of Good Living is based on a broad definition of health. Health is one of a set of specific sectoral work plans, each of which has to be consistent with national strategy and priorities. The health sector work plan is guided by the social determinants of health approach, and its goals are realized through the Development Coordinating Ministry, which supervises the Ministries of Health, Labour, Education, Inclusion, Migration, and Housing. Between 2006 and 2011 when the Programme was implemented, social investments increased 2.5 times; the proportion of urban homes with toilets and sewage systems increased from 71% to 78%; rural homes with access to collection of waste increased from 22% to 37% and health appointments in the public service sector increased by 2.6 per 100 inhabitants (PAHO 2013).

SWEDEN: REDUCING ROAD FATALITIES

The Vision Zero initiative is an example of how a government agency that is not normally associated with the health sector, the Swedish Road and Traffic Safety Agency, contributed significantly to improved population health. Based on the Agency's recommendations, the Road Traffic Safety Bill enacted in 1997 by the Swedish Parliament required that fatalities and serious injuries are reduced to zero by 2020 (Whitelegg & Haq 2006).

It ushered in a systems approach that brought together the transport, justice, environment, health and education sectors, and established partnerships with the private sector and civil society. In addition to playing a facilitating role, including provision of data, the Swedish health authorities worked alongside the country's emergency services to reduce fatalities and improve outcomes. Through the police, road safety measures such as speed limits, seat belt use, and random breath testing were enforced, while civil society organizations and the private sector promoted safe driving. Technical measures included improved design of roads, vehicles, surveillance and safety equipment. The approach, increasingly emulated in other countries, led to a fall in the numbers of fatal road crashes from 9.1 deaths per 100,000 in 1990 to 2.8 deaths per 100,000 in 2010, despite a significant increase in traffic volumes (IRTAD 2012).

THAILAND: INSERTING HEALTH CONCERNS INTO INTELLECTUAL PROPERTY LEGISLATION

The process of drafting Thailand's National Plan for Intellectual Property in 2009 demonstrates how the health concerns of civil society can feed into the policy process in both the health and trade sectors. During the drafting of the Plan by the Thai Ministry of Commerce, civil society organizations (CSOs) made use of Section 11 of the 2007 National Health Act, which guarantees access to information on government programmes that "may affect [a person's] health or the health of a community, and shall have the right to express his or her opinions on such matters." On this basis, the CSOs requested that the Thai government review the Draft Plan in order to ensure that intellectual property (IP) regulations concerning otherwise legal essential generic medicines would not invoke charges of IP infringement, as had been the case of other countries. Instead, they requested a specific plan for IP protection and enforcement regarding pharmaceutical products. The involvement of CSOs in this process resulted in the establishment of a working group composed of the National Health Commission Office, the Ministry of Commerce, Department of Intellectual Property, and Ministry of Public Health, which was tasked with developing an IP plan specific to medicines and related products. Before any adoption of health-sensitive issues in free trade agreement frameworks, representatives of health authorities and civil society, including academics, are included in committees, working groups and hearing sessions of the trade sector; moreover, the issue of IP for pharmaceutical products is considered before setting any international trade or economic agreements. (Source: National Health Commission Office, Thailand).

INTERNATIONAL: FRAMEWORK CONVENTION ON TOBACCO CONTROL

Tobacco control has been a major success for HiAP at the global level. The Framework Convention on Tobacco Control (FCTC), which entered into force on 27 February 2005, is the first treaty negotiated under the auspices of the World Health Organization. It was developed in response to the globalization of the tobacco smoking epidemic, in recognition that the spread of the epidemic is facilitated by a variety of complex factors with cross-border effects, including trade liberalization and direct foreign investment. The FTCT now has 177 signatory countries, and has successfully led to stronger tobacco control policies in many parts of the world. Both supply and demand reduction measures are included in a "package" of interventions. In addition to the Ministry of Health, relevant ministries or agencies such as Finance, Trade, or Customs in each signatory country work together to meet minimum standards governing the packaging, sale, advertising, and taxation of tobacco products (WHO 2013b).

HOW TO IMPLEMENT THE FRAMEWORK

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.

It is important to note that the components are not fixed in order or priority, and should not be taken as a rigid checklist or step-wise protocol. The actual process and activities will depend on factors such as the socioeconomic situation and governance system of individual countries, which will adopt and adjust the components in ways that are most relevant for their specific context.

1. Establish the need and priorities for HiAP

Conceptually, there are several strategic reasons for integrating health considerations into public policy-making. These include:

- 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.

Establishing the needs and priorities for HiAP requires a thorough understanding of the feasibility of addressing given issues from the health perspective, including an awareness of the power dynamics involved.

Key activities within this component may include the following:

- *Begin strategic planning and prioritization.* Criteria for prioritization may include significance of the issues to health, health equity or health systems, alignment with government priorities, feasibility of strategies to address it, and opportunities for inter-sectoral collaboration.
- *Assess health, equity, and health systems- related implications of policies.* Those responsible for policy making both within and beyond the health sector must know what

health implications are and be able to contribute to processes as these relate to other policies. Initial sources of information for assessing health consequences of actions and approaches in other sectors may include sector strategies, sector performance indicators and budget reviews, and reports focussing on policy content and consequences.

- *Understand the country context* and the capacity of government structures to limit or enhance the application of HiAP. Identify legal and normative opportunities and barriers, and the willingness and readiness of health and other government sectors and the public to protect and promote health and health equity. Learn from countries that have adopted a HiAP approach and determine which lessons can be applied to in different country contexts.
- *Outline immediate, medium and long-term priorities.* Address structural, institutional and capacity building needs. Identify medium (1-3 years) and long term (5-8 years) priorities. Reflect on what can be learnt from other cross-sectoral endeavours such as those that address equity, gender or the environment.
- *Assess policy and political contexts.* Explore where there are common interests, conflicts, or unrealised potential. Analyse and map who will support or oppose health priorities. Identify also whether there is media or public scrutiny. Consider which sectoral, strategic alliances and existing initiatives exist to produce rapid results and serve as a basis for further support for HiAP in various sectors.
- *Map regulatory, oversight, and implementation capacity* and the financial, institutional, human, and technical resources that are needed.

2. Frame planned action

There are many different ways to carry out planning, which is an integral and essential part of the process, as well as a demonstration of commitment. Plans can be developed within the context of existing strategic documents or adopted as stand-alone action plans setting out priorities for action and concrete actions, as well as the commitments of different actors.

Key activities within this component may include the following:

- *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

HiAP requires both (a) the engagement of relevant actors within and beyond the health sector, and (b) the promotion of actions that take health implications into consideration at every level of government. Structures such as interdepartmental committees or parliamentary committees can help to support its implementation process.

Key activities within this component may include the following:

- *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.). The lead agent depends on the country context. It might be a single structure or unit such as the Health Ministry, the Office of the President or Prime Minister, or a public-sector agency. Gaining high-level political support may be a useful, and in some instances indispensable, entry point to HiAP. In some countries, policy is driven by senior advisors located in the Office of the President or Prime Minister or Cabinet; in others, it may be more important to engage with parliamentary committees and seek bi-partisan support.
- *Consider opportunities for establishing top-down and bottom-up as well as horizontal* structural support for HiAP. A multisectoral structure might be created such as: (a) a government-level committee that addresses non-health specific issues that relate to health; (b) an issue-specific government-level committee with a specific health focus such as nutrition, child health or ageing; or (c) a broad representation multi-stakeholder committee. In many countries, intersectoral or parliamentary committees on health have been found useful to facilitate dialogue for intersectoral health.
- *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. Examples include national constitutions, presidential decrees, judicial decisions, legislation, compulsory reporting, human rights reporting mechanisms, shared budgets, international agreements, and global commitments on development and health agendas.

- *Build on accountability mechanisms* that can be applied to different sectors. Potential accountability mechanisms include auditing, the promotion of open access to information, meaningful public and civil society participation at all levels, efforts to promote disclosure and transparency.

4. Facilitate assessment and engagement

It is essential to assess health implications, and to promote awareness of and support for considering them in the policy-making process in the broader community as well as within government. A variety of tools are available for seeking input from the wider community, including opening up the policy process to greater scrutiny. In many cases, the success of engagement efforts may be strengthened by targeted assessments of specific issues of interest to stakeholders. This may include the population as a whole, or specific groups within the wider community.

Key activities within this component may include the following:

- *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. Examples of tools include health impact assessment, health and health equity lens analysis, environmental impact assessment, policy audits, and budgetary reviews. Consider the use of tools used in other sectors such as gender lens and environmental audits.
- *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. Formal engagement tools may include health assemblies, citizen juries, community town hall discussions, deliberative meetings, or informal workshops. Online alternatives such as internet forums and social media may also be effective in some contexts. The scope and intensity of community engagement will be dependent on timeline for adoption, resources and political considerations.
- *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. Opportunities for dialogue include one-on-one consultations, sector-wide planning committees and planning workshops, or cross-sectoral meetings.
- *Explore available mechanisms for scrutiny* within the legislative process, identifying opportunities for HiAP-related issues to be brought before such mechanisms. These may include (a) oversight by committees with statutory responsibilities for health; (b) public hearings and consultations; (c) issue-based groups and coalitions within the legislature; (d) public health reports to legislatures.

5. Ensure monitoring, evaluation and reporting

HiAP is not an endpoint in itself, but a continuous approach to the promotion of health and health equity and health systems, so monitoring and evaluating its progress is complex. Nonetheless, it is important to gather evidence about what has worked and why, and to identify challenges and best practices. This should be done using health- or governance-related monitoring and evaluation (M&E) structures and frameworks that are already available in the country wherever possible.

Most major governmental initiatives have an M&E component, particularly if they involve donor funding. Health authorities and relevant actors should therefore ensure that HiAP concerns are integrated into M&E for all initiatives that are likely to have an impact on health and health equity, or in which health actors play important roles.

Key activities within this component may include the following:

- *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

Promoting and implementing HiAP is likely to require new knowledge and skills to be acquired by a wide range of individuals and institutions. These may be acquired by formal training methods such as institution-based courses and seminars, but other methods of disseminating knowledge and skills should also be explored including online approaches.

Key activities within this component may include the following:

- *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) developing a work force with an appropriate mix of disciplines and other capacities; (b) providing current practitioners with specific training regarding HiAP; (c) adding HiAP-related activities to job descriptions and performance requirements; (d) incorporating public health training into the formal education of future health and other professionals, especially journalists and civil servants, as well as the public; (e) providing experiential learning under the guidance of experts or experienced bodies that can facilitate inter-country exchanges and learning.
- *Build research capacity* by reinforcing public health institutions as well as existing multidisciplinary research on the health of populations. This should include systematic health data collection and analysis, policy analysis, and developing solutions. Efforts should be made to share expertise and allow access to quality data and technical assistance across sectors.
- *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

Although governments as a whole bear the ultimate responsibility for the health of their citizens, health authorities at all levels (national, regional, local) are key actors in promoting HiAP. Since each country has its own political structure and forms of administration, there is no single model for health authorities to follow; rather, the six components detailed above can be used in ways that best suit their own situations and conditions. Nonetheless, certain activities are likely to prove useful across different settings:

- 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.

However, if it is decided to proceed with implementation, it is important to reiterate that advancing HiAP will depend greatly on the ability of health authorities to actively seek opportunities to collaborate with and influence other sectors. **The ability to communicate effectively across and within sectors with politicians, civil servants, key civil society organizations, and the private sector, is crucial.**

Global action

Policy making at country level cannot be seen in isolation from globalization, global development and global governance. It influences and can be influenced by decisions made beyond national borders.

At the international level, intergovernmental organizations and structures (multilateral, bilateral, regional, etc.) can contribute to multisectoral action on health and development outcomes. Many UN organisations and global forums are already supporting action on social determinants of health (for example in the fields of education, environment, refugees, gender, human rights, etc.). Strengthening health considerations to these efforts would improve their potential impact on health and health equity. Since UN global policies are developed and endorsed by Member States, it is appropriate for national health authorities to advocate for the inclusion of health considerations when national positions on global or regional policy initiatives are being developed.

The role of WHO

The World Health Organization has long taken a lead role in multisectoral initiatives such as the International Code of Marketing of Breast-Milk Substitutes, the Framework Convention on Tobacco Control, and the Global Code of Practice on the International Recruitment of Health Personnel. It therefore has a special contribution to make to HiAP. Among other activities, it can help with the following:

- bringing health considerations into global and regional policy making and UN interagency work
- promoting action on social determinants of health
- supporting policies for global health protection and health promotion
- promoting the inclusion of health indicators as benchmarks for development
- addressing emerging global issues with potentially harmful health implications such as climate change, antibiotic resistance, and the negative impacts of certain trading practices.

However, WHO also has an important role to play at the country level. Along with other UN agencies, programmes and funds, WHO can provide technical assistance and advocacy to national efforts to implement HiAP. Some examples include:

- compilation of experiences and best practice, as well as challenges to HiAP
- give technical assistance to countries in their efforts to apply HiAP
- training of health professionals and civil servants
- providing guidance in monitoring and evaluation
- providing expertise for analysing the health policy implications of international law and regulatory regimes, including trade and investment agreements.

MOVING FORWARD

HiAP is still a work in progress to which actors in many countries and at many levels are contributing every day. It is a powerful reminder that the phrase "health in all policies" is both aspirational and deeply pragmatic: it simultaneously guides everyday practice while reminding decision makers of what health – in its broadest sense of "complete physical, mental and social well-being " – is all about.

HiAP can make a significant contribution to the achievement of the current Millennium Development Goals, and should remain a key consideration in the drafting of the post-2015 development agenda. Recognizing the risks but also the benefits associated with ongoing globalization, the recent UN document "Realizing the Future We Want for All" stated (United Nations 2010):

"Business as usual thus cannot be an option and transformative change is needed. As the challenges are highly interdependent, a new, more holistic approach is needed to address them… To realize the future we want for all, a high degree of policy coherence at the global, regional, national and sub-national levels will be required."

This Framework is a contribution to achieving that policy coherence for health and health equity, and thus reinforcing the broader development agenda.

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ANNEX 1. EXAMPLES OF HIAP KEY RESULT AREAS

Examples of HiAP indicators include participation of actors (by type, sectors or level), changes in organizational structures and culture (e.g. interministerial or inter-departmental committees), opportunities for joint actions, and willingness to share information and expertise.

A variety of dimensions of HiAP Key Result Areas should be taken into account, including those that relate to process.

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

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:

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:

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.


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