

What you need to know about Health in All Policies

What is Health in All Policies?

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.

Helsinki Statement on Health in All Policies 2013; WHO (WHA67.12) 2014. Contributing to social and economic development: sustainable action across sectors to improve health and health equity

Here's one example of the impacts Health in All Policies can have:

One in eight deaths is linked to air pollution exposure – mostly from heart and lung disease, and stroke. To tackle air pollution, a health ministry cannot act alone. Collaboration is needed within many sectors:

- Household energy– works to ensure clean cooking, heating and lighting technologies are available in the home, It educates people about adopting clean fuels (liquid gas, ethanol), avoiding coal and kerosene use in the home, and cooking in areas with good ventilation.
- Energy – works to increase use of low-emissions fuels and renewable combustion-free power sources (like solar, wind or hydropower); adopt co-generation of heat and power; and distribute energy generation (e.g. mini-grids and rooftop solar power generation). Also works to reduce reliance on wood, diesel and coal generators, and protect against deforestation, occupational risks from coal mining and fumes from combustion of dirty fuels.
- Transport – works to prioritize urban transit, walking, cycling networks in cities so there is less reliance on vehicles. It works to shift technologies to cleaner heavy duty vehicles and low-emissions vehicles and fuels, including fuels with reduced sulfur and particle content.
- Urban planning – works to make cities more compact, and thus energy efficient.
- Housing – works to improve the energy efficiency of buildings through healthy and affordable construction standards.

- Waste Management – works reduce waste through separation, recycling and reuse or waste reprocessing; as well as improved methods of biological waste management such as anaerobic waste digestion to produce biogas.
- Industry – uses clean technologies that reduce industrial smokestack emissions and improves management of urban and agricultural waste, including capture of methane gas emitted from waste sites as an alternative to incineration (for use as biogas).
- Health Sector – works to connect all sectors. It tracks data on air-pollution related diseases and health gains from key interventions nationally and supports the energy-sector in needs-based assessments and fuel evaluations for the energy use of disadvantaged groups. The sector also advocates for policies to introduce clean technologies and reduce fuel poverty, and adopts renewable energy sources, especially in remote areas dependent on diesel generators.
- International – WHO sets guidelines, determines which interventions have the greatest impact, builds global databases to monitor global progress on health impact and advocates for clean air..
- Local, Regional and Country Municipalities – works to develop policies to reduce tobacco smoking and thus second hand smoke. They also set emission rate targets, approve planning codes and housing development and grant tax incentives energy efficiency certification schemes.
- NGOs, donors, civil society – works to provide access to improved cooking stores and helps fund initiatives for clean home energy technologies and fuels .

Overall, the health sector is the champion for health, driving dialogues to keep health on the agenda.

Why do governments/ societies need Health in All Policies?

Health in All Policies (HiAP) is based on the recognition that our greatest health challenges—for example, noncommunicable diseases, health inequities and inequalities, climate change, and spiralling health care costs—are highly complex and often linked through the social determinants of health. The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the wider set of forces and systems affecting these circumstances: e.g. economic and development policies, social norms, social policies, and political systems.

In this context, promoting healthy communities, and in particular *health equity across different population groups*, requires that we address the social determinants of health, such as public transportation, education access, access to healthy food, economic opportunities, and more. While many public policies work to achieve this, conflicts of interest may arise. Alternatively, unintended impacts of policies are not measured and addressed. This requires innovative solutions, and structures that build channels for dialogue and decision-making that work across traditional government policy siloes.

What is health equity?

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances. To improve equity in health (including in Universal Health Coverage) it is necessary to change the underlying distribution of the role of social determinants of health.

Areas where change can happen: a few basic examples

- **Information systems** - available data and information systems describe determinants and inequalities in determinants at national level, but links to health must be strengthened and subsets of indicators on health determinants need constant surveillance.
- **Strategic directions** - Ministries of health can support effective implementation of Health in All Policies through consistently embedding strategic directions in relation to health promotion and primary prevention in the health systems performance frameworks and policies.
- **Health promotion** - Ministries of health can also extend existing health promotion and primary prevention portfolios by:
 - scaling up existing multisectoral and intersectoral work (for example, for NCDs, road traffic accidents, malnutrition, and maternal and child health),
 - ensuring disease-specific multisectoral efforts are supported by broader institutions with mandates, budgets, capacities and skills for working intersectorally.

What roles do ministries of health play in HiAP?

WHO resolution WHA67.12 calls upon ministries of health "to champion health and the promotion of health equity as a priority and take efficient action on social, economic and environmental determinants of health". Although each country has its own political structure and forms of administration, the role of the health ministry or similar body at the national level, in relation to health in all policies usually includes work on health determinants that includes:

- Supporting the growth of scientific knowledge on health determinants;
- Identifying and prioritizing emerging health issues resulting from changes in society;
- Monitoring the activities of other sectors that impact on health;
- Creating structures and mechanisms for dialogue across government and with whole of society;
- Facilitating negotiations between sectors and with non-government stakeholders; and
- Overseeing the implementation, monitoring and evaluation of policy with respect to health outcomes, health determinants and equity.

What is WHO doing to support more systematic implementation of HiAP in countries?

While many intersectoral actions are being taken by health ministries and WHO programmes to promote population health and health equity, the current drive for follow-up to World Health Assembly resolution on HiAP in May 2014 (WHA67.12), is to improve systematic structures, processes, capacities, skills and tools for **working across sectors across a range of health**

issues. To spur action and support these particular efforts, WHO is developing an overall guidance for country's developing Health in All Policies, termed the Framework for Country Action Across Sectors for Health and Health Equity. As part of the Framework, which covers key topics for follow-up identified in the World Health Assembly resolution in May 2014 (WHA67.12), skills development are highlighted as part of capacity building.

What is the purpose of the Health in All Policies training manual?

The purpose of this manual is to provide a resource for delivering short training courses to working professionals to increase understanding of how to work across sectors by health and other professionals. It is anticipated that the material in this manual will form the basis of two- or three-day workshops, which will:

- Build capacity to promote, implement and evaluate HiAP;
- Encourage engagement and collaboration across sectors;
- Facilitate the exchange of experiences and lessons learned;
- Promote regional and global collaboration on HiAP; and
- Promote dissemination of skills to develop training courses for trainers.

What are WHO's next steps for training?

WHO and its partners are advocating for a global efforts to scale-up training. Training offers opportunities not only to build skills, but also to share expertise, exchange ideas, and build a networks to scale-up systematic work across sectors. This is an important activity for health in the context of the post-2015 sustainable development goals.

In the coming year, workshops will be held regionally and in-country, often with the support of the WHO. WHO will also support the development of training standards globally, through levers of change such as training of trainers courses and curriculum changes in tertiary training institutions.

To respond to immediate training demands, WHO will convene institutions to assist with delivering training courses across the regions. The first training-of-trainers course takes place in March 2015.
