

Validation of Indicators for Implementation of the Plan of Action on Health in All Policies: Proposal for Application at National Level



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

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EXECUTIVE SUMMARY

In September 2014, the Directing Council of the Pan American Health Organization (PAHO) approved the first Regional Plan of Action on Health in All Policies (Regional HiAP Plan), with a view to defining concrete measures for implementation of this ambitious and innovative approach to public policies in the countries of the Americas. With this initiative, the Region of the Americas is leading the way in implementation of the Global Framework for Action at the Country Level on Health in All Policies (Global HiAP Framework) of the World Health Organization (WHO), defined in January 2014.

Following the six strategic lines of action of the Global HiAP Framework, the Regional HiAP Plan proposes nine objectives and 12 indicators for the 2014–2019 period. The indicators were formulated in 2014 through an open and collective process of consultation in the countries of the Region, and at various meetings with experts, in order to integrate a diversity of perspectives on and experiences with the intersectoral approach.

The objective of the Regional HiAP Plan indicators is to support the countries of the Region of the Americas in assessing their state of preparation at the beginning of the Plan of Action (baseline) and determining what level of progress toward HiAP they want to have achieved at the end of the five years (2019).

This document presents an analysis of the 12 indicators of the Regional Plan of Action with a view to facilitating their application. Using an analytical framework for evaluating the intersectoral approach and HiAP based on a review of experiences carried out in the Region (1, 2), we propose a typology for classifying the set of indicators in terms of their contribution to advancing the HiAP approach at the country level, in order to determine the specific characteristics of each indicator and the differences among them, as well as the coherence of the plan's set of indicators. This typology distinguishes four major groups of indicators with regard to key aspects of plan implementation: generating an enabling environment for HiAP; characterizing current HiAP initiatives; establishing monitoring and evaluation; and developing knowledge and capacities for work on HiAP.

This classification is intended to help each country define “its own path towards Health in All Policies,” selecting the indicators that it wishes to use, “taking into account the social, economic, political, legal, historical, and cultural challenges as well as current and future health challenges and priorities” (3).

The analysis of the indicators presented in this document is intended to strengthen the validity and reliability in recording and monitoring at the local, national, and regional levels. The Regional HiAP Plan indicators for the most part are process indicators formulated in terms of the number of countries in the Region with relevant experiences on each strategic line of action of HiAP. In general, determination of these indicators requires making judgments on the degree of progress on key requirements or elements, based on each country's documentation and reporting of the indicators it has chosen to implement as part of the monitoring process.

Monitoring of indicators and progress reports at the country level, which form the basis for the computation of indicators at the regional level, requires specification of the content of each indicator: identifying the dimensions it addresses, identifying its specific contributions, and explaining its relationships with other indicators. These dimensions are drawn from a review of the principal concept papers, studies, and narratives on experiences with HiAP, the intersectoral approach to health, and equity in health, at both the global and regional levels.

For the purpose of supporting monitoring and reporting, an explanatory note is provided for each indicator, setting out its definition and justification and the method for recording progress on key elements. This serves as a reference or “benchmark” for the countries. The explanatory note is intended to clarify the dimensions and contents of the indicator to facilitate monitoring, highlighting aspects to document in the report to PAHO. The

periodic country reports then constitute the source of information for computation of the indicator at the regional level. The explanatory notes for the 12 indicators are presented in Annex 2 of this report.

A preliminary version of the report and its annex with the explanatory notes was discussed in the High-Level Expert Consultation on Health in All Policies, convened by PAHO on 31 March to April 2015, in Washington, DC. Observations coming from this meeting, together with others provided subsequently by the experts involved, were incorporated in this new version of the proposal.

INTRODUCTION

Intersectoral action for health is not a new concept. It is indisputable that the health of the population and health inequities are determined by factors outside the operational sphere of the health sector. Nor is there any question that the sectors need to work together to address the (intermediate) determinants of health and the (structural) determinants of health inequities (4). Intersectoral action—strengthened over time with new conceptual and operational elements—has been proposed as a key means of achieving health objectives, well-being, and equity in various important global instruments promoted by WHO. These include:

- Declaration of Alma-Ata of 1978 (5);
- Ottawa Charter for Health Promotion and the “Healthy Cities” programs of 1986 (6);
- Report of the Commission on Social Determinants of Health of 2008 (7);
- Adelaide Statement on Health in All Policies of 2010 (8);
- Rio Political Declaration on Social Determinants of Health in 2011 (9); and
- Helsinki Statement on Health in All Policies of 2013 (10).

Health in All Policies (HiAP) is currently seen as a new and innovative expression of intersectoral action. It is emerging in a period in which health is accorded increasing importance on the political agenda, as indicated by its inclusion on the global post-2015 sustainable development agenda. This further stresses the systemic nature of health, social welfare, social justice, economic development, and protection of the environment. All these developments require broader and more integrated responses, involving sectors of the government and civil society in the processes of formulation, execution, and evaluation of public policies, including defining the role of the private sector (10, 11).

Definition of HiAP: It 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.” Conceptually, it reflects the principles of legitimacy, responsibility, transparency, and access to information, engagement, sustainability, and collaboration between sectors and levels of government (10). It is not an end in itself, but a means to seek health, well-being, and health equity (2).

An increasingly clear understanding of HiAP has been developed through concrete experiences in several countries, research, and exchanges of views in international conferences and regional meetings, highlighting the contributions of the countries of the Region (2, 8, 10, 12). The central focus of the HiAP concept is the improvement of health and health equity, emphasizing the consequences that public policies can have for the determinants of health and well-being, including health systems. HiAP is based on the recognition of rights related to health and well-being, and on the obligations of government to implement those rights.

Although the definition of HiAP includes “all sectors,” this does not imply that all sectors should be involved in all initiatives. Instead this refers to the objective of ensuring that the concern and responsibility for impact on health and health equity are considered systematically by all sectors. Hence, it is sometimes preferable to speak about “action across sectors” (11). Analyzing the progress that has been achieved in earlier experiences with the intersectoral approach makes clear that the challenge for HiAP is to achieve the integration of other sectors with the health sector in the processes of public policies aimed at equity in health and well-being.

Based on the Eighth Global Conference on Health Promotion, held in Helsinki, Finland, as well as the Helsinki Statement on Health in All Policies, both in 2013, the World Health Organization (WHO) prepared the Health in All Policies Global Framework for Country Action (hereafter the Global HiAP Framework) (13), with a view to providing support for national processes. The Global HiAP Framework was developed thanks to the coordinated effort of countries across all regions. The framework sets out six key components, identified as strategic lines of action for implementation of the HiAP approach:

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; and
6. Build capacity.

The Region of the Americas was the first to establish a Regional Plan of Action on Health in All Policies (Regional HiAP Plan). The Regional Plan was adopted in September 2014 by the Member States in order to define clear steps for the implementation of the approach in the countries of the Region of the Americas (3). With this initiative, the Region has demonstrated leadership in the implementation of the Global HiAP Framework (13).

The PAHO Regional HiAP Plan was formulated based on the solid evidence available, including case studies of good practices in countries in the Region, global and regional analytical frameworks, and recommendations from extensive consultations with actors inside and outside the health sector (3). Its formulation was the product of a broad and extensive review that made it possible to guarantee collective and inclusive development, in line with the unique character and the values of the Region (12).

HiAP AND THE INTERSECTORAL APPROACH: EXPERIENCES IN THE REGION

In the Region of the Americas the HiAP concept is closely related to the intersectoral approach. Within the health sphere, this is based on the 1978 Declaration of Alma-Ata on “Health for All,” which had great influence on the countries of the Region of the Americas. Also making significant contributions were the Ottawa Charter on Health Promotion (1986) and the developments and debates that emerged in the Region on local health systems. All these elements were part of the response of the health sector to the democratization processes in the Region. The emphasis was on the need to reorganize and reorient health systems toward decentralization and local development, as well as to strengthen and renew the primary care strategy approved in Alma-Ata, giving greater importance to seeking equity with solidarity and justice for the entire population (10).

According to the Declaration of Alma-Ata, this “involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.”

The countries of the Region of the Americas are characterized by a diversity of experiences at the national level, but especially at the subnational and local levels (14). It is also important to stress that several initiatives in the Region originate with other governmental sectors, particularly the social sectors, in such a way that the health sector participates, but not always in a leadership role. Furthermore, there are different ways of approaching social equity and determination, linked to social changes in different countries and to opportunities for addressing more structural aspects (2).

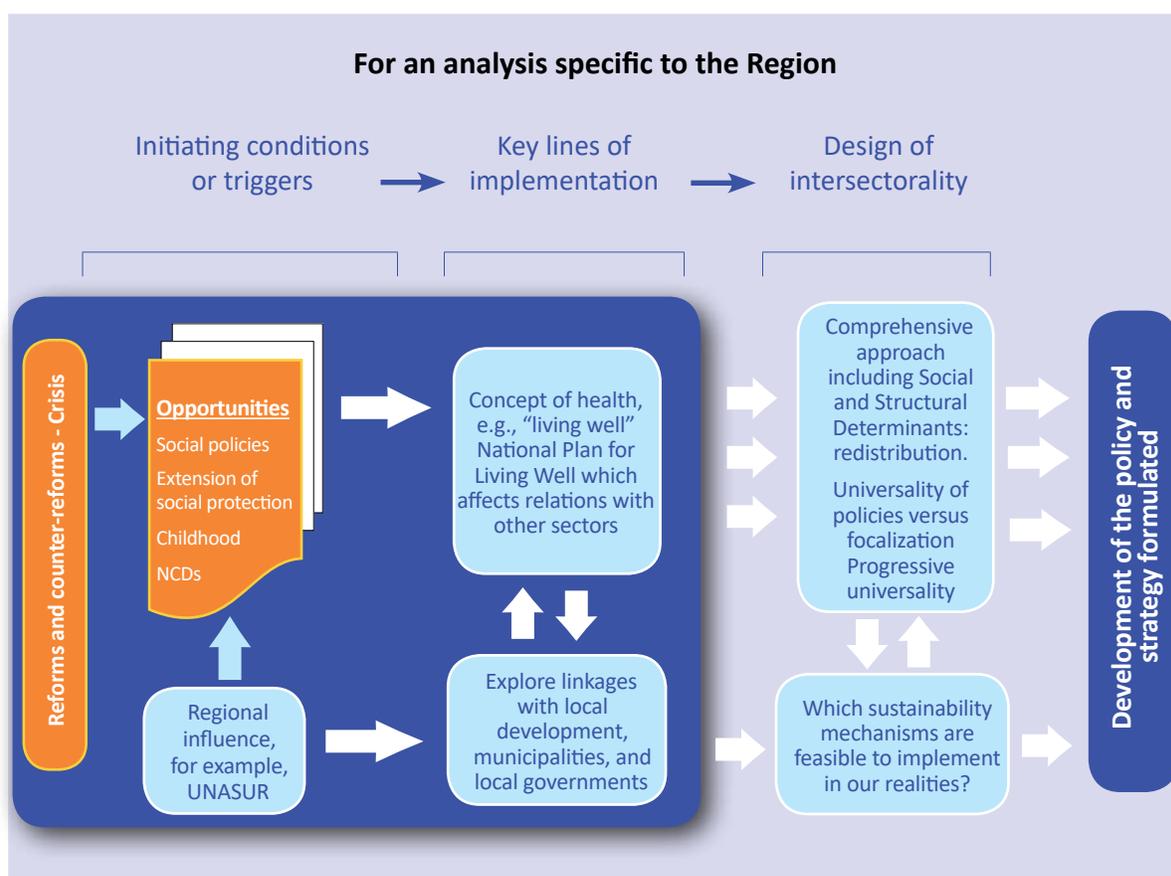
The distinct types of relationships built around HiAP vary depending on the purpose of the specific joint intersectoral action, since HiAP is not the main objective or end in itself, but a means for achieving health, well-being, and health equity (10).

Finally, it should be noted that HiAP is a strategy that depends not only on technical aspects, but also very strongly on political issues. In the technical area it has been emphasized that the need for coordination among different sectors is aimed at achieving efficient use of resources and avoiding duplication of efforts, among other objectives. Nevertheless, it is fundamental that the political grounding of HiAP be linked with the debate on democratization and the insufficiency of economic growth as a path to achieving well-being, equity, and social justice. These in turn are directly related to policies and programs addressing social protection and equity in the Region (2).

Within this conceptual framework, the diverse experiences in the Region were reviewed in depth in 2014 under the auspices of PAHO (2). This facilitated the identification of elements highlighting the context, features, and scope of these experiences, with particular emphasis on the beginning and evolution of the intersectoral approach in the Region.

In addition, this review helped identify and elucidate where intersectoral action is successful. As noted earlier, the intersectoral approach in itself is not a central objective; nevertheless, it is “necessary to emphasize that its success is associated, first of all, with reducing social and health inequities; secondly, with the health sector taking the needs and priorities of other sectors into account; and finally, with the inclusion of health as a goal or target in policies of other sectors” (2). This review led to an analytical framework specific to the Region (Figure 1), which can be used to evaluate the intersectoral approach and HiAP.

Figure 1. Conditions and domains for the evaluation of the intersectoral approach and HiAP



Sources: WHO. Demonstrating a Health in All Policies analytic framework for learning from experiences: based on literature reviews from Africa, South-East Asia and the Western Pacific (1). Solar O, Cunill-Grau N. Intersectoral action and health equity in Latin America: an analytical approach (2). Solar O, Valentine N, et al. Analytic framework for intersectoral action and Health in All Policies with an equity lens (15).

In short, the plan's objective is to facilitate the following activities:

- Generate and document evidence on HiAP for use in high-level advocacy to enhance collaboration between different sectors.
- Use case studies of HiAP to extend the approach throughout the Region.
- Build capacity in HiAP through the course developed by WHO that has been held in three PAHO collaborating centers, as well as in some national institutions.
- Implement Health Impact Assessment methodology for monitoring of HiAP pilot initiatives.
- Collaborate with the Healthy Municipalities and Healthy Schools and Universities networks to expand the coverage of the Regional Plan of Action on HiAP.
- Monitor progress in HiAP implementation in the different countries of the Region.
- Strengthen South-South collaboration, demonstrating the progress in HiAP, as well as South-North collaboration, in particular with the WHO Regional Office for Europe (EURO-WHO), which has made significant progress on this agenda.

INDICATORS FOR THE REGIONAL PLAN OF ACTION ON HiAP

The Regional HiAP Plan has 12 indicators for the period 2014–2019. These are linked to nine framework objectives and in turn to six strategic lines of action, coinciding with those of the Global HiAP Framework (Table 1). The indicators were formulated through consultation with experts, as well as with the different countries, and were adopted during the 53rd Directing Council of PAHO in order to provide key orientations and recommendations for implementation of the HiAP approach in the countries of the Region. With respect to the indicators, the plan proposes targets to be achieved in the 2014–2019 period, consistent with the objectives of the PAHO Strategic Plan (17).

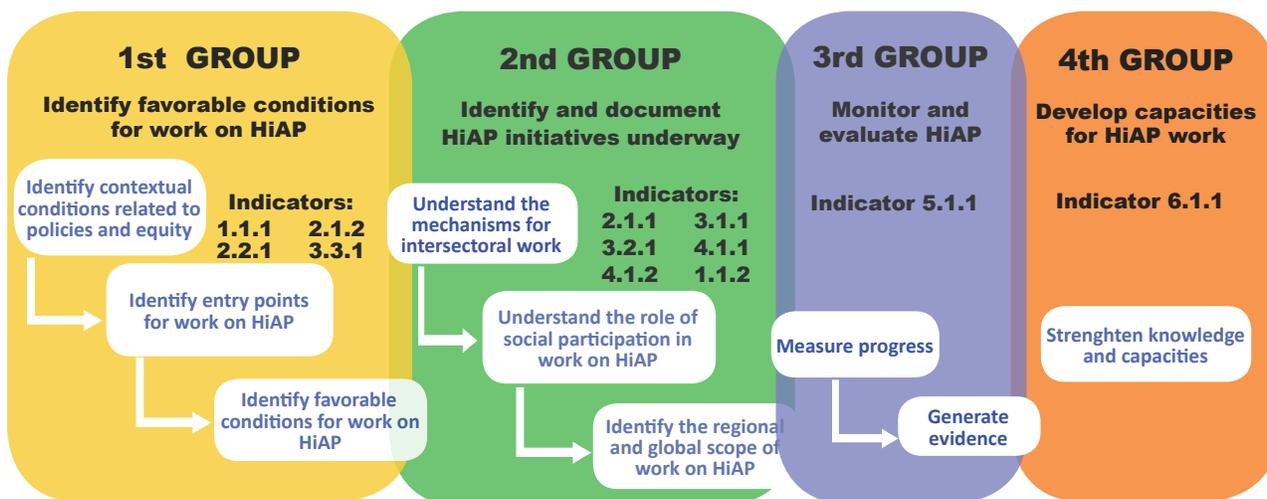
Table 1. Summary of lines, objectives, and indicators for the PAHO Regional Plan of Action on HiAP

Line of action	Objective	Indicator
1. Establish the need and priorities for HiAP	1.1. Assess the potential impacts of public policies on people's health, health equity, and health systems, ensuring that those responsible for policy-making are aware of and understand these potential policy impacts on health.	1.1.1. Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity. 1.1.2. Number of countries and territories implementing the HiAP framework for country action.
	2.1. Promote dialogue on policies and implement national policies based on the information, analysis, and evidence required in order to implement, monitor, and evaluate HiAP approaches.	2.1.1. Number of countries and territories with policies in place that address at least two priority determinants of health in the target audience. 2.1.2. Number of countries, which at least every two years, formally exchange information and best practices on policies that address inequities in health and HiAP.
2. Frame planned action	2.2. Create national health equity profiles with emphasis on evaluation of the determinants of health.	2.2.1. Number of countries and territories that produce equity profiles that address at least two priority health determinants at the national or subnational level.
	3.1. Determine specific mechanisms for participation of the health sector, within the public sector and beyond, in the dialogue on policies and application of the HiAP approach.	3.1.1. Number of countries and territories with specific mechanisms in place, such as intersectoral committees or health impact assessments, through which the health sector can act both within the public sector and beyond.
3. Identify supportive structures and processes	3.2. Identify supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.	3.2.1. Number of countries that have identified supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.
	3.3. Strengthen accountability mechanisms that can be applied to different sectors.	3.3.1. Number of countries with accountability mechanisms that support the participation of civil society and with free access to information.
4. Facilitate assessment and engagement	4.1. Increase the participation of civil society and communities in the HiAP policy-making and evaluation process to reduce health inequities.	4.1.1. Number of countries and territories with mechanisms for engaging communities and civil society in the policy development process across sectors. 4.1.2. Number of countries and territories with specific strategies for engaging those experiencing inequities in policy discussions at the local, subnational, and national levels.
	5.1. Develop a system for measuring the impact and outcomes of HiAP with respect to health and health equity in order to assess policies and identify and share best practices.	5.1.1. Number of countries and territories that monitor, evaluate, and report on progress toward introducing health and health equity in the development and implementation of government policies.
5. Ensure monitoring, evaluation, and reporting	6.1. Build workforce capacity for the HiAP approach in the health sector and other sectors and encourage the implementation of HiAP among these groups.	6.1.1. Number of countries and territories with recognized institutions, such as national public health institutes, universities, and collaborating centers, that offer training courses on the implementation and monitoring of HiAP and related concepts.
6. Build capacity		

Source: Pan American Health Organization. Plan of Action on Health in All Policies (3).

Examination of these indicators, within the conceptual framework for the analysis and evaluation of the intersectoral approach and HiAP (Figure 1), allows us to understand the specific contribution of each indicator, as well as their coherence as a set. Thus, we can identify four major groups of HiAP indicators, creating a typology of indicators to use in evaluating progress on the plan’s strategic lines of action (Figure 2).

Figure 2. Typology of indicators for implementation of HiAP



Sources: The authors, based on Solar O., Cunill-Grau N. Intersectoral Action and Health Equity in Latin America: An Analytical Approach (2). Pan American Health Organization, Plan of Action on Health in All Policies, 53rd Directing Council; 66th Session of the Regional Committee of WHO for the Americas (3). Solar O, Valentine N, et al. Analytic framework for intersectoral action and Health in All Policies with an equity lens (15).

This typology corresponds to a matrix of areas of progress in HiAP.

The **first group** of indicators has the goal of identifying, in each country, **favorable conditions for work on HiAP**. This does not necessarily imply that HiAP initiatives are already under way in these countries. However, it is important to take into account and monitor the development of conditions that allow such work to be initiated. There are four indicators in this group. The first concerns potential entry points for HiAP work, which could be reoriented toward this strategy, such as:

1.1.1. Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity.

Also included in this **first group** are some indicators—mentioned below—that favor or lead to work on HiAP because they involve processes, mechanisms, or conditions that facilitate reorientation of work toward HiAP:

2.1.2. Number of countries, which at least every two years, formally exchange information and best practices on policies that address inequities in health and HiAP.

3.3.1. Number of countries with accountability mechanisms that support the participation of civil society and with free access to information.

Another indicator that helps in understanding the context and conditions for equity in HiAP work, and that shows the need to work with other sectors to reduce inequities, is the following:

2.2.1. Number of countries and territories that produce equity profiles that address at least two priority health determinants at the national or subnational level.

Each of these four indicators in the **first group** helps to identify needs and priorities for HiAP, or other enabling factors for moving forward with this approach:

- First, it is important to disseminate the impacts of public policies on health and health equity, as well as the feedback to relevant sectors that can help develop a joint approach.
- Second, the formal exchange of information with regional and global entities facilitates such an approach on the basis of available evidence;
- Third, accountability is a key step for involvement of citizens and civil society in public policy processes, making them key actors for facilitating work with other sectors and carrying out social control of public policies;
- Finally, equity profiles that include the monitoring of social determinants serve to identify the sectors that need to collaborate to address equity and help set priorities.

The **second group** includes six plan indicators aimed at **identifying and documenting work on HiAP initiatives under way** in the Region. This makes it possible to characterize each initiative in terms of, for example, mechanisms used to influence other sectors; content of actions; the level of depth in addressing equity and the social determinants of health; the role of social participation in its development and implementation, and finally, the regional and global scope of the initiative.

The first indicator concerns implementation of public policies to address priority health determinants.

Indicator 2.1.1. Number of countries and territories with policies in place that address at least two priority determinants of health in the target audience.

Two of the indicators in this group are intended to show the mechanisms used in different countries for relating health to other sectors, identifying different means of influence and types of organization, as well as the specific actions involved. They stress relationships with other sectors and addressing equity and the social determinants of health, particularly those related to development plans.

Indicator 3.1.1. Number of countries and territories with specific mechanisms in place, such as intersectoral committees or health impact assessments, through which the health sector can act both within the public sector and beyond.

Indicator 3.2.1. Number of countries that have identified supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.

The goal of the remaining indicators in this **second group** is to show the link between participation and HiAP work, including the kind of participation, who participates, and the reasons for participation.

Indicator 4.1.1. Number of countries and territories with mechanisms for engaging communities and civil society in the policy development process across sectors.

Indicator 4.1.2. Number of countries and territories with specific strategies for engaging those experiencing inequities in policy discussions at the local, subnational, and national levels.

A final indicator is to identify the regional and global scope of work on HiAP, to show which countries are effectively implementing the Global HiAP Framework and with what adaptations.

Indicator 1.1.2. Number of countries and territories implementing the HiAP framework for country action.

The indicators in this **second group** help characterize the progress on HiAP in four priority areas:

- Reduction of social inequities and characterization of the approach to equity used.
- Inclusion in the health sector of the needs and priorities of other sectors.
- Inclusion of health as an objective or target in policies of other sectors, identifying levels of implementation, influence, and impact of HiAP in health and other sectors.
- The quality of the HiAP approach is a key aspect that is linked not only with equity-related results, but also with the sectors participating in the process, with a view to expanding work with other sectors, beyond those already involved in collaboration.

A **third group** of indicators is intended to show how far different countries have advanced in **monitoring and evaluation of strategies, policies, and programs including the HiAP approach**. This indicator applies to countries with HiAP initiatives already under way:

Indicator 5.1.1. Number of countries and territories that monitor, evaluate, and report on progress toward introducing health and health equity in the development and implementation of government policies.

This indicator is used for evaluating and providing evidence on HiAP interventions.

A **fourth group** of indicators concerns the extent to which countries address the **need for training and development of knowledge** about HiAP. This can be of use in facilitating the initiation of HiAP in countries where it has not yet been implemented. In countries already implementing HiAP, it can serve to assess the sustainability of work on HiAP. The indicator below falls into this group:

Indicator 6.1.1. Number of countries and territories with recognized institutions, such as national public health institutes, universities, and collaborating centers, that offer training courses on the implementation and monitoring of HiAP and related concepts.

In short, this typology of indicators for the Regional HiAP Plan includes the most significant areas for implementation of the approach, in order to guide different countries in HiAP implementation, monitoring, and reporting (18). It should be pointed out—as will be explained in the technical notes for each indicator—that although the typology associates each indicator with a specific aspect of the process, the national reality of each country may be such that a single indicator is associated with more than one aspect. For example, the existence of opportunities to work with other sectors on an agenda not specifically aimed at HiAP may provide an enabling environment and be, at the same time, a first stage in HiAP implementation. The reports provided by the countries also serve to monitor the status of the indicators at the regional level, as well as being the basis for the response to the needs of each country.

The next section reviews the process of validating each indicator, in order to strengthen its usefulness and facilitate its application at the country level.

VALIDATION OF INDICATORS FOR THE REGIONAL HIAP PLAN

Indicators may be of different types; for example, quantitative health indicators measure the frequency with which an event (risk factor, disease, health care, or activity) occurs in a population group, locality, or institution. Other indicators are related to elements of performance that can be measured and for which there is evidence or consensus; these indicators can be used to evaluate aspects of complex processes, such as quality. A group of such indicators provides building blocks that are basic components for evaluation of structures, processes, or outcomes. In this case, monitoring involves a judgment on performance, based on documentation of key elements and inclusion of qualitative information (18).

The indicators of the Regional HiAP Plan are building blocks that make up a matrix summarizing relevant aspects of HiAP implementation processes. Each indicator in the matrix refers to the number of countries of the Region that have processes corresponding to the specific dimensions of each strategic line of action for HiAP implementation. In general, determining this number requires a qualitative judgment regarding the degree of progress, based on what each country reports in its documentation.

As noted above, the indicators for the Regional HiAP Plan reflect a consensus forged during extensive consultations with actors and experts of the countries carried out during 2014. They were subsequently approved by the PAHO Directing Council in September of that year (3, 12). Given these considerations and the mandate for this validation study, the wording and the placement of the indicators within specific lines of action must be taken as given. Their content, validation, and coherence as a set of indicators has already been explicitly defined, as well as the means for their implementation.

This analysis accordingly takes into account two specific criteria for each indicator, namely:

1. Whether it measures what it attempts to measure, that is, the concept of validity.
2. Whether the same measurement process produces consistent results, that is, the concept of reliability (19).

It should be noted that validity and reliability are related in such a way that an ambiguous indicator makes it difficult to measure what is intended and also makes it impossible to obtain consistent results. Thus, it is fundamental to specify what each indicator is meant to measure.

VALIDATION METHOD: EXPLANATORY NOTES FOR EACH INDICATOR

With respect to the validity of an indicator, we distinguish between the following:

- The face validity of the indicator, that is, whether it appears to be a good implementation of the concept. This kind of validity tends to result from construction through consensus processes.
- The content validity of the indicator, that is, whether it contains all the relevant aspects of the domain of the concept, based on the evidence for the objectives for its use (18).

The analysis in this report attempts to strengthen the content validity of the regional plan indicators through the review of available information on the HiAP concept in concept papers and narrative components of relevant technical documents and case studies. It investigates the coherence of the indicators with the dimensions found in this literature. This process makes it possible to evaluate whether the indicators are based on the evidence and whether they provide information on the underlying reality (20).

The analysis of each HiAP indicator is presented in an “explanatory note” (see Annex 2) covering the definition of what is being measured, the justification for the measurement, how the indicator is calculated, the requirements for documentation and sources of information, the baseline and goal, the timing of measurement, other notes and limitations, and the type of the indicator. These explanatory notes are intended to cover the key aspects needed to determine whether each indicator is a “good indicator” (Table 2).

Table 2. Ten key questions for a good indicator

1. **What is being measured?**
2. **Why is it being measured?**
3. **How is this indicator actually defined?**
4. **Who does it measure?**
5. **When does it measure it?**
6. **Will it measure absolute numbers or proportions?**
7. **Where does the data actually come from?**
8. **How accurate and complete will the data be?**
9. **Are there any caveats/warnings/problems?**
10. **Are particular tests needed such as standardization, significance tests, or statistical process control?**

Source: NHS. The good indicators guide (21).

The preparation of the explanatory note for each indicator involved specifying the terminology and the key requirements or aspects included in each dimension of the strategic line of action. In turn, this made it possible to suggest more precise ways to distinguish the aspects covered by each indicator. The analysis thus strengthens the content validity of the set of indicators, as well as the reliability of measurement, by specifying the aspects that the countries should document. Nevertheless, validation of the indicators needs to go beyond this validation of the design and the resulting formulation, to also include validation of its application in practice to aid in national and regional decision-making. Annex 2 provides the explanatory notes for all 12 indicators identified in Table 1.

THE CHALLENGE: IMPLEMENTATION OF HiAP AND MONITORING OF THE INDICATORS

Implementation of the set of indicators requires significant commitment from the countries of the Region, particularly with respect to documentation. Monitoring and information collection on each indicator of the Regional HiAP Plan will become a source of knowledge about the experiences and learning in each country, to be shared at both the regional and global levels.

A tool to support countries in HiAP implementation

The indicators for the Regional HiAP Plan were formulated to support the countries of the Region of the Americas in determining their state of preparation on beginning implementation of the Plan of Action (baseline), as well as in defining the HiAP goals toward which they intend to progress over the next five years (2019).

With regard to implementation, each country defines “its own path towards Health in All Policies” and selects the indicators it will use, “taking into account the social, economic, political, legal, historical, and cultural challenges as well as current and future health challenges and priorities” (12).

The Plan of Action should be adapted based on the specific context and aspirations of each country, allowing them to assess progress toward HiAP in different ways, focused mainly on strengthening the enabling environment for HiAP, HiAP implementation, and capacity building for comprehensive implementation, supported by rigorous processes for monitoring and evaluation.

Within this perspective, each country should specify, in a registration form for the Plan of Action on HiAP, the indicators it has chosen to monitor on its path toward HiAP. In the event that the country decides not to incorporate some indicators, it is also important to know the reasons for this decision.

On the basis of regular reports from the countries on the indicators they have selected, regional indicators can be calculated based on the number of countries showing progress in the period covered.

While a detailed understanding of the mechanisms and organization of current HiAP experiences is important, it is equally important to know that the countries that have not yet developed a HiAP agenda are in the process of analyzing the conditions that could facilitate their development of such an agenda. Thus, all countries are called upon to use this matrix, since it reflects the diversity of realities and advances in the Region.

It is important to stress that the set of indicators is not an instrument to compare or establish a hierarchy among countries, but instead is a tool that will: (a) help each country develop its own HiAP implementation process, and (b) show the number of countries in the Region that have made progress for each indicator, making it possible to evaluate progress on the regional goal.

The usefulness of the matrix of indicators resides in the rigor with which it should be used by the countries in the process of self-assessment and documentation. Thus, transparent data collection and documentation are key aspects for the plan’s success at the regional level.

The indicators should be understood as part of a dynamic matrix that should serve the needs of the plan. The inclusion of new indicators or the elimination of some of those that have been proposed should be considered in the implementation process.

The countries should take care not to limit the monitoring of HiAP interventions, programs, and actions to those that are linked to or generated by the health sector. Countries should be able to document—and include in the system—initiatives in other sectors, in which the health sector participates but does not play the leading role.

Finally, a fundamental challenge is to ensure that the matrix dynamically supports regional processes and— together with the collection and systematization of plans and indicators at the regional level—that the capacity exists to regularly share these results at the regional level through brief information notes or reports, so that the countries receive real feedback that is both timely and constructive.

BASIC RECOMMENDATIONS FOR ADVANCING IMPLEMENTATION OF THE PLAN

It is recommended that:

- This document be shared with the countries of the Region and that a series of online sessions be held to ensure adequate understanding of the set of indicators, the typology, and the process of adhesion to the plan, with selection of indicators and the process for monitoring them.
- Steps be taken to carry out prior testing of the proposed matrix, applying it in two or three countries of the Region, thereby completing the proposed validation process. It is also recommended that this testing be done at different administrative levels (national, subnational, and local experiences).
- Implementation be accompanied by a training process for all countries so as to improve the quality of data registries and, in particular, for the evaluation and monitoring of the experiences in progress.
- The matrix of indicators be constructed on a virtual platform in order to ensure and facilitate data entry by countries and monitoring at the regional level.
- Brief reports or information notes be produced, as well as discussion forums on the progress of the Regional Plan, by monitoring the indicators regularly, for example every 6–12 months, thereby promoting country engagement in the generation of information and forums where this topic can be discussed.

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ANNEX 1.

REGISTRY OF COUNTRY ADHESION REGIONAL PLAN OF ACTION ON HEALTH IN ALL POLICIES

Country:

Identification of national focal point:

Name:

Position:

Institution:

E-mail:

Telephone:

Each country uses this form to specify the indicators it has chosen to use in developing its own path toward Health in All Policies (HiAP), “taking into account the social, economic, political, legal, historical, and cultural challenges as well as current and future health challenges and priorities” (3).

In this way, the Plan of Action is adapted to reflect the contextual characteristics and aspirations of each country, making it possible to assess progress toward HiAP in different modalities. A country can:

- a) Opt to apply the 12 indicators.
- b) Select an indicator from each of the groups as presented in Figure 2.
- c) Focus on one of the groups of indicators, such as strengthening of the enabling environment or capacity building for HiAP work.

Identification of indicators at the national level

Indicator	Line of Strategic Action of the Plan	Selected indicator
First group: Identify enabling environment for HiAP work		
1.1.1. Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity.	1. Establish the need and priorities for HiAP.	
2.1.2. Number of countries, which at least every two years formally exchange information and best practices on policies that address inequities in health and HiAP.	2. Frame planned action.	
2.2.1. Number of countries and territories that produce equity profiles that address at least two priority health determinants at the national or subnational level.	2. Frame planned action.	
3.3.1. Number of countries with accountability mechanisms that support the participation of civil society and with free access to information.	3. Identify supportive structures and processes.	
Second group: Identify and document HiAP initiatives under way (implementation)		
1.1.2. Number of countries and territories implementing the HiAP framework for country action. ¹	1. Establish the need and priorities for HiAP.	x
2.1.1. Number of countries and territories with policies in place that address at least two priority determinants of health in the target audience.	2. Frame planned action.	
3.1.1. Number of countries and territories with specific mechanisms in place, such as intersectoral committees or health impact assessments, through which the health sector can act both within the public sector and beyond.	3. Identify supportive structures and processes.	

¹ The country starts executing its plan of action, as soon as the indicators have been selected; therefore, this indicator should always be included.

Indicator	Line of Strategic Action of the Plan	Selected indicator
3.2.1. Number of countries that have identified supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.	3. Identify supportive structures and processes.	
4.1.1. Number of countries and territories with mechanisms for engaging communities and civil society in the policy development process across sectors.	4. Facilitate assessment and engagement.	
4.1.2. Number of countries and territories with specific strategies for engaging those experiencing inequities in policy discussions at the local, subnational, and national levels.	4. Facilitate assessment and engagement.	
Third group: Monitor and evaluate strategies, policies, and programs including HiAP		
5.1.1. Number of countries and territories that monitor, evaluate, and report on progress toward introducing health and health equity in the development and implementation of government policies.	5. Ensure monitoring, evaluation, and reporting.	
Fourth group: Build capacity for work on HiAP		
6.1.1. Number of countries and territories with recognized institutions, such as national public health institutes, universities, and collaborating centers, that offer training courses on the implementation and monitoring of HiAP and related concepts. ²	6. Build capacity.	

If a decision is made not to include a certain group of indicators, or certain indicators within a group, please note the reason for this decision

Indicator	Reason for not monitoring

Indicate the estimated date for delivery of the first status report on the indicators (baseline)

² It's recommended to the countries to include this indicator.

ANNEX 2.

EXPLANATORY NOTES FOR THE 12 INDICATORS

Indicator 1.1.1.

Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity

Associated strategic line of action

1. Establish the need and priorities for HiAP

Associated objective

Objective 1.1. Assess the potential impacts of public policies on people’s health, health equity, and health systems, ensuring that those responsible for policy-making are aware of and understand the potential impacts on health

Definition

This indicator refers to the number of countries in the Region of the Americas that document the operation of at least one national or subnational network designed to evaluate the effects, consequences, and impacts, on both health and health equity, of governmental policies. The objective of such a network is for a set of actors to identify or diagnose impacts on health and health equity, in such a way as to define the needs and priorities to be addressed by a HiAP approach. This indicator emphasizes the importance of convening multiple sectors for this network, so that its working groups include a governmental sector, academics, civil society organizations, and other actors. The coordinator or convener is not necessarily the government; it can be, for example, a university or an independent academic center. A network is an interconnected system of groups and people which collaborate on the solution of a problem, a theme, or a topic. According to the WHO Health Promotion Glossary (1998), a network is an interconnected system or “grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust” (1). For this indicator, the network should be formal, that is, constituted by decree, or functional (by agreement among the participants), and should carry out activities aimed at evaluating the impact of governmental policies on health and health equity. The multisectoral concept is defined as a response by different actors, both from government sectors and from nongovernmental and private entities (2). Frequently, the term is used as a synonym for intersectoral. However, the key to intersectoral action is the alignment of intervention strategies and resources between two or more governmental sectors in order to achieve complementary objectives (3). HiAP is a type of intersectoral action particularly aimed at reducing inequities in health and not focused only on general health achievements, in which the relationship between sectors is directed towards integration (4).

The *evaluation of the impact of policies on health and health equity* corresponds to “the systematic process of observation, measurement, analysis, and interpretation directed at knowledge about a public intervention, whether this is a standard, program, plan, or policy, in order to reach an evidence-based assessment” of its effects, results, and impact on health and health equity. “The purpose of the evaluation is to be useful to public decision-makers and managers and to the citizenry” (5).

Illustrative example

Canada: The National Collaborating Centre for Determinants of Health (NCCDH) is one of six collaborating centers financed through a program of the Public Health Agency of Canada. This center seeks the integration of health equity and social determinants of health in the Canadian practice of public health in order to achieve social improvements that result in health for all. This implies work with other governmental organizations and the community. For more information, see: [http://nccdh.ca/our-work/partner-with-other-sectors/\(consolidated/achieved\)](http://nccdh.ca/our-work/partner-with-other-sectors/(consolidated/achieved)).

<p>Rationale</p>	<p>This is one of the two indicators of the strategic line “establish the need and priorities for HiAP” of the HiAP Regional Action Plan (6), consistent with the Global Framework for Country Action (6).</p> <p>The existence of a functional structure, including two or more working groups made up of several sectors that evaluate and identify possible impacts on health and health equity, is a <i>contextual indicator</i>, taking account of the <i>enabling environment</i> that exists for developing HiAP. The identification or diagnosis of impact will make it possible i) to establish the needs and priorities that should be addressed through HiAP; ii) to integrate considerations of health and health equity into the policies of other sectors, and iii) with its results, to carry out advocacy actions for initiating or strengthening processes of strategic planning and prioritization of intersectoral responses. It should be noted that, depending on the degree of development of the network, this indicator can become at the same time an indicator of the <i>degree or level of implementation</i> of HiAP, depending on the level of development and progress achieved by the networks.</p>										
<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region of the Americas that document the existence of one or more networks that fulfill all the key requirements or elements.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="354 779 1458 1310"> <thead> <tr> <th data-bbox="354 779 1263 827">Key requirements or elements of the network</th> <th data-bbox="1263 779 1458 827">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="354 827 1263 982">Operation of a functional or formal network of several working groups made up of actors from more than one sector of government, academics, and other actors, which evaluates the impact on health and health equity of various public policies, including ones that are outside the scope of the health sector</td> <td data-bbox="1263 827 1458 982">Consolidated/achieved</td> </tr> <tr> <td data-bbox="354 982 1263 1108">Existence of a working group made up of actors from more than one sector of government, academics, and other actors, which evaluates impact on health and health equity of public policies associated with the health sector</td> <td data-bbox="1263 982 1458 1108">Promising advances</td> </tr> <tr> <td data-bbox="354 1108 1263 1264">Evaluations and analysis are carried out to examine the impact on health and health equity of some public policies, but this is not done by a working group; rather it is done through specific studies or analysis by a Ministry, an agency, or an academic entity, for example a school of public health</td> <td data-bbox="1263 1108 1458 1264">In development</td> </tr> <tr> <td data-bbox="354 1264 1263 1310">No activity</td> <td data-bbox="1263 1264 1458 1310">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements of the network	Progress	Operation of a functional or formal network of several working groups made up of actors from more than one sector of government, academics, and other actors, which evaluates the impact on health and health equity of various public policies, including ones that are outside the scope of the health sector	Consolidated/achieved	Existence of a working group made up of actors from more than one sector of government, academics, and other actors, which evaluates impact on health and health equity of public policies associated with the health sector	Promising advances	Evaluations and analysis are carried out to examine the impact on health and health equity of some public policies, but this is not done by a working group; rather it is done through specific studies or analysis by a Ministry, an agency, or an academic entity, for example a school of public health	In development	No activity	Does not apply
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Evaluations and analysis are carried out to examine the impact on health and health equity of some public policies, but this is not done by a working group; rather it is done through specific studies or analysis by a Ministry, an agency, or an academic entity, for example a school of public health	In development										
No activity	Does not apply										

Data collection and source of information	<p>The <u>Regional Indicator</u> is based on reports from the countries that document the specified requirements.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p>	
	Key requirements or elements	Documentation
	Name of the network (Internet site if available), noting whether it is national or subnational	
	Founding document and date (if there exists a decree or working agreement)	
	Objective, theme, or problem addressed (focus on disease, prevention, health and well-being, determinants, or sustainable development)	
	Working groups included in the network: national/regional (subnational)	
	Sectors and actors participating in the groups	
	Convening/coordinating entity for the network (Ministry of Health, other government sector, NGO, university)	
	Operation: meetings, frequency of meetings or other gatherings and other work mechanisms	
	Reports from the network on impact/needs or priorities of HiAP (reference with hyperlink if available)	
Mechanisms considered for influencing public policies (by informing decision-makers)		
Regional baseline 2014	PAHO identified six countries with networks of this type that were functioning in 2014, with different levels of development and progress	
Regional target 2019	18	
Monitoring frequency	Annual or semiannual	
Disaggregation	The network can be national or subnational	
Observations and limitations	This indicator should be differentiated from indicator 3.1.1, which relates to mechanisms for intersectoral action, and indicator 5.1.1, which concerns evaluation	

Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	x	Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP	x	Understand the role of social participation in work on HiAP	x		
	Identify the facilitating elements or triggers of work on HiAP	x	Identify the regional and global scope of work on HiAP			

Indicator 1.1.2.**Number of countries and territories implementing the HiAP framework for country action.****Associated strategic line of action**

1. Establish the need and priorities for HiAP.

Associated objective

Objective 1.1. Assess the potential impacts of public policies on people’s health, health equity, and health systems, ensuring that those responsible for policy-making are aware of and understand the potential impacts on health.

Definition	<p>The number of countries and territories of the Region of the Americas that already have a plan of action for HiAP under way, explicitly linked to the Regional HiAP Plan and, thus, to the Global HiAP Framework. This HiAP plan represents a firm commitment to health and health equity as a political priority (6–9).</p> <p>The indicator measures the degree of active and explicit commitment of the country to the guidelines of the Global HiAP Framework. This commitment is expressed in actions that have been planned and implemented on at least several of the following strategic lines:</p> <ul style="list-style-type: none"> a) Establish the need and priorities for HiAP; b) Frame planned action; c) Identify supportive structures and processes; d) Facilitate assessment and engagement; e) Ensure monitoring, evaluation, and reporting; and f) Build capacity. <p>These lines are key components of the Global HiAP Framework, but they lack a set order or priority ranking. Countries are responsible for adapting them and adjusting them to their social, economic, and political contexts (6).</p>
Illustrative example	<p>The PAHO Regional HiAP Plan, adopted by the Member States in September 2014, is based on six strategic lines of action and 12 associated indicators (described in this document). These in turn are based on the WHO HiAP Framework for Country Action and on the Helsinki Statement on Health in All Policies affirmed by the 8th Global Conference on Health Promotion (6, 7, 10). Each country will implement this plan according to its specific context, given that there are different levels of progress on these issues in the Region.</p>
Rationale	<p>This is one of two indicators corresponding to the strategic line “establish the need and priorities for HiAP” of the Regional HiAP Plan. It is important to include this indicator since it reflects the priority given by the country to integration of the HiAP approach into public policies, through the formulation and implementation of a national action plan, aligned with the Global HiAP Framework and the Regional HiAP Plan, with a view to improving health and health equity.</p> <p>In itself, the fact that a country has a national HiAP plan aligned with the Regional HiAP Plan constitutes an indicator of a context with favorable conditions for the development of HiAP. This also serves as an indicator for implementation of the regional and global WHO agenda for HiAP, namely having a specific plan in every country, reporting some of the first steps.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries in the Region of the Americas that document the existence of a national HiAP plan of action, with activities linked to at least one of the strategic lines of the HiAP Regional Plan.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” The country should document implementation of activities of a national HiAP plan of action, formulated in accordance with the orientations of at least one of the strategic lines of the Regional HiAP Plan and the Global HiAP Framework. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="370 457 1464 993"> <thead> <tr> <th data-bbox="370 457 1263 506">Key requirements or elements</th> <th data-bbox="1263 457 1464 506">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 506 1263 600">The country implements a national HiAP plan of action, with activities on at least one of the strategic lines of the Regional Plan and Global Framework for Country Action</td> <td data-bbox="1263 506 1464 600">Consolidated/achieved</td> </tr> <tr> <td data-bbox="370 600 1263 751">The country has an explicit commitment to health equity and some intersectoral initiatives, as well as reports on national progress on the indicators of the Regional HiAP Plan, even if not framed within a national HiAP plan of action, since the plan is still in the formulation stage</td> <td data-bbox="1263 600 1464 751">Promising advances</td> </tr> <tr> <td data-bbox="370 751 1263 909">The country is aware of the Global HiAP Framework and the Regional HiAP Plan; it shares this vision and has submitted a report on national progress on the indicators of the Regional HiAP Plan, but it lacks a plan that is already formulated or in the process of formulation</td> <td data-bbox="1263 751 1464 909">In development</td> </tr> <tr> <td data-bbox="370 909 1263 993">The country is not aware of the Global HiAP Framework and has not submitted a report on the indicators</td> <td data-bbox="1263 909 1464 993">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country implements a national HiAP plan of action, with activities on at least one of the strategic lines of the Regional Plan and Global Framework for Country Action	Consolidated/achieved	The country has an explicit commitment to health equity and some intersectoral initiatives, as well as reports on national progress on the indicators of the Regional HiAP Plan, even if not framed within a national HiAP plan of action, since the plan is still in the formulation stage	Promising advances	The country is aware of the Global HiAP Framework and the Regional HiAP Plan; it shares this vision and has submitted a report on national progress on the indicators of the Regional HiAP Plan, but it lacks a plan that is already formulated or in the process of formulation	In development	The country is not aware of the Global HiAP Framework and has not submitted a report on the indicators	Does not apply								
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The country is aware of the Global HiAP Framework and the Regional HiAP Plan; it shares this vision and has submitted a report on national progress on the indicators of the Regional HiAP Plan, but it lacks a plan that is already formulated or in the process of formulation	In development																		
The country is not aware of the Global HiAP Framework and has not submitted a report on the indicators	Does not apply																		
<p>Data collection and source of information</p>	<p>The <u>Regional Indicator</u> is based on reports from the countries that document their implementation of activities under a national plan of action for HiAP, framed in terms of the Regional HiAP Plan.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="370 1192 1464 1766"> <thead> <tr> <th data-bbox="370 1192 1114 1241">Key requirements or elements</th> <th data-bbox="1114 1192 1464 1241">Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 1241 1114 1304">Name of the national plan (hyperlink to Internet page, if available)</td> <td data-bbox="1114 1241 1464 1304"></td> </tr> <tr> <td data-bbox="370 1304 1114 1367">Coordinating entity and participating entities</td> <td data-bbox="1114 1304 1464 1367"></td> </tr> <tr> <td data-bbox="370 1367 1114 1430">Date the plan was prepared</td> <td data-bbox="1114 1367 1464 1430"></td> </tr> <tr> <td data-bbox="370 1430 1114 1503">Strategic lines of the Regional HiAP Plan to which the plan gives priority</td> <td data-bbox="1114 1430 1464 1503"></td> </tr> <tr> <td data-bbox="370 1503 1114 1566">National adaptations</td> <td data-bbox="1114 1503 1464 1566"></td> </tr> <tr> <td data-bbox="370 1566 1114 1629">Activities implemented</td> <td data-bbox="1114 1566 1464 1629"></td> </tr> <tr> <td data-bbox="370 1629 1114 1703">Date of delivery to PAHO of the national report on indicators of the Regional HiAP Plan</td> <td data-bbox="1114 1629 1464 1703"></td> </tr> <tr> <td data-bbox="370 1703 1114 1766">Evaluations or reports on results of the plan</td> <td data-bbox="1114 1703 1464 1766"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation	Name of the national plan (hyperlink to Internet page, if available)		Coordinating entity and participating entities		Date the plan was prepared		Strategic lines of the Regional HiAP Plan to which the plan gives priority		National adaptations		Activities implemented		Date of delivery to PAHO of the national report on indicators of the Regional HiAP Plan		Evaluations or reports on results of the plan	
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Date of delivery to PAHO of the national report on indicators of the Regional HiAP Plan																			
Evaluations or reports on results of the plan																			
<p>Regional baseline 2014</p>	<p>PAHO identified six countries with various levels of progress on the strategic lines and indicators included in the Regional HiAP Plan</p>																		

Regional target 2019	18					
Monitoring frequency	Annual					
Disaggregation	The action plan is national, although the implemented activity can be subnational					
Observations and limitations	This indicator measures the level of commitment of the country to promoting the HiAP approach, although it does not include the level of progress and implementation of policies, programs, or projects consonant with the approach. The latter is addressed in greater detail in indicator 2.1.1					
Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	x	Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP		Understand the role of social participation in work on HiAP			
	Identify the facilitating elements or triggers of work on HiAP		Identify the regional and global scope of work on HiAP			

Indicator 2.1.1.

Number of countries and territories with policies in place that address at least two priority determinants of health in the target audience.

Associated strategic line

2. Frame planned action.

Associated objective

Objective 2.1. Promote dialogue on policies and implement national policies based on the information, analysis, and evidence required in order to implement, monitor, and evaluate HiAP approaches.

<p>Definition</p>	<p>The number of countries in the Region that have implemented policies to address at least two social determinants of health (SDH), identified as priority from the national perspective, and incorporating elements of the HiAP approach.</p> <p>There is an obvious diversity of experiences with respect to policies that address the SDH. It will therefore be necessary to identify those that effectively incorporate the HiAP approach. As a result, the application of this indicator implies the identification of public policies that, in integrating the HiAP approach, also include key interventions or elements with the potential to reduce inequities in health. These key elements include the identification of health equity as a specific objective; a broad vision of the social production of health in the design and/or implementation of policy, distinguishing the emphasis, whether universal or focused, and the type of SDH considered as priorities (for example, the structural SDH linked to comprehensive social development, or the intermediary SDH such as changes in behavior at the individual level), as well as the type of relationship among the participating sectors, which may range, for example, from cooperation to integration (2).</p>
<p>Illustrative example</p>	<p>Mexico: The National Agreement for Nutritional Health addresses the problem of obesity. In 2010, the Mexican government launched the National Agreement for Healthy Food, Physical Activity, and Health for Chronic Disease Prevention, led by the Secretariat of Health, which mobilized the heads of 15 government agencies and received the support of the then President of Mexico. This was the first time in the country that a healthy public policy was proposed to address the challenges of obesity, through an approach based on intersectoral cooperation, as well as through the adoption of mechanisms and actions that go beyond the health sector (<i>promising advances</i>).</p> <p>For more information, see: http://www.ufrgs.br/saudeurbana/eventos/PAHO2013ExperiencesOfTheAmericas.pdf.</p>
<p>Rationale</p>	<p>This is one of the three indicators of the strategic line “frame planned action” of the Regional HiAP Plan. It is important to include this indicator, since it demonstrates the level of progress or of <i>implementation</i> of a policy following the HiAP approach in a given country. This indicator also takes into account the key elements of HiAP.</p> <p>It is recognized that many countries of the Region already have experiences of intersectoral health action under way, although they may not incorporate all the aspects discussed here: for example, they may not include explicit actions geared to the equity approach. In these cases each country should report its experience as a promising advance, and in those cases that meet all the requirements, countries should report it as consolidated/achieved.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document implementation of policies that address at least two priority SDH and that exemplify characteristics consistent with the HiAP approach.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” The country should document the implementation of a policy that addresses at least two social determinants of health, indicating its characteristics and the level of development of the key elements listed in the “Consolidated/achieved” category. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="370 457 1463 1108"> <thead> <tr> <th data-bbox="370 457 1149 506">Key requirements or elements</th> <th data-bbox="1149 457 1463 506">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 506 1149 716">Implements one or more policies with a HiAP approach, which implies integrated action by, at least, two sectors of government in the cycle of formulation, implementation, and evaluation, in order to address at least two prioritized structural SDH, with a vision of social production of health, proposing objectives aimed at promoting health and health equity</td> <td data-bbox="1149 506 1463 716">Consolidated/achieved</td> </tr> <tr> <td data-bbox="370 716 1149 936">Implements one or more policies with cooperation/coordination between, at least, two sectors of the government in order to address at least two priority SDH of an intermediary type (such as smoking, physical activity, or nutrition), with a vision of health prevention or promotion, proposing objectives aimed at improving health and health equity</td> <td data-bbox="1149 716 1463 936">Promising advances</td> </tr> <tr> <td data-bbox="370 936 1149 1052">Has experiences of intersectoral action to achieve health objectives, although the action is not based on the SDH and health equity approach</td> <td data-bbox="1149 936 1463 1052">In development</td> </tr> <tr> <td data-bbox="370 1052 1149 1108">Lacks experiences of intersectoral action</td> <td data-bbox="1149 1052 1463 1108">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	Implements one or more policies with a HiAP approach, which implies integrated action by, at least, two sectors of government in the cycle of formulation, implementation, and evaluation, in order to address at least two prioritized structural SDH, with a vision of social production of health, proposing objectives aimed at promoting health and health equity	Consolidated/achieved	Implements one or more policies with cooperation/coordination between, at least, two sectors of the government in order to address at least two priority SDH of an intermediary type (such as smoking, physical activity, or nutrition), with a vision of health prevention or promotion, proposing objectives aimed at improving health and health equity	Promising advances	Has experiences of intersectoral action to achieve health objectives, although the action is not based on the SDH and health equity approach	In development	Lacks experiences of intersectoral action	Does not apply								
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Lacks experiences of intersectoral action	Does not apply																		
<p>Data collection and source of information</p>	<p>The Regional Indicator is based on reports from the countries that document the contents of a policy with the key aspects indicated. The report should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="370 1245 1463 1892"> <thead> <tr> <th data-bbox="370 1245 1149 1293">Key requirements or elements</th> <th data-bbox="1149 1245 1463 1293">Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 1293 1149 1346">Name of the policy or policies (Internet page, if available)</td> <td data-bbox="1149 1293 1463 1346"></td> </tr> <tr> <td data-bbox="370 1346 1149 1423">Identification of the SDH that are addressed and why they are priorities</td> <td data-bbox="1149 1346 1463 1423"></td> </tr> <tr> <td data-bbox="370 1423 1149 1539">Objective of the policy (intervention on diseases, health promotion and prevention, or social production of health) and specific equity objective</td> <td data-bbox="1149 1423 1463 1539"></td> </tr> <tr> <td data-bbox="370 1539 1149 1591">Vision of health</td> <td data-bbox="1149 1539 1463 1591"></td> </tr> <tr> <td data-bbox="370 1591 1149 1644">Participating sectors (do they include sectors not usually involved?)</td> <td data-bbox="1149 1591 1463 1644"></td> </tr> <tr> <td data-bbox="370 1644 1149 1738">Type of relationship between the sectors (information sharing, cooperation, coordination, integration—HiAP)</td> <td data-bbox="1149 1644 1463 1738"></td> </tr> <tr> <td data-bbox="370 1738 1149 1812">Degrees of interdependence of sectors in formulation, implementation, information, and financing</td> <td data-bbox="1149 1738 1463 1812"></td> </tr> <tr> <td data-bbox="370 1812 1149 1892">Reports, including evaluations, of the policy and its principal achievements</td> <td data-bbox="1149 1812 1463 1892"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation	Name of the policy or policies (Internet page, if available)		Identification of the SDH that are addressed and why they are priorities		Objective of the policy (intervention on diseases, health promotion and prevention, or social production of health) and specific equity objective		Vision of health		Participating sectors (do they include sectors not usually involved?)		Type of relationship between the sectors (information sharing, cooperation, coordination, integration—HiAP)		Degrees of interdependence of sectors in formulation, implementation, information, and financing		Reports, including evaluations, of the policy and its principal achievements	
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Degrees of interdependence of sectors in formulation, implementation, information, and financing																			
Reports, including evaluations, of the policy and its principal achievements																			

Regional baseline 2014	PAHO identified six countries with various degrees of progress in implementation of programs			
Regional target 2019	27			
Monitoring frequency	Annual			
Disaggregation	National or federal			
Observations and limitations	The reference here is to a specific policy that addresses at least two social determinants of health			
Type of HiAP indicator	Identify favorable conditions for work on HiAP	Identify and document HiAP initiatives under way (implementation)	Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	Understand the mechanisms for intersectoral work	x	
	Identify entry points for work on HiAP	Understand the role of social participation in work on HiAP	x	
	Identify the facilitating elements or triggers of work on HiAP	Identify the regional and global scope of work on HiAP	x	

Indicator 2.1.2.

Number of countries, which at least every two years, formally exchange information and best practices on policies that address inequities in health and HiAP.

Associated strategic line

2. Frame planned action.

Associated objective

Objective 2.1. Promote dialogue on policies and implement national policies based on the information, analysis, and evidence required in order to implement, monitor, and evaluate HiAP approaches.

Definition	<p>The number of countries of the Region that participate in formal entities and mechanisms for sharing information and good practices with other countries and international organizations concerning their experiences with intersectoral policies that address health inequities using the HiAP approach.</p> <p>The indicator considers as formal exchanges the presentation of case studies in global meetings such as the World Conference on Social Determinants of Health, held in Rio de Janeiro, Brazil, in 2011, or the 8th Global Conference on Health Promotion held in Helsinki, Finland, in 2013, which is held regularly. Other forums for regular exchange, held regionally or globally, can also be considered and documented.</p>
Illustrative example	<p>Case studies documenting policies, projects, and initiatives with the HiAP approach that were prepared and presented by Brazil, Chile, Costa Rica, Ecuador, El Salvador, and Mexico, in coordination with PAHO, at the conferences in Rio in 2011 and Helsinki in 2013 (11,12).</p>
Rationale	<p>This indicator concerns the objective of promoting dialogue and exchange of evidence on HiAP strategies in different contexts, especially those strategies that have yielded results and had an impact on health inequities.</p> <p>The indicator relates to the participation of countries in regular processes or exchanges aimed at transfer of knowledge. It takes into account learning about the application of strategies and practices based on the HiAP approach and their results in terms of reducing health inequities.</p> <p>Furthermore, this indicator is part of the group concerned with <i>implementation</i> of the approach that would make it possible for other countries to facilitate implementation and contribute to the regional sustainability of the action plan through shared learning. It is an indicator of active participation in the regional and global HiAP agenda.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document with regularity (at least every two years) their participation in formal processes or forums for the exchange of information and good practices, presenting their experiences and results from the application of intersectoral policies for health equity with the HiAP approach.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”</p> <p>The country should document participation in processes or forums of exchange between countries on evidence and good practices in HiAP, in addition to expressing an explicit commitment to continue to participate in future formal exchanges, in line with the key elements set forth in the “Consolidated/achieved” category. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="357 529 1466 1041"> <thead> <tr> <th data-bbox="357 529 1263 590">Key requirements or elements</th> <th data-bbox="1263 529 1466 590">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="357 590 1263 810">The country has participated in formal exchanges for sharing information, experiences, and good practices on national policies for health equity with a HiAP approach, with other countries and international organizations, on a regular basis (at least every two years); forums for exchange might include, for example, the conferences in Rio in 2011 and Helsinki in 2013. This participation includes the presentation of experiences specific to the country. The country plans to continue such active participation</td> <td data-bbox="1263 590 1466 810">Consolidated/achieved</td> </tr> <tr> <td data-bbox="357 810 1263 919">The country has participated in forums for exchange, but without presenting its own experiences. The country is familiar with and has reviewed information from such exchanges, such as case studies and reports</td> <td data-bbox="1263 810 1466 919">Promising advances</td> </tr> <tr> <td data-bbox="357 919 1263 993">The country is aware of such exchanges, but it has not participated in them or reviewed the case studies and reports</td> <td data-bbox="1263 919 1466 993">In development</td> </tr> <tr> <td data-bbox="357 993 1263 1041">The country is not aware of such exchanges</td> <td data-bbox="1263 993 1466 1041">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has participated in formal exchanges for sharing information, experiences, and good practices on national policies for health equity with a HiAP approach, with other countries and international organizations, on a regular basis (at least every two years); forums for exchange might include, for example, the conferences in Rio in 2011 and Helsinki in 2013. This participation includes the presentation of experiences specific to the country. The country plans to continue such active participation	Consolidated/achieved	The country has participated in forums for exchange, but without presenting its own experiences. The country is familiar with and has reviewed information from such exchanges, such as case studies and reports	Promising advances	The country is aware of such exchanges, but it has not participated in them or reviewed the case studies and reports	In development	The country is not aware of such exchanges	Does not apply
Key requirements or elements	Progress										
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The country has participated in forums for exchange, but without presenting its own experiences. The country is familiar with and has reviewed information from such exchanges, such as case studies and reports	Promising advances										
The country is aware of such exchanges, but it has not participated in them or reviewed the case studies and reports	In development										
The country is not aware of such exchanges	Does not apply										
<p>Data collection and source of information</p>	<p>The <u>Regional Indicator</u> is based on reports from the countries that document their participation in presenting national experiences in this type of exchange.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="357 1224 1466 1478"> <thead> <tr> <th data-bbox="357 1224 1040 1297">Key requirements or elements</th> <th data-bbox="1040 1224 1466 1297">Documentation of exchange events (past five years)</th> </tr> </thead> <tbody> <tr> <td data-bbox="357 1297 1040 1417">Names and dates of the global or regional conferences, or other formal venues for exchange, in which the country has participated in the last five years</td> <td data-bbox="1040 1297 1466 1417"></td> </tr> <tr> <td data-bbox="357 1417 1040 1478">Name of the case study or experience presented</td> <td data-bbox="1040 1417 1466 1478"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation of exchange events (past five years)	Names and dates of the global or regional conferences, or other formal venues for exchange, in which the country has participated in the last five years		Name of the case study or experience presented					
Key requirements or elements	Documentation of exchange events (past five years)										
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Name of the case study or experience presented											
<p>Regional baseline 2014</p>	<p>PAHO identified six countries with various degrees of progress that have shared experiences and information</p>										
<p>Regional target 2019</p>	<p>27</p>										
<p>Monitoring frequency</p>	<p>Semiannual, according to the global timetable of relevant conferences (2011 – 2013 – 2015/2016)</p>										
<p>Disaggregation</p>	<p>Not applicable</p>										

Observations and limitations				
Type of HiAP indicator	Identify favorable conditions for work on HiAP	Identify and document HiAP initiatives under way (implementation)	Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	Understand the mechanisms for intersectoral work		
	Identify entry points for work on HiAP	Understand the role of social participation in work on HiAP		
	Identify the facilitating elements or triggers of work on HiAP	Identify the regional and global scope of work on HiAP	x	

Indicator 2.2.1.

Number of countries and territories that produce equity profiles that address at least two priority health determinants at the national or subnational level.

Associated strategic line

2. Frame planned action.

Associated objective

Objective 2.2. Create national health equity profiles with the emphasis on evaluation of the determinants of health.

Definition	The number of countries and territories in the Region producing equity profiles that address at least two priority determinants of health at the national or subnational level. The Regional HiAP Plan (7) states that “equity profiles are a two-page synopsis of policies formulated using the methodology established in the WHO Handbook on Health Inequality Monitoring” (13), which can be found at: http://apps.who.int/iris/bitstream/10665/85345/1/9789241548632_eng.pdf .										
Illustrative example	<p>Uruguay: Health Equity Surveillance System, which includes the monitoring of social determinants of health (SDH) http://www.msp.gub.uy/programa/sves (Consolidated/achieved).</p> <p>Peru: Health Equity Information and Monitoring System (Promising advances). For more information see: http://desarrollo.parsalud.gob.pe/index.php/sistemas-de-informacion-y-monitoreo-de-equidad-en-salud.</p>										
Rationale	This is one of the three indicators of the strategic line to establish a framework for the planned action, which promotes integrated HiAP planning activities. Specifically, it relates to the objective of producing a national health equity profile, with an emphasis on the inclusion, monitoring, and evaluation of SDH, which makes it possible to more clearly identify the key sectors that should be integrated into a HiAP strategy or plan. From this perspective, the creation of an equity profile that incorporates at least two priority determinants of health at the national or subnational level facilitates defining and reaching a consensus on the objectives, targets, and formulation of a plan that would include a baseline for the equity and HiAP monitoring and evaluation system (Indicator 5.1.1). In the aforementioned framework, the indicator is part of the group of indicators that contribute to building the context that will facilitate work on HiAP or could trigger these types of initiatives, and/or create opportunities for that purpose.										
Method of recording progress or advances	<p><u>Regional Indicator:</u> This refers to the number of countries in the Region that document a health equity profile that addresses at least two priority SDHs, using a methodology consistent with the technical recommendations of WHO.</p> <p><u>Country Indicator:</u> This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” The country should document that it has prepared a health equity profile in line with the key requirements set forth in the “Consolidated/achieved” category. For the country, this then serves as a “benchmark” for monitoring progress on implementation of the indicator.</p> <table border="1" data-bbox="370 1535 1472 1927"> <thead> <tr> <th data-bbox="370 1535 1252 1583">Key requirements or elements</th> <th data-bbox="1252 1535 1472 1583">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 1583 1252 1696">The country has produced a health equity profile that incorporates at least two priority SDHs at the national or subnational level, in line with the guidelines set out in the WHO Handbook on Health Inequality Monitoring</td> <td data-bbox="1252 1583 1472 1696">Consolidated/achieved</td> </tr> <tr> <td data-bbox="370 1696 1252 1801">The country has studies or reports on health inequalities with respect to some of the indicators of health outcomes or coverage, which are consistent with the WHO methodology, but do not address two priority SDHs</td> <td data-bbox="1252 1696 1472 1801">Promising advances</td> </tr> <tr> <td data-bbox="370 1801 1252 1877">There are only a few health studies that include indicators disaggregated by social or economic stratifiers</td> <td data-bbox="1252 1801 1472 1877">In development</td> </tr> <tr> <td data-bbox="370 1877 1252 1927">Health inequalities have not been studied</td> <td data-bbox="1252 1877 1472 1927">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has produced a health equity profile that incorporates at least two priority SDHs at the national or subnational level, in line with the guidelines set out in the WHO Handbook on Health Inequality Monitoring	Consolidated/achieved	The country has studies or reports on health inequalities with respect to some of the indicators of health outcomes or coverage, which are consistent with the WHO methodology, but do not address two priority SDHs	Promising advances	There are only a few health studies that include indicators disaggregated by social or economic stratifiers	In development	Health inequalities have not been studied	Does not apply
Key requirements or elements	Progress										
The country has produced a health equity profile that incorporates at least two priority SDHs at the national or subnational level, in line with the guidelines set out in the WHO Handbook on Health Inequality Monitoring	Consolidated/achieved										
The country has studies or reports on health inequalities with respect to some of the indicators of health outcomes or coverage, which are consistent with the WHO methodology, but do not address two priority SDHs	Promising advances										
There are only a few health studies that include indicators disaggregated by social or economic stratifiers	In development										
Health inequalities have not been studied	Does not apply										

Data collection and source of information	<p>The <u>Regional Indicator</u> is based on reports from the countries that document the existence of an equity profile.</p> <p>The <u>country report</u> should record all key elements needed to confirm the level of development, noting the sources of information used to document them.</p>			
	Key requirements or elements		Documentation	
	Name of the equity profile (hyperlink to the document)			
	Priority determinants addressed			
	Date of the profile and entity that produced it, sources of information			
	Use of the profile in policy formulation, especially HiAP			
Regional baseline 2014	PAHO identified two countries based on a preliminary analysis			
Regional target 2019	18			
Monitoring frequency	Annual			
Disaggregation	Structural determinants of socioeconomic position, including sex, income, education, geographical location, etc.			
Observations and limitations	The health equity profiles of each country in the WHO Global Observatory of Health (which includes a large number of countries in the Region) have indicators on the coverage of maternal and child healthcare services, disaggregated by stratifiers such as income, sex, and territory. However, for this particular indicator, the equity profiles should be developed by the same countries as a regular monitoring activity, so that any need to work with other stakeholders and opportunities for HiAP development can be identified. This indicator is related to 5.1.1 in the framework, which provides part of the required monitoring information			
Type of HiAP indicator	Identify favorable conditions for work on HiAP	Identify and document HiAP initiatives under way (implementation)	Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and conditions for work on equity in health	x	Understand the mechanisms for intersectoral work	
	Identify entry points for work on HiAP	x	Understand the role of social participation in work on HiAP	
	Identify the facilitating elements or triggers of work on HiAP	x	Identify the regional and global scope of work on HiAP	

Indicator 3.1.1.

Number of countries and territories with specific mechanisms in place, such as intersectoral committees or health impact assessments, through which the health sector can act both within the public sector and beyond.

Associated strategic line

3. Identify supportive structures and processes.

Associated objective

Objective 3.1. Determine specific mechanisms for participation of the health sector, within the public sector and beyond, in the dialogue on policies and application of the HiAP approach.

Definition

The goal of this indicator is to determine whether the country or territory has mechanisms that facilitate exchanges and work linking the health sector and other sectors.

A mechanism is understood to be an element that that can regularly generate or facilitate certain behavior, in this case work with other sectors by the health sector. Such elements can be structures either internal or external to the health sector that make it possible to generate or facilitate work with other sectors, for example, intersectoral committees or social cabinets. The mechanism might also be a mode of operation or intervention that facilitates such work, for example, health impact assessments or joint planning committees with other sectors.

The term “regularly” signals that this is not a one-time or unique experience, but rather one with a steady trajectory, making it possible to analyze its formation, evolution, and specific results. Institutionalization also contributes to regularity, particularly for recently created mechanisms.

The indicator refers, in particular, to work within the public sector, so that the work of the health sector with other governmental sectors is a basic requirement for this indicator. In addition, there should be participation by at least two sectors of government, regardless of the role played by the health sector in the joint effort. Participation by and work with other social sectors can also be included.

Illustrative example

El Salvador: The Intersectoral Health Commission (CISALUD) was created in the context of the Health System Reform of 2009. It represents a forum for coordination that brings together various public and private sectors to discuss and decide on recommendations on specific issues, to be implemented later by the agencies of each sector. This new structure focuses on the SDH, given that this approach requires work with other sectors (*Consolidated/achieved*).

For more information, see:

<http://www.ufrgs.br/saudeurbana/eventos/PAHO2013ExperiencesOfTheAmericas.pdf>.

Canada: Quebec institutionalized the process of health impact assessment by including it in its Public Health Law. Quebec’s public health institutions have developed a strategy for effective implementation of health impact assessment. This is based on several measures, such as: creation of a network of ministerial representatives; development of an internal procedure in the Ministry of Health and Social Services for responding to requests; preparation of methodological guides; creation of research programs; strengthening of mechanisms for knowledge transfer; and establishment of tools for communication and participation (*Consolidated/achieved*).

For more information, see:

<http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2008/08-245-02.pdf>.

<p>Rationale</p>	<p>This indicator makes it possible to identify an enabling environment, that is, opportunities for the development of HiAP, while at the same time it is an indicator of progress on HiAP. In those countries where the mechanisms described exist, but where regular work on HiAP does not take place, or where it is very preliminary, these mechanisms could be prioritized and strengthened in work plans to reorient them toward the health equity approach and work on HiAP. At the same time, in those countries that lack these mechanisms, their creation and development can serve as an indicator of the level of progress in implementation of HiAP. In those cases, where progress corresponds to the category consolidated/achieved (Indicator 3.2.1), this will be an indicator of the degree of implementation.</p>										
<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document the existence of “specific mechanisms” that make it possible to take action within and beyond the public sector.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”</p> <p>The country should document the mechanism described, completing the descriptive technical note, including the origin and duration of the mechanism, the participating sectors, the role performed by the health sector and other associated sectors, as well as the topic or problem that it addresses, that is, the structure and the mode of operation. In order to achieve this, it should fulfill the key elements indicated in the “Consolidated/achieved” category. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="358 835 1458 1518"> <thead> <tr> <th data-bbox="358 835 1182 884">Key requirements or elements</th> <th data-bbox="1182 835 1458 884">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 884 1182 1066">The country has mechanisms that facilitate work between at least two governmental sectors, and they function regularly. These mechanisms refer to structures/institutionalization or modes of organization for action, and they explicitly detail their purpose with respect to development and promotion of HiAP</td> <td data-bbox="1182 884 1458 1066">Consolidated/achieved</td> </tr> <tr> <td data-bbox="358 1066 1182 1249">The country has mechanisms that facilitate work between at least two governmental sectors. These mechanisms refer to structures/institutionalization or modes of organization for action, and they explicitly detail their purpose with respect to development and promotion of HiAP. But they do not function regularly</td> <td data-bbox="1182 1066 1458 1249">Promising advances</td> </tr> <tr> <td data-bbox="358 1249 1182 1472">The country has mechanisms that facilitate work between at least two governmental sectors. These mechanisms refer to structures/institutionalization or modes of organization for action. But they do not function regularly, and they do not explicitly detail their purpose in terms of development and promotion of HiAP. They were created for other reasons and they have not been modified</td> <td data-bbox="1182 1249 1458 1472">In development</td> </tr> <tr> <td data-bbox="358 1472 1182 1518">No activity</td> <td data-bbox="1182 1472 1458 1518">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has mechanisms that facilitate work between at least two governmental sectors, and they function regularly. These mechanisms refer to structures/institutionalization or modes of organization for action, and they explicitly detail their purpose with respect to development and promotion of HiAP	Consolidated/achieved	The country has mechanisms that facilitate work between at least two governmental sectors. These mechanisms refer to structures/institutionalization or modes of organization for action, and they explicitly detail their purpose with respect to development and promotion of HiAP. But they do not function regularly	Promising advances	The country has mechanisms that facilitate work between at least two governmental sectors. These mechanisms refer to structures/institutionalization or modes of organization for action. But they do not function regularly, and they do not explicitly detail their purpose in terms of development and promotion of HiAP. They were created for other reasons and they have not been modified	In development	No activity	Does not apply
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No activity	Does not apply										

Data collection and source of information	<p>The <u>Regional Indicator</u> is based on reports from the countries that document the existing mechanisms.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p>	
	Key requirements or elements	Documentation
	Name of the initiative (Internet page, if available), indicating whether it is national or subnational	
	Date of constitution, administrative dependency, and status	
	Objective, theme, or problem that it addresses (emphasis on disease, prevention, promotion, development, social determinants, or other). This should be described in a paragraph	
	Participating sectors and actors	
	Role of the health sector: leader, negotiator, or partner (see the glossary)	
	Indicate the type of mechanisms, that is, whether they correspond to an organizational structure or to a mode of operation or intervention	
	Where and how the specific mechanism (initiative) was developed	
	Explain how the mechanism described makes it possible to act on other governmental sectors and beyond. Explain what is done so that this occurs. This should be described in two paragraphs	
	Describe the changes that the health sector hopes will occur in other sectors as a result of this initiative	
Describe what the other sectors hope will occur in the health sector: in other words, what the other sectors want the health sector to do		
Regional baseline 2014	PAHO has identified six countries that have specific mechanisms, such as intersectoral committees or health impact assessments	
Regional target 2019	18	
Monitoring frequency	Annual	
Disaggregation	National, federal or subregional, and/or local	
Observations and limitations	<p>The indicator does not include the contents of mechanisms used; therefore, it does not guarantee the inclusion of equity, nor does it address the SDH, which are central to evaluating advances in HiAP. For its measurement, the mechanisms must be documented through a technical note that makes it possible to validate the responses of the countries with respect to the indicator. This could make the process of data collection more complex, although it adds validity to the measurements</p>	

Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	x	Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP	x	Understand the role of social participation in work on HiAP	x		
	Identify the facilitating elements or triggers of work on HiAP	x	Identify the regional and global scope of work on HiAP			

Indicator 3.2.1.

Number of countries that have identified supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.

Associated strategic line

3. Identify supportive structures and processes.

Associated objective

Objective 3.2. Identify supportive structures and processes for the implementation of HiAP by national and subnational governments, as appropriate, through the inclusion of HiAP in development plans.

<p>Definition</p>	<p>The goal of this indicator is to determine not only whether countries or territories have mechanisms (structures and processes) that facilitate interchange and work between the health sector and other sectors, as described in indicator 3.1.1, but also whether these mechanisms are included in development plans and/or planning. That is, this indicator makes it possible to locate the mechanism(s) for work with other sectors in the policy cycle, from the point at which social policy is formulated all the way through the stages where resources, responsibilities, actions, and unified information systems are shared. In the case of a development plan, the goal is to identify in the countries those initiatives that, from the start, have involved the whole of government in a medium- or long-term planning process. That is, one expects participation to include the full set of public policies or, at least, the full set of social policies.</p> <p>A second aspect highlighted by this indicator is that the initiative should explicitly set forth the intent to work jointly with other sectors, following the SDH and health equity approaches. This should be clearly indicated in the development plan by affirming the inclusion of health in all social policies or the goal of integration of social policies using the health equity approach. Thus, the common social objective of the plan, which brings the participating sectors together, should be clearly established.</p> <p>A third element that stands out with respect to this indicator is the emphasis on social determinants of health in the plan. This means including the structural determinants as well as those related to living and working conditions. The plan cannot be limited only to actions designed to modify a specific risk, behavior, or habit.</p> <p>The fourth important aspect of this indicator is that the plan should include joint financing and information exchange, aimed at the common social objective defined in the plan.</p> <p>Although the mechanisms may be similar to the ones described in indicator 3.1.1, in this case it is necessary to address and emphasize their specific content, namely: the type of working relationship with other sectors and the inclusion of structural determinants, together with the <u>moment or stage of the policy cycle</u> when joint effort among the various governmental sectors occurs. Joint effort should take place during the stages of planning, evaluation, and/or implementation.</p>
<p>Illustrative example</p>	<p>Ecuador: Ecuador's National Plan for Good Living (2009-2013; subsequent version 2013-2017) is implemented by a set of governmental sectors, including the health sector. The government created a new institutional structure for the National Development Plan that strives to integrate the full range of public policies that requires coordination of the ministries. The plan redefines the role of the government in social policy and establishes objectives of equity and distribution based on rights. The policy enjoys a high level of political commitment on the part of the executive branch, and the legislative branch approved a new national constitution providing a framework for the National Development Plan. Furthermore, this plan promotes the active participation of civil society at all levels, and offers opportunities for dialogue to ensure that the activities are adapted to local needs (Consolidated/achieved). http://www.buenvivir.gob.ec/.</p>

Rationale

This is one of the three indicators for the strategic line “identify supportive structures and processes” that facilitate integrated action for HiAP. It relates specifically to determining supportive structures and processes within a development plan for the application of Health in All Policies. Although this implies high-level political will, it is also possible to include policies whose origin and implementation reflect significant participation by several governmental sectors, for example, those linked to the social cabinet, and that have the equity approach as a central axis. This indicator stresses the development of a plan that is linked to the various components of a policy cycle. It corresponds to the group of indicators that help to identify and document HiAP initiatives under way (implementation) and thus makes it possible to determine the levels of progress in HiAP implementation. Thus this indicator emphasizes the contents of HiAP actions.

Method of recording progress or advances

Regional Indicator: This refers to the number of countries of the Region of the Americas that document the inclusion of HiAP in their development plans at the national, subregional, or local levels.

Country Indicator: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”

The country should document whether, and to what extent, Health in All Policies is included in its development plans. In order to do this, it is necessary to complete the descriptive technical note for the indicator. This then serves as a benchmark for monitoring progress on the indicator.

Key requirements or elements	Progress
The country has a development plan that addresses the social determination of health. The plan includes the structural determinants as well as those related to living and working conditions. This requires the participation of, at minimum, those governmental sectors concerned with social policies, which have established a working relationship aimed at the integration of public policies using the health equity approach (for this type of relationship, see the glossary). Furthermore, the formulation of the development plan includes an explicit commitment to carry out work on HiAP, expressed as a common social objective rather than one geared only to the particular needs of a sector. The development plan has already been formulated and is at the implementation stage	Consolidated/achieved
The country meets most of the requirements of the “consolidated/achieved” category, but the development plan is based on a relationship of coordination (for this type of relationship, see the glossary), aimed mainly at ensuring the efficiency and effectiveness of sectoral action. Although there may exist a common social objective that is not limited to the particular needs of a sector, health equity is not explicit in the mandate	Promising advances
The country meets the guidelines described in the “consolidated/achieved” category, but the development plan has just been formulated or is still being formulated, and thus implementation has not yet started	In development
No activity	Does not apply

Data collection and source of information	The <u>Regional Indicator</u> is based on reports from the countries that document the inclusion of HiAP in development plans.	
	The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.	
	Key requirements or elements	
	Documentation	
	Name of the development plan that includes HiAP	
	Date of origin of the plan, its administrative dependency, and its effective status	
	Objective, theme, or problem that the development plan addresses. It should be described in two paragraphs, from the perspective of its common social objective	
	Sectors and actors participating in the plan	
	Role of the health sector: leader, negotiator, or partner in formulation, implementation, and evaluation of the plan	
	How equity is addressed in the development plan. Describe this in two paragraphs. If it is not addressed explicitly, note this	
	How the SDH have been part of and are addressed in the development plan. Describe this in two paragraphs	
	Indicate the type of working relationship with other sectors	
	Explain how the financing of the plan was addressed and how shared financing among the sectors is implemented	
	Explain how the exchange of information among the various sectors participating in the plan was addressed	
Explain how decision-making was addressed in the plan or how authority is shared		
Explain in a paragraph the political basis of the development plan		
Explain in a paragraph the technical fundamentals of the development plan		
Describe how the local, subnational, and national levels participate in formulation, implementation, and evaluation		
Regional baseline 2014	PAHO has identified six countries that have supportive structures and processes within a development plan that emphasizes the contents of the plan that need to be documented. They differ in their levels of progress or development	
Regional target 2019	18	
Monitoring frequency	Every three years	
Disaggregation	National, federal or subregional, and local	
Observations and limitations	It is necessary to differentiate this indicator from the one identified as 3.1.1, since 3.2.1 is an indicator that emphasizes the contents of an initiative and the inclusion of equity. There is a risk that the development of the plan remains limited to a planning process that is never implemented or implemented only in a limited way. That is, that the development of the plan is limited to a formal planning exercise rather than to proper implementation	

Type of HiAP indicator	Identify favorable conditions for work on HiAP	Identify and document HiAP initiatives under way (implementation)	Monitor and evaluate HiAP	Develop capacities for work on HiAP	
	Identify the political context and the conditions for work on equity in health	Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP	Understand the role of social participation in work on HiAP	x		
	Identify the facilitating elements or triggers of work on HiAP	Identify the regional and global scope of work on HiAP	x		

Indicator 3.3.1.

Number of countries with accountability mechanisms that support the participation of civil society and with free access to information.

Associated strategic line

3. Identify supportive structures and processes.

Associated objective

Objective 3.3. Strengthen accountability mechanisms that can be applied to different sectors.

Definition	<p>The goal of this indicator is to determine whether there exist spaces that facilitate or trigger the development of intersectoral work. This indicator thus contributes to the characterization of the political context and at the same time helps to identify opportunities for work on HiAP.</p> <p>In this case, social participation is one element that can facilitate and/or trigger work with other governmental sectors, since social actors experience and bring together the needs of various sectors as a whole or a set. The sectoral component is the fact that the State lays out the specific policies and actions. In addition, providing information can be a way to facilitate integration with other sectors, since this breaks away from “silos” and allows possible connections to emerge.</p> <p>The indicator explains one of the valid mechanisms, accountability, which consists of reporting and explaining to citizens the actions carried out by government, transparently and clearly, to make its structures and operation known and, accordingly, open to opinions from the public.</p> <p>Furthermore, this indicator calls attention to the fact that these mechanisms should result in support for civil society participation and free access to information. Thus it is necessary to document the different forms of accountability in use by the countries, in order to identify that diversity and, at the same time, the extent to which they really support social participation and whether or not they may become effective facilitators for work on HiAP.</p>
Illustrative example	<p>Brazil: The Political Constitution of the Federative Republic of Brazil establishes that health—including the right to participate in governance of health—is a human right. This commitment has led to the development of spaces for institutionalization of citizen participation through health councils at the municipal, state, and national levels. These include municipal health councils in 5,564 cities, where half of the council members represent users of the health system. This is complemented by regular national health conferences.</p> <p>For more information, see: http://bvsmms.saude.gov.br/bvs/publicacoes/coletanea_normas_controle_social_sus3_ed.pdf.</p>
Rationale	<p>This is one of the three indicators of the strategic line “identify supportive structures and processes” for the Regional HiAP Plan and the Global HiAP Framework, and makes it possible to identify, in the political context, conditions that can become triggering or facilitating elements for work on HiAP.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document the existence of accountability mechanisms that in practice support social participation and free access to information.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”</p> <p>The country should document the existence of accountability mechanisms and whether these support social participation and free access to information. For purposes of documentation, it is necessary to complete the descriptive technical note for the indicator.</p> <p>This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="370 478 1463 995"> <thead> <tr> <th data-bbox="370 478 1263 527">Key requirements or elements</th> <th data-bbox="1263 478 1463 527">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 527 1263 705">The country has accountability mechanisms that function regularly and that support the participation, in a representative way, of civil society. In addition, the country takes concrete actions to ensure the population’s free access to information. These mechanisms should be provided within a program or plan, although this may not necessarily include work on HiAP</td> <td data-bbox="1263 527 1463 705">Consolidated/achieved</td> </tr> <tr> <td data-bbox="370 705 1263 884">The country has accountability mechanisms that function regularly and that support the functional or instrumental participation of civil society. The country takes concrete actions to ensure the population’s free access to information. These mechanisms should be provided within a program or plan, although this may not necessarily include work on HiAP</td> <td data-bbox="1263 705 1463 884">Promising advances</td> </tr> <tr> <td data-bbox="370 884 1263 953">The country has accountability mechanisms that operate regularly and that support the instrumental or nominal participation of civil society</td> <td data-bbox="1263 884 1463 953">In development</td> </tr> <tr> <td data-bbox="370 953 1263 995">No activity</td> <td data-bbox="1263 953 1463 995">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has accountability mechanisms that function regularly and that support the participation, in a representative way , of civil society. In addition, the country takes concrete actions to ensure the population’s free access to information. These mechanisms should be provided within a program or plan, although this may not necessarily include work on HiAP	Consolidated/achieved	The country has accountability mechanisms that function regularly and that support the functional or instrumental participation of civil society. The country takes concrete actions to ensure the population’s free access to information. These mechanisms should be provided within a program or plan, although this may not necessarily include work on HiAP	Promising advances	The country has accountability mechanisms that operate regularly and that support the instrumental or nominal participation of civil society	In development	No activity	Does not apply						
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No activity	Does not apply																
<p>Data collection and source of information</p>	<p>The <u>Regional Indicator</u> is based on reports from the countries that document the inclusion of HiAP in development plans.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="370 1178 1463 1778"> <thead> <tr> <th data-bbox="370 1178 1019 1226">Key requirements or elements</th> <th data-bbox="1019 1178 1463 1226">Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 1226 1019 1304">Name of the plan, program, or initiative that includes the accountability mechanisms</td> <td data-bbox="1019 1226 1463 1304"></td> </tr> <tr> <td data-bbox="370 1304 1019 1339">Date of origin of the initiative</td> <td data-bbox="1019 1304 1463 1339"></td> </tr> <tr> <td data-bbox="370 1339 1019 1417">Objective, theme, or problem addressed by the initiative related to accountability</td> <td data-bbox="1019 1339 1463 1417"></td> </tr> <tr> <td data-bbox="370 1417 1019 1495">Sectors and actors participating in the accountability mechanism</td> <td data-bbox="1019 1417 1463 1495"></td> </tr> <tr> <td data-bbox="370 1495 1019 1598">Mechanisms by which accountability supports social participation. These should be described in two paragraphs, providing an example</td> <td data-bbox="1019 1495 1463 1598"></td> </tr> <tr> <td data-bbox="370 1598 1019 1701">Mechanisms by which accountability supports free access to information. These should be described in two paragraphs, providing an example</td> <td data-bbox="1019 1598 1463 1701"></td> </tr> <tr> <td data-bbox="370 1701 1019 1778">Describe the way in which the local, subnational, and national levels are linked to the accountability mechanisms</td> <td data-bbox="1019 1701 1463 1778"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation	Name of the plan, program, or initiative that includes the accountability mechanisms		Date of origin of the initiative		Objective, theme, or problem addressed by the initiative related to accountability		Sectors and actors participating in the accountability mechanism		Mechanisms by which accountability supports social participation. These should be described in two paragraphs, providing an example		Mechanisms by which accountability supports free access to information. These should be described in two paragraphs, providing an example		Describe the way in which the local, subnational, and national levels are linked to the accountability mechanisms	
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Describe the way in which the local, subnational, and national levels are linked to the accountability mechanisms																	
<p>Regional baseline 2014</p>	<p>PAHO has identified four countries that have participation mechanisms with various levels of progress or development</p>																

Regional target 2019	12					
Monitoring frequency	Every two years					
Disaggregation	National, federal or subregional and local					
Observations and limitations	This indicator should be differentiated from indicators 4.1.1 and 4.1.2, which emphasize social participation in the design and implementation of HiAP. The goal of indicator 3.3.1 is to identify actions in support of accountability and free access to information which, despite not being included in a HiAP plan or intervention, constitute favorable conditions and possible entry points for work on HiAP					
Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health		Understand the mechanisms for intersectoral work		x	
	Identify entry points for work on HiAP		Understand the role of social participation in work on HiAP		x	
	Identify the facilitating elements or triggers of work on HiAP		Identify the regional and global scope of work on HiAP			

Indicator 4.1.1.

Number of countries and territories with mechanisms for engaging communities and civil society in the policy development process across sectors.

Associated strategic line

4. Facilitate assessment and engagement.

Associated objective

Objective 4.1. Increase the participation of civil society and communities in the HiAP policy-making and evaluation process to reduce health inequities.

Definition	<p>The goal of this indicator is to determine whether countries have mechanisms to facilitate and strengthen the participation of communities and civil society in the policy-making process in various sectors. It also seeks to clarify the character of that participation, including its quality, type, and linkages to work with various sectors.</p> <p>Participation mechanisms are understood as formal entities or spaces in the governmental apparatus that allow regular participation in policy-making; they may or may not coexist with formal or informal incentives or strategies. This type of participation is seen as a means of increasing the effectiveness of plans and programs, but it should be promoted above all as a process that increases people’s capacity to improve their own lives and that promotes social change to benefit marginalized individuals and groups.</p> <p>Within this framework, this indicator helps determine how participation is integrated into HiAP work and how this integration generates synergy for HiAP work.</p>
Illustrative example	<p>Brazil: The Green and Healthy Environments Program (PAVS) integrates environmental issues into health promotion and activities to improve the quality of life within the framework of the Family Health Program (PSF) in the municipality of São Paulo. PAVS has strengthened the management of intersectoral policy at the local level, providing training, capacity building, and opportunities for more than 7,000 community agents of health and social protection. It also promotes community projects based on local strengths and needs (<i>Consolidated/achieved</i>).</p> <p>For more information see: http://www.prefeitura.sp.gov.br/cidade/secretarias/saude/atencao_basica/pavs/.</p>
Rationale	<p>This is one of the two indicators of the strategic line “facilitate assessment and engagement” of the Regional HiAP Plan and Global HiAP Framework. It provides knowledge of how participation plays a role in the development of HiAP and thus greater depth of knowledge on the design of HiAP implementation with respect to participation.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document the existence of mechanisms for participation by communities and civil society in the process of policy-making in various sectors.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”</p> <p>The country should document the existence of mechanisms to facilitate and strengthen participation of communities and civil society in the process of policy-making in various sectors. This requires completing a descriptive technical note on the indicator. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="367 493 1466 1150"> <thead> <tr> <th data-bbox="367 493 1279 541">Key requirements or elements</th> <th data-bbox="1279 493 1466 541">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="367 541 1279 787">The country has mechanisms for democratic and regular participation of communities and civil society in the policy-making process in various sectors, included in a plan and/or program that addresses HiAP. This participation contributes effectively to the empowerment of the communities. A “Consolidated/achieved” response on this indicator requires the country to have also had a “Consolidated/achieved” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP</td> <td data-bbox="1279 541 1466 787">Consolidated/achieved</td> </tr> <tr> <td data-bbox="367 787 1279 1003">The country has mechanisms to achieve regular instrumental or functional participation of communities and civil society in the policy-making process in various sectors, included in a plan and/or program that addresses HiAP. A “promising advances” response on this indicator requires the country to have also had a “promising advances” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP</td> <td data-bbox="1279 787 1466 1003">Promising advances</td> </tr> <tr> <td data-bbox="367 1003 1279 1108">The country has mechanisms to achieve nominal participation of communities and civil society in the policy-making process in various sectors, included in a plan or program that addresses HiAP</td> <td data-bbox="1279 1003 1466 1108">In development</td> </tr> <tr> <td data-bbox="367 1108 1279 1150">No activity</td> <td data-bbox="1279 1108 1466 1150">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has mechanisms for democratic and regular participation of communities and civil society in the policy-making process in various sectors, included in a plan and/or program that addresses HiAP. This participation contributes effectively to the empowerment of the communities . A “Consolidated/achieved” response on this indicator requires the country to have also had a “Consolidated/achieved” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP	Consolidated/achieved	The country has mechanisms to achieve regular instrumental or functional participation of communities and civil society in the policy-making process in various sectors, included in a plan and/or program that addresses HiAP. A “promising advances” response on this indicator requires the country to have also had a “promising advances” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP	Promising advances	The country has mechanisms to achieve nominal participation of communities and civil society in the policy-making process in various sectors, included in a plan or program that addresses HiAP	In development	No activity	Does not apply						
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<p>Data collection and source of information</p>	<p>The <u>Regional Indicator</u> is based on reports of the countries that document the inclusion of HiAP in development plans.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="367 1348 1466 1816"> <thead> <tr> <th data-bbox="367 1348 1198 1396">Key requirements or elements</th> <th data-bbox="1198 1348 1466 1396">Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="367 1396 1198 1465">Name of the plan, program, or initiative that includes the participation mechanisms</td> <td data-bbox="1198 1396 1466 1465"></td> </tr> <tr> <td data-bbox="367 1465 1198 1507">Date of origin of the initiative</td> <td data-bbox="1198 1465 1466 1507"></td> </tr> <tr> <td data-bbox="367 1507 1198 1577">Objective, theme, or problem addressed by the initiative related to social participation</td> <td data-bbox="1198 1507 1466 1577"></td> </tr> <tr> <td data-bbox="367 1577 1198 1619">Sectors and actors participating in the participation mechanisms</td> <td data-bbox="1198 1577 1466 1619"></td> </tr> <tr> <td data-bbox="367 1619 1198 1688">Describe the mechanisms for social participation and their regularity. Describe them in two paragraphs and provide an example</td> <td data-bbox="1198 1619 1466 1688"></td> </tr> <tr> <td data-bbox="367 1688 1198 1766">Explain the type of social participation that occurs in the process of formulation (for types of social participation, consult the glossary)</td> <td data-bbox="1198 1688 1466 1766"></td> </tr> <tr> <td data-bbox="367 1766 1198 1816">Note whether this takes place at the local, subnational, and/or national levels</td> <td data-bbox="1198 1766 1466 1816"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation	Name of the plan, program, or initiative that includes the participation mechanisms		Date of origin of the initiative		Objective, theme, or problem addressed by the initiative related to social participation		Sectors and actors participating in the participation mechanisms		Describe the mechanisms for social participation and their regularity. Describe them in two paragraphs and provide an example		Explain the type of social participation that occurs in the process of formulation (for types of social participation, consult the glossary)		Note whether this takes place at the local, subnational, and/or national levels	
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Note whether this takes place at the local, subnational, and/or national levels																	
<p>Regional baseline 2014</p>	<p>PAHO has identified nine countries that have different levels of participation mechanisms</p>																

Regional target 2019	18					
Monitoring frequency	Every two years					
Disaggregation	National, federal or subregional and local					
Observations and limitations	This indicator should be differentiated from indicator 3.3.1, which refers to spaces for accountability with social participation. Indicator 4.1.1 focuses on opportunities for participation that are included within a plan or program that addresses HiAP					
Type of HiAP indicator	Identify enabling environment for the development of HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health		Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP		Understand the role of social participation in work on HiAP	x		
	Identify the facilitating elements or triggers of work on HiAP		Identify the regional and global scope of work on HiAP			

Indicator 4.1.2.

Number of countries and territories with specific strategies for engaging those experiencing inequities in policy discussions at the local, subnational, and national levels.

Associated strategic line

4. Facilitate assessment and engagement.

Associated objective

Objective 4.1. Increase the participation of civil society and communities in the HiAP policy-making and evaluation process to reduce health inequities.

<p>Definition</p>	<p>The goal of this indicator is to determine whether countries have specific strategies to achieve the participation of communities and civil society. In contrast to indicator 4.1.1, indicator 4.1.2 focuses specifically on the participation, at the local, subnational, and national levels, of those who experience inequities.</p> <p>The phrase “specific strategies” refers to provisions within a program or plan to ensure the regular participation of those groups that experience inequities. It is not enough to define this as the purpose of the program or plan; it must be realized through concrete activities and actions.</p> <p>“Those experiencing inequities” are understood to be social groups affected by health inequities: that is, their health status results are less satisfactory than those expected for social groups belonging to other social strata, or in comparison with those in other territories of the country. Results include health indicators as well as associated indicators of access to the health system in the areas of promotion, prevention, cure, or rehabilitation.</p> <p>“Policy discussions at the local, subnational, and national levels” implies a high level of social participation; it cannot be limited to the delivery of information or to merely nominal participation (consult “typology of social participation in health” in the glossary).</p> <p>Within this framework, this indicator serves to gauge the quality of social participation by groups that experience health inequities and the way this is integrated into HiAP work, as well as how such integration generates synergy for HiAP.</p>
<p>Illustrative example</p>	<p>Faces, Voices, and Places (FVP): This initiative was launched by PAHO to accelerate the progress toward achievement of the Millennium Development Goals (MDG). It represents an effort to build political will at the highest levels and, at the same time, to provide technical assistance to address the social and economic determinants of health for some of the most vulnerable communities. This has been achieved through intersectoral and interinstitutional collaboration, joining efforts and commitment for achievement of the MDGs. The participating countries were Aruba, Belize, the Dominican Republic, El Salvador, Guyana, Honduras, Jamaica, Nicaragua, Panama, and Puerto Rico. For more information, see: http://www.paho.org/rvl/.</p> <p>Argentina: The Argentine Network of Healthy Municipalities and Communities is coordinated by the Ministry of Health and the national Presidency, with provincial networks in which the municipalities are the main actors (<i>promising advances</i>). For more information, see: http://www.msal.gov.ar/municipios/.</p>
<p>Rationale</p>	<p>This is one of the two indicators of the strategic line “facilitate assessment and engagement” of the Regional HiAP Plan and the Global HiAP Framework for Country Action.</p> <p>This indicator makes it possible to determine, in greater detail, the quality of participation in the development of HiAP by social groups that experience inequities and whether this participation is effectively inclusive. It thus brings out in greater depth the design of HiAP implementation with respect to social participation.</p>

Method of recording progress or advances

Regional Indicator: This refers to the number of countries of the Region of the Americas that document the existence of specific strategies to achieve participation by communities experiencing inequities, both in policy discussion and in development of policies at the local, subnational, and national levels.

Country Indicator: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” The country should document the existence of specific strategies to achieve participation by communities experiencing inequities. This documentation requires completing the descriptive technical note for the indicator. This then serves as a benchmark for monitoring progress on the indicator.

Key requirements or elements	Progress
The country has a strategy, included within a plan and/or program that addresses HiAP, to ensure that social groups experiencing inequities participate in such a way as to favor the empowerment of the respective social group; these actions are regular. A “Consolidated/achieved” response on this indicator requires the country to have had a “Consolidated/achieved” or “Promising advances” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP. The participation of groups experiencing inequities is regular and is central to the participation process	Consolidated/achieved
The country has a strategy, included within a plan and/or program that addresses HiAP, in which social groups experiencing inequities participate regularly in a functional or instrumental manner . A “Promising advances” response on this indicator requires the country to have also had a “Promising advances” response on indicator 1.1.1, 3.1.1, or 3.2.1, reporting the existence of a plan or program that includes HiAP. However, the participation of groups experiencing inequities is not regular and has not been central to the participation process	Promising advances
The country has a strategy, included within a plan and/or program that addresses HiAP, in which social groups experiencing inequities participate nominally . The participation of groups experiencing inequities is occasional and has not been central to the participation process	In development
No activity	Does not apply

Data collection and source of information	The <u>Regional Indicator</u> is based on reports from the countries that document the inclusion of HiAP in development plans.																				
	The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.																				
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Regional baseline 2014	PAHO has identified 10 countries that have mechanisms for participation of more vulnerable communities or groups, with various levels of progress or development																				
Regional target 2019	22																				
Monitoring frequency	Every two years																				
Disaggregation	National, federal or subregional and local																				
Observations and limitations	This indicator should be differentiated from indicator 3.3.1, which focuses on the spaces of accountability with social participation. Indicator 4.1.2 focuses instead on who participates: it must be those groups that experience inequities, and this should be made explicit in the HiAP plan or program																				

Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health		Understand the mechanisms for intersectoral work	x		
	Identify entry points for work on HiAP		Understand the role of social participation in work on HiAP	x		
	Identify the facilitating elements or triggers of work on HiAP		Identify the regional and global scope of work on HiAP			

Indicator 5.1.1.

Number of countries and territories that monitor, evaluate, and report on progress toward introducing health and health equity in the development and implementation of government policies.

Associated strategic line

5. Ensure monitoring, evaluation, and reporting.

Associated objective

Objective 5.1. Develop a system for measuring the impact and outcomes of HiAP with respect to health and health equity in order to assess policies and identify and share best practices.

Definition

The goal of this indicator is to determine whether countries or territories include *monitoring* and *evaluation* of the inclusion of HiAP in government policies.

In general, *monitoring* entails observation of the course or progress of the inclusion of health and health equity in all policies, based on parameters defined by the country for the policy in question.

In general, *evaluation* is the set of actions carried out by the country in order to attribute specific outcomes in health and health equity to the introduction of HiAP in the formulation and implementation of government policies.

This indicator implies that for monitoring and evaluation to happen, its design should be included in formulation and implementation of government policy. Thus, to respond to this indicator it is not sufficient to refer only to the evaluation phase of the policy cycle.

Finally, it should be stressed that the focus of monitoring and evaluation is on the introduction of health and health equity into other government policies (HiAP). When one refers to the introduction of health and health equity into other policies, this means that there are interventions, actions, and plans developed by governmental sectors outside the health sector that specify improvement in health outcomes and health equity as an expected result, that is, as included in the explicit goals of other sectors. In addition, this may also include the incorporation of content, interventions, actions, and plans for other sectors within the ambit of the health sector itself, so that the health sector incorporates, as health sector targets, certain goals and targets corresponding to other sectors.

This indicator also requires that monitoring and evaluation be documented with reports. These should include progress in the introduction of health and health equity into the policies of other sectors.

This indicator helps identify the results and impact of the HiAP strategy and thus should be considered as a basic (substantive) indicator for the strategy.

It should be noted that there may exist a monitoring system or observatory for health and health equity (as is the case in several countries). However, this does not necessarily mean that these countries strive to include health and health equity in other governmental policies; it simply suggests that they are concerned with monitoring health outcomes and health equity. Experiences of this type should be documented under indicator 2.2.1.

The *evaluation* of HiAP is complex, given that it tends to be made up of various components. It is therefore difficult to replicate its content, and its effectiveness is closely linked to context. It is particularly difficult to attribute effects to any single component of the program (14). Thus the evaluation model used should allow for an assessment of “progress” (15), confirming that favorable changes have occurred. This requires sensitive indicators, assuming an effect of sufficient magnitude (“adequacy of the effect”). Secondly, if there are signs that change has occurred, it is also necessary to demonstrate that this is a result of the intervention (“plausibility of the effect). It is thus necessary to compile all the available evidence related to the mechanisms on which the intervention is based, including process indicators, and to systematically rule out potential biases that could provide grounds for alternative explanations of the changes observed, such as long-term trends or factors external to the program that may have influenced the results.

Illustrative example	No system for monitoring and evaluation of HiAP exists in the Region, although there are experiences associated with specific programs that should be documented for inclusion in progress on the indicators.										
Rationale	This indicator serves to determine whether a country has the capacity to report its progress on HiAP and, at the same time, to contribute to a body of knowledge and experience useful for evaluating the effectiveness of HiAP as a whole, considering the diverse types and models of HiAP being developed in the Region.										
Method of recording progress or advances	<p><u>Regional Indicator:</u> This refers to the number of countries of the Region that document the monitoring and evaluation of progress in the introduction of health and health equity into the formulation and implementation of government policies.</p> <p><u>Country Indicator:</u> This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.” The country should document the existence of concrete plans or actions related to the monitoring and evaluation of HiAP. This requires completing the descriptive technical note for monitoring and evaluation, meeting the requirements for “Consolidated/achieved,” and citing a report that supports the content of this note. This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="358 722 1474 1243"> <thead> <tr> <th data-bbox="358 722 1263 768">Key requirements or elements</th> <th data-bbox="1263 722 1474 768">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="358 768 1263 911">The country has a system for monitoring and evaluating the results of implementation of the HiAP approach, with respect to health and health equity, and shares the best practices derived from this. The system is based on a report, including at least one report on monitoring and/or evaluation</td> <td data-bbox="1263 768 1474 911">Consolidated/achieved</td> </tr> <tr> <td data-bbox="358 911 1263 1054">The country has a system for monitoring and evaluating the results of implementation of the HiAP approach, with respect to health and health equity, and shares the best practices derived from this. The system is based on a document, but it is still in the implementation phase; it therefore lacks a report on results and on sharing best practices</td> <td data-bbox="1263 911 1474 1054">Promising advances</td> </tr> <tr> <td data-bbox="358 1054 1263 1197">The country lacks a system for monitoring and evaluating the results of implementation of the HiAP approach with respect to health and health equity. However, there are some specific initiatives for monitoring HiAP, although these have not yet addressed the evaluation of health equity</td> <td data-bbox="1263 1054 1474 1197">In development</td> </tr> <tr> <td data-bbox="358 1197 1263 1243">No activity</td> <td data-bbox="1263 1197 1474 1243">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has a system for monitoring and evaluating the results of implementation of the HiAP approach, with respect to health and health equity, and shares the best practices derived from this. The system is based on a report, including at least one report on monitoring and/or evaluation	Consolidated/achieved	The country has a system for monitoring and evaluating the results of implementation of the HiAP approach, with respect to health and health equity, and shares the best practices derived from this. The system is based on a document, but it is still in the implementation phase; it therefore lacks a report on results and on sharing best practices	Promising advances	The country lacks a system for monitoring and evaluating the results of implementation of the HiAP approach with respect to health and health equity. However, there are some specific initiatives for monitoring HiAP, although these have not yet addressed the evaluation of health equity	In development	No activity	Does not apply
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Regional baseline 2014	There are no documented advances in the countries of the Region																										
Regional target 2019	12																										
Monitoring frequency	Every two years																										
Disaggregation	National, federal or subregional and local																										
Observations and limitations	The indicator reports advances in monitoring and evaluation of HiAP, but it does not consider the quality or results of these monitoring and evaluation systems																										

Type of HiAP indicator	Identify favorable conditions for work on HiAP		Identify and document HiAP initiatives under way (implementation)		Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health		Understand the mechanisms for intersectoral work		x	
	Identify entry points for work on HiAP		Understand the role of social participation in work on HiAP			
	Identify the facilitating elements or triggers of work on HiAP		Identify the regional and global scope of work on HiAP			

Indicator 6.1.1.

Number of countries and territories with recognized institutions, such as national public health institutes, universities, and collaborating centers, that offer training courses on the implementation and monitoring of HiAP and related concepts.

Associated strategic line

6. Build capacity.

Associated objective

Objective 6.1. Build workforce capacity for the HiAP approach in the health sector and other sectors and encourage the implementation of HiAP among these groups.

Definition	<p>This indicator refers to the number of countries and territories of the Region with recognized institutions that offer training courses to health professionals, and professionals from other sectors of government and civil society, in implementation and monitoring of the HiAP approach, including capacity building for communication and community participation. This also includes strengthening of research capacities in this area.</p> <p>Recognized institutions can be national institutes of public health, universities, or academic or research centers, whether or not they are official PAHO or WHO Collaborating Centers. The indicator focuses on the existence of an institution or institutions that offer courses on subjects related to the development of multisectoral capacities for HiAP. It requires documentation of the content of the courses, the profile and number of people trained, and the kind of course (in-person or virtual). In particular, it is important to specify whether the training has been provided to personnel from sectors other than health and to civil society actors.</p>
Illustrative example	<p>There are as yet no documented experiences. However, there are initiatives under way in the year 2015.</p>
Rationale	<p>Implementing and sustaining the HiAP approach requires the development and strengthening of knowledge and capacities for advocacy, design, planning, implementation, monitoring, and evaluation of policies among a broad range of institutions, professionals (from the health sector and other sectors of the government), and community actors (6). The existence of institutions that can offer such training contributes to the <i>sustainability</i> of the HiAP approach in the countries and the Region through the strengthening of professional and institutional capacities.</p>

<p>Method of recording progress or advances</p>	<p><u>Regional Indicator</u>: This refers to the number of countries of the Region that document the existence of one or more recognized entities offering training courses in implementation and monitoring of the HiAP approach.</p> <p><u>Country Indicator</u>: This requires choosing one of the following alternatives: “Consolidated/achieved,” “Promising advances,” “In development,” or “Does not apply.”</p> <p>The country should document the existence of an institution in the country that offers courses meeting the requirements in the “Consolidated/achieved” category. This requires completing the descriptive technical note.</p> <p>This then serves as a benchmark for monitoring progress on the indicator.</p> <table border="1" data-bbox="370 514 1463 1031"> <thead> <tr> <th data-bbox="370 514 1268 562">Key requirements or elements</th> <th data-bbox="1268 514 1463 562">Progress</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 562 1268 751">The country has one or more recognized institutions that offer training courses for development of capacities for advocacy, design, planning, implementation, monitoring, and evaluation of policies with the HiAP approach, for various groups of administrators, professionals, and civil society actors, including aspects related to health equity and social determinants of health</td> <td data-bbox="1268 562 1463 751">Consolidated/achieved</td> </tr> <tr> <td data-bbox="370 751 1268 877">The country has institutions serving mainly health sector professionals that offer courses on matters related to intersectoral action and public policies, including a focus on health equity and social determinants of health</td> <td data-bbox="1268 751 1463 877">Promising advances</td> </tr> <tr> <td data-bbox="370 877 1268 951">The country only has institutions that offer courses in public health with a focus on health equity and SDH, including some content related to HiAP</td> <td data-bbox="1268 877 1463 951">In development</td> </tr> <tr> <td data-bbox="370 951 1268 1031">The country has no institutions that offer training courses in public health that include equity and SDH</td> <td data-bbox="1268 951 1463 1031">Does not apply</td> </tr> </tbody> </table>	Key requirements or elements	Progress	The country has one or more recognized institutions that offer training courses for development of capacities for advocacy, design, planning, implementation, monitoring, and evaluation of policies with the HiAP approach, for various groups of administrators, professionals, and civil society actors, including aspects related to health equity and social determinants of health	Consolidated/achieved	The country has institutions serving mainly health sector professionals that offer courses on matters related to intersectoral action and public policies, including a focus on health equity and social determinants of health	Promising advances	The country only has institutions that offer courses in public health with a focus on health equity and SDH, including some content related to HiAP	In development	The country has no institutions that offer training courses in public health that include equity and SDH	Does not apply								
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<p>Data collection and source of information</p>	<p>The <u>Regional Indicator</u> is based on reports from the countries that document the existence of at least one institution with the characteristics set forth in the “Consolidated/achieved” category.</p> <p>The <u>country report</u> should cover all the key elements needed to confirm the level of development, noting the sources of information used to document them.</p> <table border="1" data-bbox="370 1209 1463 1713"> <thead> <tr> <th data-bbox="370 1209 1089 1257">Key requirements or elements</th> <th data-bbox="1089 1209 1463 1257">Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="370 1257 1089 1304">Name of the institution</td> <td data-bbox="1089 1257 1463 1304"></td> </tr> <tr> <td data-bbox="370 1304 1089 1392">Note whether the institution is a PAHO/WHO Collaborating Center and in what area</td> <td data-bbox="1089 1304 1463 1392"></td> </tr> <tr> <td data-bbox="370 1392 1089 1438">Name of the course offered</td> <td data-bbox="1089 1392 1463 1438"></td> </tr> <tr> <td data-bbox="370 1438 1089 1484">Profile of the students</td> <td data-bbox="1089 1438 1463 1484"></td> </tr> <tr> <td data-bbox="370 1484 1089 1530">Course content and competencies developed</td> <td data-bbox="1089 1484 1463 1530"></td> </tr> <tr> <td data-bbox="370 1530 1089 1577">Duration (hours)</td> <td data-bbox="1089 1530 1463 1577"></td> </tr> <tr> <td data-bbox="370 1577 1089 1623">Teaching modality (in-person, virtual or mixed)</td> <td data-bbox="1089 1577 1463 1623"></td> </tr> <tr> <td data-bbox="370 1623 1089 1713">Number of people trained from the health sector and from sectors other than health, including civil society, as of the date of the report</td> <td data-bbox="1089 1623 1463 1713"></td> </tr> </tbody> </table>	Key requirements or elements	Documentation	Name of the institution		Note whether the institution is a PAHO/WHO Collaborating Center and in what area		Name of the course offered		Profile of the students		Course content and competencies developed		Duration (hours)		Teaching modality (in-person, virtual or mixed)		Number of people trained from the health sector and from sectors other than health, including civil society, as of the date of the report	
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<p>Regional baseline 2014</p>	<p>There are no documented experiences in the Region</p>																		
<p>Regional target 2019</p>	<p>8</p>																		

Monitoring frequency	Annual			
Disaggregation	National or subnational			
Observations and limitations	In those countries where there is no development of HiAP (as reported by the indicators previously described), the existence of some progress on this indicator suggests favorable conditions for the development of HiAP. On the other hand, in countries that have had some development of HiAP (as shown by responses on the other indicators), the present indicator has implications for the sustainability of the HiAP initiative, since it relates to strengthening the capacities of personnel involved in HiAP development			
Type of HiAP indicator	Identify favorable conditions for work on HiAP	Identify and document HiAP initiatives under way (implementation)	Monitor and evaluate HiAP	Develop capacities for work on HiAP
	Identify the political context and the conditions for work on equity in health	Understand the mechanisms for intersectoral work		x
	Identify entry points for work on HiAP	Understand the role of social participation in work on HiAP		
	Identify the facilitating elements or triggers of work on HiAP	Identify the regional and global scope of work on HiAP		

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GLOSSARY

Concept	Definition
Assessment of the impact of policies on health and health equity	Consists of the “systematic observation, measure, analysis, and interpretation leading to knowledge about a public intervention, whether a standard, a program, a plan, or a policy, in order to reach an evidence-based assessment” of its effects, results, and impact on health and health equity (26, 27).
Capacity building	Capacity building is the development, of knowledge, skills, commitment, structures, systems, and leadership necessary for achieving effective work applying the Health in All Policies (HiAP) approach (22).
Community	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them (22).
Equity	The absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically or geographically (22).
Framing	Framing refers to how an issue is defined, which can in turn influence how the issue is viewed (non-issue, problem, crisis, etc.), who is considered responsible and the cause and possible solutions (22).
Governance	Broadly concerns the agreed actions and means adopted by a society to promote collective action and deliver collective solutions in pursuit of common goals. Governance can be formed at different levels of social organization – local, state/provincial, national, regional and global – which can become closely intertwined (22).
Health	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (22).
Health for all	The attainment by all the people in the world of a level of health that will permit them to live a socially and economically productive life. Health for all has served as an important focal point for health strategy for WHO and its Member States for almost 20 years (22).

Health impact assessment (HIA)	A combination of procedures, methods and tools that assess the potential effects of a policy or project on the health of a population and the distribution of those effects within the population. HIAs also identify appropriate actions to manage those effects (22).
Health in All Policies (HiAP)	The Health in All Policies approach is a concept for intersectoral action particularly aimed at reducing inequities in health and not only to general achievements in health, where the relationship between sectors is based on integration (3).
Health inequity	Differences in health that are unnecessary and avoidable and, in addition, are considered unfair and unjust. The CSDH states that such differences must be systematic and considered avoidable by reasonable action globally and within societies (22).
Health outcomes	A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status (22).
Health policy	A formal statement or procedure within institutions (notably government), which defines priorities and the parameters for action in response to health needs, available resources and other political pressures (22).
Health sector	Organizations that are held politically and administratively accountable for the health of the population at various levels: international, national, regional and local (22).
Health system	All the organizations, institutions and resources that are devoted to producing health actions (22).
Healthy cities or municipalities	A healthy city or municipality is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential (22).
Healthy public policy	Healthy public policy is characterized by “an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing”. The term “healthy public policy” is a synonym for HiAP and an early term used in the health promotion movement (22).

Indicator	A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or of a population (quality, quantity, and time) (22). An indicator for the Regional HiAP Plan measures key aspects of the enabling environment for this work, characteristics of the strategies in progress, the monitoring and evaluation of this type of intervention, or capacity development for HiAP work.
Intersectoral action	Intersectoral action refers to the coordinated efforts of two or more sectors within government to improve health outcomes. This can include working across different levels of government such as district, provincial and national jurisdictions. The term intergovernmental is sometimes used to refer to these horizontal and vertical linkages between levels of government within a country (22).
Intersectoral approach	An intersectoral approach is the alignment of intervention strategies of intervention and resources between two or more governmental sectors, with a view to achieving complementary objectives (1).
Mechanism	A mechanism is a process that can predictably generate or facilitate certain results, in this case, work by the health sector with other sectors.
Monitoring	Observation of the course or progress of inclusion of health and health equity in all policies, based on certain parameters defined by the country in accordance with the policy being addressed.
Monitoring and evaluation	Monitoring can be defined as the systematic collection of data about an indicator or variable of interest. Evaluation involves a judgment about the value of, or change in, that variable (22).
Multisectoral	Involving different actors, both from governmental sectors and from nongovernmental and private entities (2).
Network	Interconnected system or group of individuals, organizations, and agencies organized non-hierarchically around common issues or common concerns, which are pursued proactively and systematically, based on commitment and trust (29).
Participation mechanisms	Existing entities or formal spaces in the governmental apparatus that may or may not coexist with formal or informal incentives or strategies, and that permit regular participation in policy-making.

Population health	The health outcomes of a group of individuals, including the distribution of such outcomes within the group. Crucial to the concept of population health is the idea that most cases in a population come from individuals with an average level of exposure (rather than high-risk groups). A small (clinically insignificant) change at a population level yields a greater impact on population health and well-being than an intervention on high-risk groups (22).
Primary health care	Primary health care, promoted through the Declaration of Alma-Ata (1978), has as its priority guaranteeing that all individuals, families, and communities benefit from the health services, through interventions for population health, health promotion, prevention, and treatment, according to the needs and involving population groups of the population in decision-making and in health actions (23). A principle of the Declaration is that essential health care is made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable (22).
Public health	Public health refers to all organized efforts of society to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases (22).
Regular	Refers not to a one-time or unique experience, but one that continues in such a way that it is possible to analyze its formation, behavior, and certain results.
Social determinants of health	The Commission on Social Determinants of Health (CSDH) of WHO defined this as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. The CSDH took a holistic view of social determinants of health, arguing that “the poor health of the poor, the social gradient in health within countries and the marked health inequities between countries are caused by the unequal distribution of power, income, goods and services” (22).
Social participation	Social participation is understood as a process in which members of the community assume, individually or collectively, different levels of commitment and responsibility. The population identifies problems, formulates, and offers solutions, creates organizations to give continuity to programs, and, in general, helps to meet health needs in a considered and democratic manner (28).
Stakeholder	A stakeholder is a person, or group of persons, who have an interest or concern in a particular process or issue due to direct or indirect involvement. Examples include government ministries, politicians, non-government organizations, religious organizations, research institutes, labor unions, professional associations and businesses (22).

Strategy	Broad lines of action to be taken to achieve goals and objectives, incorporating the identification of suitable points of intervention; ways of ensuring the involvement of other sectors; the range of political, social, economic, managerial and technical factors; as well as constraints and ways of dealing with them (22).
Supportive structures and processes	Structure refers to the characteristics of the health system that affect the capacity of the system to meet the health needs of individual patients or a community (24). A process is a sequence of activities carried out by one or more systems to deliver a determined product or service to a user, based on the utilization of given resources (inputs) (25). In health, the term “process” denotes what is done in giving and receiving care (24). Supportive processes are the ones that provide support for the key processes (that is, those which have an impact on the user by creating value (25).
Universal health coverage	The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. This requires a strong, efficient, well-run health system; a system for financing health services; access to essential medicines and technologies; and a sufficient capacity of well-trained, motivated health workers (22).
Whole-of-government	A whole-of-government approach refers to the coordinated efforts of two or more sectors within government to improve health outcomes. This can include working across different levels of government such as district, provincial and national jurisdictions. Joined-up government and healthy public policies are similar terms used in the HiAP literature (22).
Whole-of-society	A whole-of-society approach refers to coordinated efforts to improve health by multiple stakeholders within and outside government that may also be from several sectors (22).
Window of opportunity	Windows of opportunity are short periods of time in which, simultaneously, a problem is recognized, a solution is available and the political climate is positive for policy change (22).



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525 Twenty-third Street, N.W.
Washington, D.C. 20037

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