



Road Map for the Plan of Action on Health in All Policies



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE Americas

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Overview

When the PAHO Directing Council approved the world's first Plan of Action on Health in All Policies in September 2014, it took the lead on implementing an ambitious and innovative approach to public policy-making. Health in All Policies (HiAP) was first defined in the Adelaide Statement of 2010 and then laid out in a global framework for country action in the 2013 Helsinki Statement. The Pan American Health Organization (PAHO) quick action reveals the promise of this new approach to promoting health and the broad support of its stated goals and objectives.

At the same time, HiAP incorporates many elements of health promotion and healthy policy-making that have been developed and debated for decades. It is based on the expansive vision of health and well-being defined at Alma Ata (1978), as well as the call for health public policy in the Ottawa Charter (1986). It also acknowledges the important contributions of the movement to address the social determinants of health and health equities identified by the WHO Commission on the Social Determinants of Health (2008).

In the context of the 8th Global Conference on Health Promotion, HiAP was defined as “an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.” As a framework for country action, the PAHO Plan of Action on HiAP has drawn on the six strategic lines identified in the Helsinki Statement, as well as elements from the Rio Political Declaration on Social Determinants of Health and the Rio+20 Conference on Sustainable Development, both of which called for dynamic approaches to policy-making across sectors to address growing inequities, particularly in the area of health.

It has now become increasingly important to translate the Plan of Action on HiAP into effective results. Because of its innovative nature, expert guidance has been sought and experiences have been studied both in the Region of the Americas and elsewhere in the world. With these aims in mind, the Special Program on Sustainable Development and Health Equity organized an Expert Consultation on Health in All Policies in Washington, D.C., from 31 March to 1 April 2015. The meeting provided an opportunity to bring together some of the global leaders in the field as well as academic and policy experts from the Americas and other countries with relevant HiAP experience, such as Finland and Australia. The goal of this meeting was to translate the Plan of Action on HiAP into a road map, identifying concrete actions that would be crucial for the Region in putting HiAP into practice.

The present document summarizes the key recommendations from this group of experts and highlights important considerations for implementing the Plan of Action. These recommendations are followed by a concise outline of concrete actions that should be taken in the Region, the expected time frame for action, and identification of the entities responsible for ensuring that the actions are carried out. The outline follows the format laid out in the Plan of Action on Health in All Policies, based on the six strategic lines of action and their specific objectives, with approved indicators for monitoring and evaluation.



Recommendations for Action on Health in All Policies

1. Promote intersectoral action

A crucial element for successful implementation of the Plan of Action on Health in All Policies is strategic and sustainable intersectoral action. Accordingly, countries and communities should map opportunities and stakeholders while understanding how other sectors operate. Professionals from the health sector should be prepared to engage and negotiate with others, identifying champions and reframing issues accordingly. This concept is especially important because leadership for HiAP and intersectoral action might come from outside the health sector. There may be times when it would be best for other sectors to lead HiAP processes, using their own language and heeding their own priorities. Emphasis should be placed on developing win-win strategies and finding shared goals, which means thinking in terms of co-production of health and well-being, as well as strategies that attempt to incorporate the private sector by understanding its role and priorities.

To ensure that these efforts are sustainable, they should strive for policy coherence to foster work across sectors by defining clear goals and time frames that support the continuity of processes. Action on HiAP should focus on using strategies, tools, and mechanisms that incorporate good governance models, and on ensuring that interventions focus less on isolated issues or sectors and more on creating systematic structures and processes.

2. Engage in the political process

It is important to underscore that HiAP is both a technical and a political approach. Implementing HiAP means seizing windows of opportunity and preparing to act through strategies (such as primary health care), campaigns on specific issues (e.g., obesity), or responses to unexpected political opportunities (for example, a crisis situation). It will be critical to maximize credibility and visibility by consistently positioning the goals of intervention at the highest levels of government—regionally, nationally, and locally. However, it is important to conduct strategic planning beyond political cycles and changing governing philosophies. This means focusing on sustainability to promote the continuity of processes during periods of political transition.

3. Develop the evidence base through monitoring and evaluation

Since this approach to public policy-making is still considered relatively new and innovative, it is important to make the case for HiAP by developing the evidence base and documenting experiences. HiAP requires a greater understanding of the various factors involved in a particular issue that might bring other sectors to the table or foster increased political commitment. Two of the most important and convincing arguments will be cost-benefit and economic efficiency. An important way to facilitate this process would be through inter-regional and intra-regional information-sharing and collaboration.

Systematic monitoring and evaluation (M&E) systems will be needed in order to build a consistent evidence base and to accurately document the experience of implementing HiAP. Monitoring and evaluation of the HiAP approach will greatly benefit from the use of specific indicators that highlight contextual aspects of implementation and the health impact. In this connection, it will be important to introduce training and skills development sessions, build high-quality M&E mechanisms that can facilitate comparisons across countries and regions, and disseminate the information. To be successful, this effort should be supported by participatory research aimed at creating national health equity profiles and by working with other sectors to identify indicators of health impacts and inequities.

4. Build on past experiences

While the HiAP agenda and framework provide a relatively new approach to policy-making, decades of research and debate have already produced a rich set of related experiences. Countries and communities should look for successful experiences and collaborative opportunities outside the Region. Examples of such opportunities were cited during the consultation. Implementing HiAP means working to identify and support existing structures and mechanisms for ensuring accountability, such as the human rights framework or universal health coverage. This process should translate into understanding and highlighting the added value and the potential contributions of HiAP toward advancing other established initiatives and interventions.

Capturing all of these experiences will require identifying and adapting information systems that are already in place in the Region and mapping out the material that has already been collected. The process should focus on demonstrating the chain of evidence and shared experiences. Innovative channels, such as social media, should be enlisted to market the message and disseminate successful experiences.

5. Build capacity

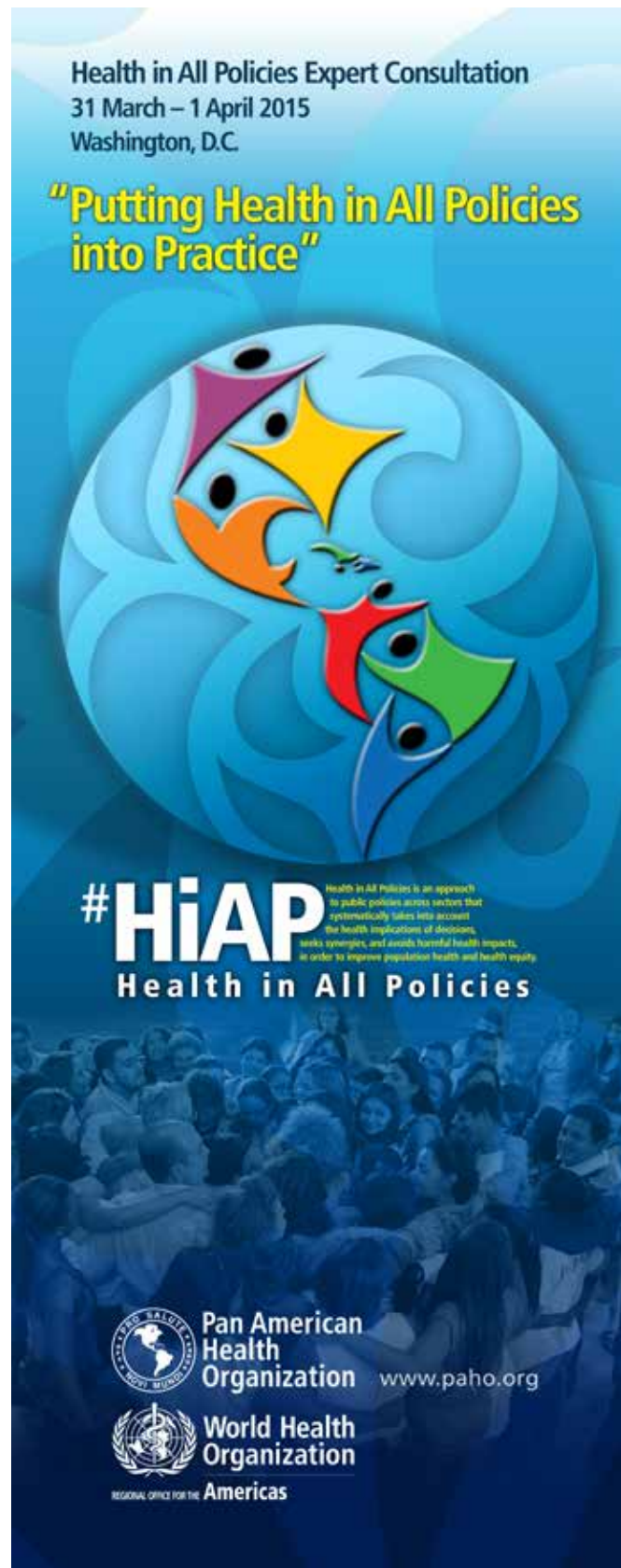
As noted earlier, the health sector is not always in the best position to lead. New skill sets and mechanisms for action will have to be developed. The Region and its countries will need dedicated human and financial resources to develop the technical expertise required for the successful implementation of the Plan of Action for HiAP. Significant resources will have to be mobilized and assigned for HiAP-specific action. Future work on HiAP should facilitate capacity-building in health diplomacy and negotiation skills using the Health in All Policies Training Manual published by the World Health Organization in February 2015. This manual should be translated and the continued commitment of WHO Collaborating Centers should be ensured for adaptation to the regional context. Furthermore, a democratic movement should be fostered through increased social participation in the policy development process in order to ensure that health inequities are sufficiently and appropriately addressed. An important element in this process will be the incorporation of a rights framework.

6. Work toward attaining health equity

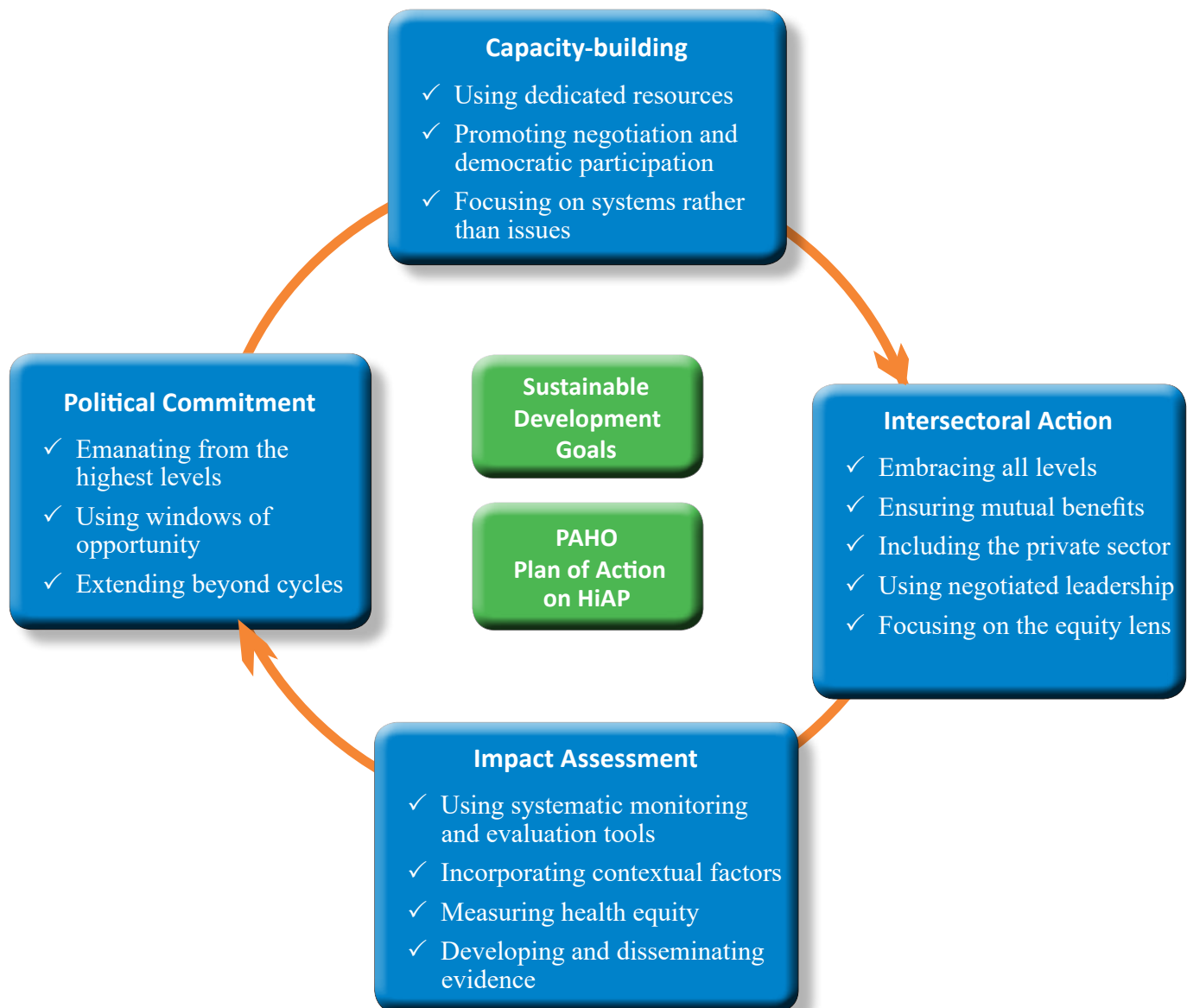
Promoting and attaining equity in health should be the driving force behind development and implementation of the HiAP approach. This effort will necessitate building on common goal objectives and applying the equity lens to policy development processes. Action on HiAP should ensure that health equity is an expected outcome and that it is part of the evaluation and evidence base. Success in attaining health equity will depend on strengthening community participation in the health public policy-making process.

7. Influence the Sustainable Development Goals agenda


While finalization of the Sustainable Development Goals (SDGs) is a separate and currently ongoing process, their imminent approval by the United Nations General Assembly in September 2015 will provide the guiding framework for global policy-making for the next 15 years. The process presents an important window of opportunity for the Health in All Policies agenda, since essentially all of the 17 SDGs have the potential to impact the health and well-being of the world's population. In many ways, the SDGs are a formalization of the determinants of health approach to health and development. As such, they provide an important opportunity to incorporate the HiAP approach in policy-making. As the world and the Region approach the date for approval of the SDGs, both PAHO and the Region's governments have the opportunity to implement the HiAP agenda as part of the vision for meeting the targets laid out by the United Nations.



The Road Map



The following pages provide an outline of concrete recommended actions, expected time frames, and responsible agencies, corresponding to the Six Strategic Lines of Action in the Plan of Action on Health in All Policies. In addition, approved indicators are given for monitoring and evaluation purposes.



Strategic Line of Action 1
Establishing the need and priorities for HiAP

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

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.
Baseline (2014): 6;
Target (2019): 18

Indicator 1.1.2

Number of countries and territories implementing the HiAP Framework for Country Action.
Baseline (2014): 6;
Target (2019): 18



Strategic Line of Action 1: Establishing the need and priorities for HiAP

Successful integration of the HiAP approach into public policy-making has many advantages. HiAP provides a mechanism and practical tools for enabling public authorities and political representatives at all levels to understand the health impact and ensure accountability for the health and equity consequences of public policy decisions. It is vital that other sectors consider the effects on health during policy development so that co-benefits are maximized and negative health effects are minimized.

Health impact assessments and health lens analysis identify unintended health impacts prior to the implementation of any policy, program, or project so that potential negative health impacts can be minimized. These processes may be used to identify and prioritize health determinants, health outcomes, and the distribution of effects among vulnerable groups in other non-health sectors. Health inequities are often multifaceted and therefore require a multisectoral approach, ideally supported by HiAP. The HiAP approach also facilitates intersectoral responses to crisis situations.

Once a need for HiAP is established, countries should identify and prioritize their health issues. Immediate and medium- and long-term goals need to be developed taking into account their feasibility and the political context. Countries should incorporate ethical criteria when prioritizing these goals, reinforcing their commitment to fairness and equity. Areas of common interest need to be identified. Where intersectoral collaboration, structures, and frameworks already exist, they can be strengthened to improve the efficiency of HiAP adoption.

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.

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. Baseline (2014): 6; Target (2019): 18.

Activities under indicator 1.1.1


ACTION	WHAT	WHEN	WHO
1	Develop the minimum acceptable criteria of “compliance” with indicator, including process and progress (Terms of Reference (TORs), sub-indicators)	May 2015– November 2015	PAHO
2	PAHO and governments to negotiate and integrate health into existing networks (regional, national), including policy/priorities and mapping	By mid-2016	PAHO, Member States, and Collaborating Centers
3	“Support” map-out of policy opportunities and actors; identify the range of entry points and the most suitable methods for HiAP approach (e.g., health impact assessment)	By mid-2016	PAHO
4	Influence SDG agenda as it relates to HiAP; identify strategies to use SDGs as entry point, including the establishment of an SDG/HiAP Task Force	Before September 2015	PAHO, Member States, and Collaborating Centers

Indicator 1.1.2

Number of countries and territories implementing the HiAP Framework for Country Action.
Baseline (2014): 6; Target (2019): 18.

Activities under indicator 1.1.2

ACTION	WHAT	WHEN	WHO
1	Develop the minimum acceptable criteria of “compliance” with indicator, including process and progress (TORs, sub-indicators) taking into account the sequential relationship between indicators 1.1.1 and 1.1.2	May 2015– December 2015	PAHO



Strategic Line of Action 2

Framing planned action

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

Objective 2.2

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

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.

Baseline (2014): 6;
Goal (2019): 27

Indicator 2.1.2

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

Baseline (2014): 6;
Goal (2019): 27

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.

Baseline (2014): 1;
Goal (2019): 18

* Equity profiles are two-page synopses of policies that have been developed taking into account the baseline (2014) and the target (2019):18.

Strategic Line of Action 2: Framing planned action

Adequate planning is essential to the success of HiAP approaches. Identifying the information, analysis, and evidence required in order to implement, monitor, and evaluate these approaches is a necessary step for all interested groups. Plans could be developed either within existing documents and programs or under a new framework with a new structure or independent budget.

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.

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. Baseline (2014): 6; Target (2019): 27.

Indicator 2.1.2

Number of countries which, at least once every two years, formally exchange information and best practices on policies that address inequities in health and HiAP. Baseline (2014): 6; Target (2019): 27.

Activities under indicators 2.1.1 and 2.1.2

ACTION	WHAT	WHEN	WHO
1	Promote dialogue, within existing integration mechanisms, on the benefits of the HiAP framework for health and for the reduction of inequities	September 2015– December 2019	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
2	Establish virtual networks of stakeholders for the purpose of exchanging experiences on HiAP	September 2015– December 2019	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
3	Define information sources for assessing impacts on health and well-being	September 2015– December 2019	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
4	Systematically document good practices of HiAP	May 2015– December 2019	PAHO Secretariat, Member States, and Collaborating Centers
5	Publish a special issue on Health in All Policies with a specific focus on the Region of the Americas as part of taking stock of progress in HiAP in the Region of the Americas	December 2017	Regional and national academic centers, centers of excellence, and WHO Collaborating Centers

Objective 2.2

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

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.

*Equity profiles are two-page synopses of policies that have been developed taking into account the baseline (2014) and the target (2019):18.

Activities under indicator 2.2.1

ACTION	WHAT	WHEN	WHO
1	Develop 18 equity profiles	2019	PAHO/WHO Secretariats and Member States
2	Develop “health agendas” in collaboration with other sectors	2015– 2019	PAHO Secretariat and Member States
3	Establish regional and sub-regional platforms to promote dialogue and intersectoral action (Caribbean sub-regional platform to be agreed upon at the HiAP training to be conducted in Suriname in May 2015)	May 2015 until 2019	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
4	Identify or define plans and information related to the social determinants of health (SDH) in four areas: school, housing, work, recreation	September 2015– September 2016	PAHO Secretariat, Member States, and Collaborating Centers
5	Map interest groups and stakeholders	September 2015 as part of the Collaborating Centers meeting held in Vancouver, Canada	PAHO and Collaborating Centers

Strategic Line of Action 3

Identifying supportive structures and processes

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

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

Objective 3.3

Strengthen accountability mechanisms that can be applied to different sectors

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.
Baseline (2014): 6;
Goal (2019): 18

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.
Baseline (2014): 6;
Goal (2019): 18

Indicator 3.3.1

Number of countries with accountability mechanisms that support the participation of civil society and with free access to information.
Baseline (2014): 6;
Goal (2019): 12

Strategic Line of Action 3: Identifying supportive structures and processes

The HiAP approach entails the identification of supportive structures and processes, the participation of various stakeholders, and the reorganization or creation of structures such as committees and departments. A single agent or committee, with clearly specified goals and functions, should be appointed to manage and implement this approach with support from the highest level of government. Existing programs and frameworks should contribute to promotion of the HiAP approach among interest groups and all sectors. It is important to incorporate accountability measures at each level, including audits, access to information, and government transparency.

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.

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 within the public sector and beyond. Baseline (2014): 6; Target (2019): 18.

Activities under indicator 3.1.1

ACTION	WHAT	WHEN	WHO
1	Map intersectoral structures and mechanisms from the broader perspective of HiAP and SDH	May 2015–May 2016, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP, and the 9th Global Conference on Health to be held in Shanghai, China, in 2016	PAHO, health sector, Collaborating Centers, and civil society organizations
2	Conduct institutional analyses to identify challenges and opportunities to implement HiAP	May 2015–May 2016, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP, and the 9th Global Conference on Health to be held in Shanghai, China, in 2016	PAHO, health sector, Collaborating Centers, and civil society organizations
3	Facilitate processes and meetings to build capacity and exchange experiences in HiAP at all levels	May 2015–May 2016, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP, and the 9th Global Conference on Health to be held in Shanghai, China, in 2016	PAHO, countries, including both national and local governments, Collaborating Centers, and civil society organizations
4	Prioritize mechanisms that promote dialogue on HiAP with the participation of civil society (issues, populations, macro and micro, etc.), capitalizing on existing mechanisms such as the participatory budgeting developed in Porto Alegre, Brazil	May 2015–May 2016, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP, and the 9th Global Conference on Health to be held in Shanghai, China, in 2016	PAHO, health sector, and civil society organizations

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.

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. Baseline (2014): 6; Target (2019): 18.

Activities under indicator 3.2.1

ACTION	WHAT	WHEN	WHO
1	Identify and analyze intersectoral structures and processes that have been directly incorporated into development plans	May 2015–September 2019	PAHO Secretariat/Country Offices and health sector
2	Promote the incorporation of HiAP in the platforms of political parties	May 2015–September 2019	PAHO Country Offices and health sector
3	Develop capacity-building actions to promote HiAP in all sectors and at all levels	May 2015–September 2019	Collaborating Centers, academic centers, and other institutions

Objective 3.3

Strengthen accountability mechanisms that can be applied to different sectors.

Indicator 3.3.1

Number of countries with accountability mechanisms that support the participation of civil society and with free access to information. Baseline (2014): 6; Target (2019): 12.

Activities under indicator 3.3.1

ACTION	WHAT	WHEN	WHO
1	Develop and share communication and educational tools for HiAP accountability	January 2016	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
2	Describe at least one country experience that illustrates accountability activities	August 2015, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
3	Develop a website or another mechanism to provide information to citizens about advances in HiAP	August 2015, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
4	Establish a regional mechanism for the exchange of experiences related to HiAP accountability	August 2015, in preparation for the Regional Forum on Urban Health to be held in Medellín, Colombia, in December 2015, which will focus on HiAP	PAHO will take responsibility for establishing the regional mechanism with guidance from the Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
5	Recommend that decision-makers incorporate HiAP in their accountability mechanisms	May 2015 and ongoing	PAHO Secretariat/Country Offices and health sector



Strategic Line of Action 4

Facilitating assessment and engagement

Objective 4.1

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

Indicator 4.1.1

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

Baseline (2014): 9; Target (2019): 18

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.

Baseline (2014): 10;
Target (2019): 22

Strategic Line of Action 4: Facilitating assessment and engagement

Assessing health implications in the policy-making process is at the core of the HiAP approach. Countries should determine whether they will initiate assessment and engagement at the project or policy level, since health assessments will require different skills, human capacities, and resources depending on the approach. Community engagement is necessary in order to promote awareness and support for health impact assessment, and efforts should be made to increase the participation of women and ethnic and minority groups. The most successful HiAP programs recognize the viewpoints of stakeholders, especially in areas of shared interest.

Key individuals, civil society groups, and community leaders should be included in the policy-making process to increase community representation and support. Individual consultations, intersectoral planning committees, and health assemblies may offer favorable opportunities for policy dialogue.

Objective 4.1

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

Indicator 4.1.1

Number of countries and territories with mechanisms for engaging communities and civil society in the policy development process across sectors. Baseline (2014): 9; Target (2019): 18.

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. Baseline (2014): 10; Target (2019): 22.

Activities under indicator 4.1.1

ACTION	WHAT	WHEN	WHO
1	Establish participation in decisions that affect health as a right through the adoption and implementation of a rights framework that includes international conventions and declarations, customary international law, and domestic law	May 2015– December 2019	PAHO Secretariat (Legal Office)/ Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
2	Create awareness of people’s right to participate in decisions that affect health through social media, public information, and other means and tools, including HiAP	May 2015– December 2019	PAHO Secretariat/Country Offices, national and local governments, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
3	Strengthen or organize community-oriented structures and/or committees that work together to identify and act on issues	May 2015– December 2019	PAHO Secretariat/Country Offices, national and local governments, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
4	Build capacity in civil society and communities to ensure meaningful participation through training, tools, and networks	May 2015– December 2019	PAHO Secretariat/Country Offices, national and local governments, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers
5	Establish monitoring, reporting, and accountability systems to assess and ensure participation by communities and civil societies at all levels	January 2016, as part of Strategic Line of Action 5, ensuring monitoring, evaluation, and reporting	PAHO Secretariat/Country Offices, regional and national academic centers, centers of excellence, and PAHO Collaborating Centers

Activities under indicator 4.1.2

ACTION	WHAT	WHEN	WHO
1	Establish participation by those in particular who are experiencing inequities in decisions that affect health as a right through the adoption and implementation of a rights framework that includes international conventions and declarations, customary international law, and domestic law	May 2015– December 2019	PAHO Secretariat/Country Offices; local, subnational, and national governments; civil society organizations; regional and national academic centers; centers of excellence; and PAHO Collaborating Centers
2	Create awareness of the rights of those experiencing disparities and inequities to participate in decisions that affect health through social media, stories of existing experiences, public information, and other means	May 2015– December 2019	PAHO Secretariat/Country Offices; local, subnational, and national governments; civil society organizations; regional and national academic centers; centers of excellence; and PAHO Collaborating Centers
3	Strengthen or organize community-oriented structures and/or committees that work together to specifically include those experiencing inequities with a view to identifying and acting on inequities	May 2015– December 2019	PAHO Secretariat/Country Offices; local, subnational, and national governments; civil society organizations; regional and national academic centers; centers of excellence; and PAHO Collaborating Centers
4	Build capacity in civil society and communities to ensure meaningful participation by those experiencing inequities through training, tools, and networks	May 2015– December 2019	PAHO Secretariat/Country Offices; local, subnational, and national governments; civil society organizations; regional and national academic centers; centers of excellence; and PAHO Collaborating Centers
5	Establish monitoring, reporting, and accountability systems to assess and ensure participation by those experiencing inequities in communities and civil societies at all levels	May 2015– December 2019	PAHO Secretariat/Country Offices; local, subnational, and national governments; civil society organizations; regional and national academic centers; centers of excellence; and PAHO Collaborating Centers



Strategic Line of Action 5

Ensuring monitoring, evaluation, and reporting

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

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.
Baseline (2014): 0; Target (2019): 12

Strategic Line of Action 5: Ensuring monitoring, evaluation, and reporting

In order to maximize the effectiveness of HiAP, Member States must gather and analyze evidence of successful policies and also identify areas that need improvement. Potential accountability mechanisms include auditing, the promotion of open access to information, meaningful public and civil society participation at all levels, and efforts to promote disclosure and transparency. Monitoring and evaluation should make use of preexisting health- or governance-related monitoring and evaluation structures and frameworks whenever possible, including national statistical offices.

A monitoring and evaluation system needs to be developed during the planning process, to consist of specific indicators, accepted milestones, and standardized methods. Collaboration between different sectors increases the efficiency and accuracy of monitoring and evaluation programs. Results and conclusions should be publicly disseminated both to the domestic constituency and to an international audience.

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.

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. Baseline (2014): 0; Target (2019): 12.

Activities under indicator 5.1.1

ACTION	WHAT	WHEN	WHO
1	Revise framework guidance to explain more specifically what is meant by monitoring and evaluation	September 2015, for two to four months	PAHO
2	Test proposal in two or three countries	December 2015, for six to eight months	PAHO and Member States
3	Develop an online data collection tool for all of the indicators in the Plan of Action on HiAP	January 2016, for one to two years	PAHO
4	Collect data from all of the countries in the Region and share learning experiences; redefine indicators and recommendations	January 2016, for two to four years	PAHO and Member States
5	Prepare a paper on performance measurement strategies in this field	December 2015	WHO and PAHO



Strategic Line of Action 6
Building capacity and engagement

Objective 6.1

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

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.

Baseline (2014): 0; Target (2019): 8

Strategic Line of Action 6: Building capacity and engagement

The implementation and maintenance of HiAP requires education and training for new and existing stakeholders and engagement with institutions. Capacity-building includes the training of health professionals and institutions as well as professionals in various non-health institutions. It also involves building intersectoral and interdisciplinary research capacity and increasing capacity for advocacy. Capacity-building creates linkages between the public sector and other stakeholders so that all can contribute to identifying potential health effects associated with infrastructure and development. Civil society organizations and community groups may benefit from acquiring new skills and using participatory techniques to promote informed community participation and engagement.

Objective 6.1

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

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. Baseline (2014): 0; Target (2019): 8.

Activities under indicator 6.1.1

ACTION	WHAT	WHEN	WHO
1	Build and strengthen multidisciplinary research and strategic, tactical, and operational capacities in the social determinants of health	2015–2017, 10 countries in different sectors and settings; then an additional five countries each year thereafter	WHO Collaborating Centers and regional and national academic centers
2	Identify existing tools and adapt or develop others for capacity-building in HiAP	December 2015, pilot implementation of HiAP manual in the Mexico Summer School (INSP) in accordance with the Plan of Action	WHO Collaborating Centers, regional and national academic centers, and centers of excellence
3	Initiate a training course on HiAP in the Caribbean with a view to rolling it out in the Region as a whole	May 2015 and onward	PAHO, WHO Collaborating Centers, regional and national academic centers, and centers of excellence
4	Implement capacity-building strategies in HiAP with policy- and decision-makers, including monitoring and evaluation of HiAP	2015–2017, four countries; then an additional two countries per year	WHO Collaborating Centers, regional and national academic centers, and centers of excellence
5	Implement capacity-building strategies with PAHO technical staff, including monitoring and evaluation of HiAP	2015–2016, all countries	WHO Collaborating Centers, regional and national academic centers, and centers of excellence
6	Create a diverse network of trainers	2015–2017, at least one per country	PAHO to coordinate, also WHO Collaborating Centers, regional and national academic centers, and centers of excellence

Putting the Road Map into Practice

The challenges that we face as a Region continue to shift and change during this time of economic transition and evolving population needs with the increasingly complex and interconnected nature of our communities and societies. During this time of significant change, the importance of protecting and promoting health is as great as ever. Health is essential to economic growth, sustainable development, and social stability, but it also empowers people and communities to be resilient in the face of great change.

Over time, our understanding of what causes good or poor health has matured, and our appreciation of the link between the social determinants of health and health inequities has grown stronger. As the fullest manifestation to date of the principles of Alma Ata and the Ottawa Charter, the Health in All Policies initiative gives policymakers and practitioners a chance to build on our understanding of the wider determinants of health inequities and translate them into multisectoral policies and programs. As such, Health in All Policies creates an opportunity to revolutionize public health, by working in harmony with other sectors adapting to the broad societal changes faced by the Region and indeed the world.

At the same time, the challenges inherent in this mode of policy-making are recognized. Practical, inclusively developed tools will be essential to its effectiveness. The Road Map represents guidance for policy-makers, program managers, and advocates from all sectors of society to incorporate the HiAP approach into their strategies, while allowing for the flexibility needed to ensure that these policies are truly localized and needs-appropriate. Drafted during the Expert Consultation on Health in All Policies in spring 2015, the Road Map is an important milestone in implementing a truly whole-of-government response to health issues with complex causes, which threaten the sustainability of economic and social development. The six strategic lines of action in this Road Map, as well as the other tools PAHO has made available, are designed to help make the case, build the partnerships, and set up the evaluative mechanisms needed to implement this agenda successfully.

As we enter the Sustainable Development Goal (SDG) era, putting health at the center of public policy-making is essential not only to improving the lives of the world's population, but ensuring that improvements are both sustainable and truly equitable. The Pan American Health Organization will continue to work closely with its partners in carrying out the actions laid out in the Road Map, and the great enthusiasm and dedication of those same partners will be an enormous advantage in finding innovative ways to make intersectoral action work.

This transformative approach to policy-making has the potential to have a great impact in the Region and among its people. As a particularly equity-oriented approach in a period that will be defined, through the SDGs, by the drive for greater equity, implementation of Health in All Policies in a strategic and visible fashion will reaffirm the Americas as an innovative and dynamic force in developing people-centered policy that advances health, equity, and social justice.



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