Advancing the Health in All Policies Approach in the Americas: What Is the Health Sector's Role?

A Brief Guide and Recommendations for Promoting Intersectoral Collaboration

Pan American Health Organization

World Health Organization

REGIONAL OFFICE FOR THE Americas

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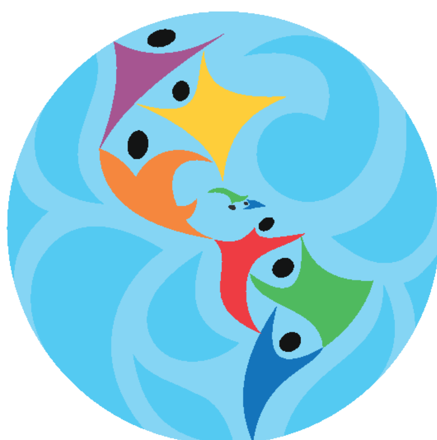

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Introduction

The world faces critical problems that are destined to shape the future for generations. The challenges include climate change, the rise in chronic communicable diseases, urbanization, globalization, migrating populations, economic and fiscal crises, threats to natural resources, and increasing inequities. These issues are socially complex and involve multiple factors, and they therefore require new policy paradigms, capacities, visions, and structures in order to fully address them. Moreover these challenges are interdependent and complementary in nature, which means that they cannot be placed under the responsibility of a single sector alone; innovative solutions can only be devised through inter- and cross-sectoral thinking and action.

It is now widely acknowledged that the social determinants of health (SDHs) and the decisions made by other sectors can affect overall population health in both positive and negative ways. This means that complex public health problems should be addressed through policies that coordinate efforts across sectors, make efficient use of public resources and consider the health impact of decisions that are made by non-health sectors. This recognition has given rise in recent years to a new approach to intersectoral collaboration and policy-making known as "Health in All Policies."

Health in All Policies (HiAP) is defined by the World Health Organization as "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" (WHO, 2013). It aims to ensure that policy decisions across sectors result in neutral or beneficial impacts on the SDHs. It is achieved by promoting changes in the various systems that determine how policy decisions are made and implemented at the local, state, and national level. In doing so, HiAP reaffirms public health's essential role in addressing policy and structural factors that affect health as well as its leadership to engage a broader array of partners (Leppo and Ollila, 2013).

HiAP proposes an innovative approach to the processes by which policies are created and implemented. It is founded on health-related rights and responsibilities; it emphasizes collaboration across sectors to achieve common health goals; it improves accountability of public policy makers for the health impacts of their decisions; it highlights the consequences of public policies on health systems and the determinants of health and well-being; and it contributes to sustainable development.

HiAP builds upon the concepts of "healthy public policies" and "intersectoral action for health," which were first introduced in the Alma-Ata Declaration (1978) and later solidified in the Ottawa Charter for Health Promotion (1986), which outlines the key areas for action in health promotion. In recent years, the HiAP approach has gained momentum and the support of public health practitioners, governments, and organizations worldwide. More recently, the Adelaide Statement on Health in All Policies (2010) called for a new alliance among all sectors to advance human development, sustainability, and equity and to seek ways to improve health outcomes through the adoption of a new approach to policy-making and governance that invests in leadership within governments, across all sectors, and between levels of government.

The same call was subsequently reinforced in the Rio Political Declaration on Social Determinants of Health (2011), the Political Declaration of the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011), and the Rio+20 Outcome Document "The Future We Want" (2012). In June 2013, WHO and Finland's Ministry of Social Affairs held the 8th Global Conference on Health Promotion in Helsinki. The Conference addressed the challenges facing the implementation of HiAP and the importance of developing effective pathways for intersectoral collaboration. Its recommendations for action are outlined in the Helsinki Statement on Health in All Policies. The HiAP principles are also reflected in other WHO frameworks, strategies, and resolutions and they currently contribute to formulation of the Post-2015 Development Agenda.

The Region of the Americas, while still facing stark inequalities and challenges related to economic growth and sustainable development, has seen improvements in well-being in recent years as a result of national investments in social policies (Economic Commission for Latin America and the Caribbean, 2013). This progress highlights the key role that HiAP can play in guiding the structural and policy changes that the Region requires in order to continue to meet its goals for better health and social equity.

Health in All Policies must be a key consideration in the drafting of national policies and plans as well as in formulation of the Post-2015 Development Agenda. The current platform for discussion of the Post-2015 Development Agenda constitutes a "live" experiment in maximizing the potential for HiAP to bring different sectors together around common health and societal goals while at the same time maintaining each sector's leadership in its respective sphere of action. It is also a remarkable opportunity to fully implement the recommendations that emerged from the Helsinki Conference, to advance the HiAP approach, and to ultimately improve health and health equity worldwide.

This guide explores ways in which the health sector can best engage and work with other sectors. It offers recommendations on effective approaches to collaborating with other sectors by showcasing case studies from the Region of the Americas, and it proposes potential indicators under each of the six strategic lines of action identified in the WHO Health in All Policies Framework for Country Action (WHO, 2014). It is expected that these recommendations and indicators will support the countries in their efforts to develop their own national plans that incorporate Health in All Policies.

Background

The Region of the Americas played a significant role in development of the global HiAP Framework, published in January 2014. In February 2013, thirty Member States of the Pan American Health Organization/World Health Organization (PAHO/WHO) met in Brazil for a Regional Consultation on HiAP. The Consultation provided the opportunity to introduce the HiAP Conceptual Framework to key stakeholders in preparation for the 8th Global Conference on Health Promotion, held in Helsinki in June 2013. The goal of the Regional Consultation was to discuss the Conceptual Framework with stakeholders from the Americas and to formulate a regional position on HiAP.

In January 2014, WHO published its Health in All Policies Framework for Country Action, which offers a roadmap for countries to implement the HiAP approach at the national level and to orient decision-making processes at the national and local level under the following six strategic lines of action:

a. **Establish the need and priorities for HiAP**. Begin strategic planning and prioritization; assess the health, equity, and health systems implications of policies; conduct health impact assessments; outline immediate, medium-, and long-term goals; assess policy and political contexts; map regulatory, oversight, and implementation capacity for HiAP.

b. **Frame planned action**. Identify the context in which HiAP will be applied and determine which implementation strategies are currently feasible; identify the data, analysis, and evidence needed to plan, monitor, and evaluate HiAP; identify the structures and processes required to support HiAP implementation; consider the human resources, funding, and accountability implications.

c. **Identify supportive structures and processes.** Identify the lead agent; consider opportunities for establishing top-down and bottom-up, as well as horizontal, structural support; refer to existing agendas and normative frameworks; build on versatile accountability mechanisms.

d. **Facilitate assessment and engagement**. Assess the health impacts of policies; identify key groups or communities; identify and engage key individuals; explore possibilities for improving and restructuring existing mechanisms within the legislative process.

e. **Ensure monitoring, evaluation, and reporting.** Start monitoring and evaluation planning early; identify potential opportunities for collaboration; identify specific areas of focus; carry out agreed monitoring and evaluation activities; disseminate lessons learned.

f. **Build capacity.** Train or support health professionals; build institutional capacity; build research capacity; strengthen advocacy and research collaboration; build capacity in health and other ministries; build community capacity to participate in HiAP.

To support implementation of the WHO proposal in the Americas, PAHO developed a Regional Plan of Action Plan on Health in All Policies, which was adopted by PAHO's Directing Council in September, 2014. The Regional Action Plan is consistent with the global Framework and the conclusions of various studies on HiAP that have been conducted in the Region. It contains Region-specific recommendations on the implementation of Health in All Policies by setting specific goals and targets for a five-year period.

The Regional Plan of Action on Health in All Policies was developed through a number of consultations with stakeholders both within and beyond the Region of the Americas. A key recommendation that emerged from these various consultations is the need to have a short guide that outlines effective ways for the health sector in which to engage and collaborate with other sectors. In addition, countries in the Region have also expressed interest in initiating their own national HiAP Action Plans and are looking to identify useful indicators.

This document provides recommendations on how the health sector can initiate such efforts, as well as a list of potential indicators that countries can select when developing their own HiAP Action Plans to further strengthen HiAP at both the national and local level. The guide also draws lessons from four regional case studies that illustrate how the Region's health sector has advanced the HiAP approach through better intersectoral collaboration and the promotion of fundamental changes in the way policies are designed and implemented.

A New Role for the Health Sector

How countries design their policies and the quality of their intersectoral action will be key to defining the future of global and local policies. There is now increasing recognition of the interrelated nature of the multiple and complex problems facing the world, the crucial relationship between development and health, the need for better governance, and the importance of intersectoral action for health.

The health sector alone cannot change the social determinants of health that are largely responsible for the health of populations. Addressing the social determinants of health requires tackling issues related to housing, transportation, employment, urbanization, economic development, and the environment, to name only a few of the areas involved that are beyond the sphere of influence of most public health agencies. Policy areas and government agencies across the board are coming to the realization that such complex issues demand more than they can contribute when working independently within their usual structures and their existing competencies and capacities. The situation calls for a collaborative effort across all levels and sectors of government and working in conjunction with the private sector, civil society, and community-based organizations in the search for innovative and joint solutions.

Take, for example, the widely successful Brazilian model, the Bolsa Família. This program works through both the education and financial sectors to grant conditional cash transfers to families, especially those headed by single mothers, to assist in removing financial barriers and encourage children and young people between the ages of 6 and 20 to attend school" (WHO, 2011a:10). The goal is to reduce financial obstacles, improve health in general, and fight poverty over the long term through education of the next generation. Implementation of this intersectoral approach has helped Brazil stay on track toward meeting the Millennium Development Goals and provides an example for neighboring countries to witness the success of HiAP in the Region.

HiAP offers a comprehensive framework and a practical response to these issues through a multisectoral approach that also considers the wider economic, cultural, and political contexts. It also provides strategies, tools, and mechanisms for supporting more coordinated action and improving relationships between sectors in order to contribute to positive public health and societal outcomes. HiAP can harness the power that the various agencies, sectors, and stakeholders bring to bear through their experience and expertise. Moreover, it can show the co-benefits of collaboration and support the design of win-win strategies. Even more important, HiAP highlights the key role of health as a ubiquitous and common

factor in bringing about development while also addressing some of the largest issues the world faces today.

Regardless of how HiAP is structured within the government, the health sector should have a leadership and technical assistance role. It must take responsibility and systematically reach out to other government sectors to assist in addressing the health dimensions of their activities and support changes in their policy-making processes .Yet, national health sectors in the Region rarely have the mandate, authority, or organizational capacity to bring about the broad policy and structural changes that are needed.

Indeed, national health sectors throughout the world have an immense challenge, as assuming this new role requires fundamental changes in their structures, capacities, skills, and mandates. They must open up to other sectors and learn to work in partnership as they jointly define policy innovations, mechanisms, instruments, and legal and regulatory frameworks. In doing so, they will have to build a workforce that is skilled in consensus-building, facilitation, negotiation, policy analysis, and communication management. Developing such a workforce requires time, resources, training, and capacity-building. It also requires improvements in coordinating structures and accountability systems within the health sector itself.

To support the HiAP approach, national health sectors and health departments will need to cultivate new attitudes in order to:

- Understand the political agendas and administrative imperatives of other sectors;
- Provide a model and set an example by implementing changes in its own structure, policies, mechanisms, and staff capacities and skills;
- Raise awareness about HiAP and become an advocate for change;
- Demonstrate the importance of integrated and intersectoral initiatives such as those aimed at creating healthy settings (Health-Promoting Schools, Healthy Municipalities, Healthy Markets, etc.);
- Build the knowledge and evidence base for policy options and strategies;
- Assess the health consequences of options being considered in the policy development process;
- Create forums for regular dialogue and problem-solving as they work with other sectors;

- Evaluate the effectiveness of intersectoral work and integrated policy-making;
- Build capacity through better mechanisms, resources, agency support, and skilled dedicated staff;
- Work with other areas of government to achieve their goals and, in doing so, advance health and well-being in general;
- Act as a key technical assistance agent for HiAP at the national level, providing technical knowledge on issues related to HiAP and policy analysis through a health lens.

The role of the health sector in advancing HiAP varies from country to country. In all cases, however, it requires defining new and clear responsibilities for health sector professionals whose roles may have traditionally focused on disease prevention and health care. Therefore, the initial steps to prepare them for their new roles include raising awareness, advocating for change, and defining new responsibilities at the various levels of administration within the health sector. The table below lists some proposed strategies and mechanisms that might be adopted to advance the HiAP approach at the national and local level.

One of the main challenges for HiAP is to ensure that all sectors are aware of the health impacts of their decisions and that health is successfully integrated into their policies. The health sector's role is to advocate for health, provide technical assistance, and be an active partner in guiding and orienting the changes needed. Even if health considerations have become an intrinsic part of policy-making in some of the sectors, other sectors will require constant guidance on taking health implications into account. This is the case especially in areas that lack a strong tradition of considering the health implications of their actions. Identifying issues and advocating for change is a role of particular importance for the health sector when it is faced with new, emerging, or potential problems.

Ultimately, as the national health sectors push forward with HiAP within their own countries, the co-benefits and opportunities for collaboration are expected to arise and take shape. Over time, this trend should lead to a greater understanding and acceptance of HiAP as a sustainable strategy for all sectors and societies as they seek to achieve common goals. Identifying opportunities such as win-win strategies and mechanisms and learning how to reconcile tensions and conflicts remain critical for HiAP and for the health sectors as they embark on this new challenge.

Examples of mechanisms and strategies for engaging and collaborating with other sectors

Strategy	Mechanisms
Identify priority actions and strategies for national, state, and local agencies to improve health while also advancing other sectoral goals	• Establishing intersectoral task forces and committees at various levels (national, state, local) • Promoting public workshops with the participation of stakeholders across the spectrum • Engaging in advocacy and public dialogue on the impact of decisions on health and health equity • Expanding participation to include additional relevant agencies • Creating joint budget and evaluation and monitoring tools
Develop shared "languages," frameworks, and goals	• Building consensus on definitions and conceptual frameworks for collaborative undertakings • Defining common criteria for the analysis, interpretation, and collection of data • Promoting a broader vision of health that emphasizes its social determinants
Promote and support healthy settings initiatives (communities, schools, markets, etc.)	• Support of participatory and community-based initiatives • Strengthening links with civil society and community resources • Serving as a bridge between government agencies and communities
Seek opportunities to include the health perspective in public policy and program development	• Promoting the adoption of health impact assessments (HIAs) and/or health equity impact assessments (HEIPs) by other sectors, programs, and organizations • Proposing recommendations on how to incorporate the perspectives of health, equity, and sustainability perspectives in program and policy development
Promote Healthy Public Policy	• Providing guidance at various levels on to how to incorporate a health and health equity perspective in guidelines, surveys, and technical assistance documents wherever feasible and appropriate • Identifying and publicizing a comprehensive list of resources for use in healthy community planning
Embed health in decision-making processes	• Incorporating health and health equity criteria into program design as well as monitoring and evaluation • Providing guidance on how to incorporate the health and health equity perspective in legislation and policy • Exploring appropriate ways to integrate health analysis into existing programs, policies, and plans
Collect data and conduct research	• Providing technical assistance on how to incorporate health and health equity indicators into data collection tools and accountability measures • Supporting efforts to standardize data elements and indicators to facilitate data collection, sharing, and accessibility • Proposing new indicators that more appropriately capture the impact of policies on health and health equity • Building an evidence base for HiAP • Increasing the use of evidence-based practices
Increase cross-agency collaboration and expertise	• Fostering greater understanding and collaboration between federal, state, and local agencies
Promote community engagement	• Improving opportunities for meaningful community engagement in decision-making processes

Case Studies: How Have National Health Sectors in the Americas Approached Health in All Policies (HiAP)?

Case Study 1: The Green and Healthy Environments Program, Municipality of São Paulo, Brazil

The Green and Healthy Environments Program (Programa Ambientes Verdes e Saudáveis—PAVS), originally launched by the São Paulo Municipal Secretariat for Green Spaces and the Environment (Secretaria Municipal do Verde e do Meio-Ambiente) in 2006, joined forces with the Municipal Health Secretariat in 2011and now works to address environmental concerns through the Family Health Strategy (Estratégia Saúde da Família—ESF), a municipal program coordinated by the Brazilian Ministry of Health that provides basic health services to low-income families who live in areas of high social vulnerability.

Through the PAVS, environmental problems and priorities are identified in local areas covered by ESF teams with specific emphasis on understanding the communities' perceptions of health and the environment. This assessment guides intersectoral interventions and local discussion on how to address the problems, spurring social mobilization and institutional partnerships to intervene in the issues identified. Projects developed through this methodology have focused on issues such as biodiversity and afforestation; water, air, and soil; solid waste management; the environmental agenda in public administration; healthy eating and agriculture; revitalization of public spaces; and culture and communication.

The sustained advocacy and leadership of the São Paulo Municipal Health Secretariat has brought together other sectors throughout the Program's phases and allowed each partner to actively contribute within its own area of expertise. An intersectoral Board of Directors coordinates the Program's activities. Local intersectoral committees also help to incorporate and monitor environmental projects within the Basic Health Units.

The intersectoral and participatory approaches adopted by the PAVS have helped to address health inequalities and environmental concerns in the participating communities. This progress was achieved by targeting specific health conditions such as improving access to health services, acquiring knowledge about the causes of environmental problems, empowering communities to seek collaborative solutions to their problems, and improving intersectoral linkages and alliances. The health sector itself was strengthened with an increase in the number of primary care units interested in carrying out environmental projects and the number of employees involved in such projects.

Similarly, Familias en Acción, implemented in Colombia in 2001, follows the same principles. This latter plan provides "a nutritional subsidy of US $15 per month for children under the age of six to poor families with children in rural and urban areas. Children must attend growth check-ups and be vaccinated in preventive health visits prepared by health authorities. The health sectors funds health centres run by local communities, which carry out the activities related to the programme. The centres train local residents on health-related issues. The health sector monitors compliance of conditionalities together with local authorities" (WHO, 2012:16).

The PAVS outcomes were facilitated by the existence of municipal managers with a sound and integrated vision for the program, including the willingness to work in an intersectoral manner. Their contributions included the provision of adequate technical-political support during the design and implementation phase and the adoption of an integrated approach to the implementation phase. During the implementation phase they provided effective municipal management, training of community workers, hiring of managers, and linkages with local and regional actors to promote and support the work of partners addressing the environmental issues.

One of the main challenges was a fragmented organizational culture in the sectors involved, which made it difficult to integrate issues related to health and the environment into the work plan and the plans of action. Also, the predominant government assistance toward health care hampered the adoption of health-promoting approaches.

As a result of the PAVS initiative, the health sector was able to reposition itself within a new political framework and adopt an innovative model of integrated, community-based, collaborative action and policy-making. This serves as an important model for other HiAP initiatives.

Case Study 2: National Tobacco Control Policy, Brazil

The negotiations related to the WHO Framework Convention on Tobacco Control (FCTC) during 1999- 2003 led the Brazilian Government to create an intersectoral National Commission for Tobacco Control (Comissão Nacional para o Controle do Uso do Tabaco—CNCT) to support it in defining its positions and decisions. The FCTC was ratified by the Brazilian Congress in 2005 and its implementation was entrusted to the Ministry of Health and the National Cancer Institute.

Soon afterwards, the National Commission for the Implementation of the Framework Convention on Tobacco Control and its Protocols (Comissão Nacional

para Implementação da Convenção-Quadro para o Controle do Tabaco—CONICQ) was created as an inter-ministerial commission with representatives from 18 areas of government. This new Commission replaced the CNCT and represented a new impetus for tobacco control in Brazil as it moved beyond the advisory nature of the previous body.

Brazil's National Cancer Institute (Instituto Nacional de Câncer—INCA), an agency of the Ministry of Health that has coordinated tobacco control actions for over 20 years at the national level and in partnership with other countries through international organizations, assumed a key role in this initiative by mobilizing resources and leading actions to implement the activities of CONICQ. INCA manages the Observatory for National Tobacco Control Policy (Observatório da Política Nacional de Controle do Tabaco) and various networks of social stakeholders. In coordination with other partners, INCA and CONICQ also promote ongoing seminars and training courses for health professionals and awareness campaigns for public managers and civil society on the main themes addressed by the FCTC.

The Brazilian National Policy on Tobacco Control, which is largely a result of the work carried out by INCA and CONICQ, has generated a major shift in social attitudes toward smoking, including the laws that prohibit smoking in public places and the actions taken to ban advertising of tobacco products. Another important goal that has been addressed is the elimination of child labor in tobacco-related activities.

Factors that have facilitated this initiative are the intersectoral nature of the governance model for the National Policy on Tobacco Control and the various social networks and alliances that support the policy. However, interference by the tobacco industry, with its efforts to stop or prevent the adoption of tobacco control policies, has been identified as one of the major challenges faced by the initiative.

Despite being a developing country and a major producer of tobacco, Brazil has succeeded in developing strong and comprehensive anti-tobacco measures with significant results in terms of reducing the prevalence of smoking. Brazil's tobacco control policies are a result of strong political will and well-coordinated intersectoral action. The acknowledgement that the health sector alone could not tackle such issues as price regulation, taxes, advertising, and incentives from tobacco farmers to plant crops other than tobacco was a key factor in steering the process.

Case Study 3: Intersectoral Health Commission (CISALUD), El Salvador

In 2009, the Government of El Salvador embarked on a major structural reform of the national health system which specifically called for incorporation of the principles of equity, social participation, and intersectoral action established the National Health Policy “Building Hope” (Política Nacional de Salud: Construyendo Esperanza).

Within this framework, the Intersectoral Health Commission (Comisión Intersectorial de Salud—CISALUD) was established and placed under the coordination of the Vice Minister of Health Policies in the Ministry of Health with the mandate to promote intersectoral action to address the social determinants of health and health inequalities. The CISALUD concept was based on a previous experience with the CONAPREVIAR (Comisión Nacional de Prevención contra una Pandemia de Influenza Aviar), a commission founded in 2006 in response to a WHO recommendation on combating the Avian Flu crisis.

Under the leadership of the health sector, other areas of government and civil society, including the private sector, were mobilized as members of the CISALUD. The agencies called upon were those whose actions could have an impact on health, such as institutions responsible for natural disaster preparedness, mining, epidemics, industrial contamination, and waste management, among others. Participating members agreed to work in the following priority areas: water, food security, environment, working conditions, children and adolescents, lifestyles, chronic diseases, communicable diseases, disasters, and intersectorality.

Currently, more than 50 agencies participate in CISALUD, along with international and nongovernmental organizations. All the sectors are requested to issue recommendations for implementing the priorities that have been defined within their scope of work. The Commission, in turn, identifies specific challenges to be addressed and the root causes and factors associated with them. Actions are then defined and incorporated into intersectoral plans developed by the participating agencies. This strategy has led to policy changes in the sectors involved that more appropriately consider the health impact of their actions. The Commission has also developed guidelines for policies and norms, among other technical and legal instruments.

The CISALUD adopted a horizontal structure, which constitutes an important mechanism for ISA, since all members can propose items on the Commission’s agenda. Workshops are regularly organized to foster discussions and agreements

on priority issues. Two additional intersectoral commissions have been created to support the work of the CISALUD: the Political Commission and the Technical Commission.

The CISALUD has also fostered public-private collaboration. The National Association of Private Enterprises (Asociación Nacional de Empresa Privada—ANEP) collaborates with the Technical and Political Commissions of CISALUD. Organized civil society is also active through its representatives, on the Political and Technical Commissions.

Previous experience with the CONAPREVIAR greatly facilitated the development and operations of the CISALUD. The CONPREVIAR experience also helped CISALUD members to understand and better adapt to the Government's new approach to health as a human right.

The fact that the CISALUD has been sustainable, even without its own funding, demonstrates the success of the initiative as well as the great potential of addressing specific health issues through joint intersectoral action. Dealing with such diseases as avian influenza and cholera through ISA, CISALUD has ensured active and collaborative participation, developed guidelines and documentation of the process, and helped to reduce the incidence of these epidemics.

The CISALUD offers a unique forum for intersectoral dialogue, consensus-building, and joint action to tackle health issues. It promotes interagency alliances, governmental leadership, and commitment on the part of participating institutions to policies, plans, and interventions. It also provides improved planning mechanisms for the allocation of technical and financial resources and international cooperation.

An important factor that supports this initiative is the Government's explicit commitment to recognize health as a public good and a fundamental human right. This commitment has provided the platform for marshaling a collective, democratic intersectoral effort to address the social determinants of health in a broad and integrated manner.

Case Study 4: National Agreement for Nutritional Health, Mexico

To combat the growing epidemic of obesity affecting the Mexican population, in 2010 the Government introduced its National Agreement for Nutritional Health (Acuerdo Nacional para la Salud Alimentaria—ANSA) taking into account the World Health Organization's the Global Strategy on Diet, Physical Activity, and Health, launched in 2004, which focuses on the prevention of chronic diseases.

The Agreement, under the leadership of the Secretary of Health, mobilized 15 heads of government agencies and received the support from the then-President of Mexico.

The National Agreement became a tool for orienting the development of multisectoral national plans and mobilizing all governmental agencies to work together. Each agency carries out specific actions that have been assigned to it. This framework provided the context for creation of the National Council for the Prevention and Control of Noncommunicable Chronic Diseases (Consejo Nacional para la Prevención y Control de Enfermedades Crónicas No-Transmisibles—CONACRO), which is chaired by the Secretary of Health and vice-chaired by the Undersecretary for Disease Prevention and Health Promotion. While the Secretary of Health appoints a coordinator, the main participating institutions nominate their own representatives on the Council. A variety of mechanisms are used to promote ISA, such as workshops, public consultations, and formal alliances with key partners.

The Agreement has resulted in key policy changes in non-health sectors. The Secretariat of Labor and Social Welfare has adopted a Law on Food Assistance (Pensión Alimenticia) with a view to promoting nutrition among workers. The Secretariat of Education has developed a Plan of Action for the basic education system to promote physical activity, food literacy, and proper nutrition, and it has also issued general guidelines on the delivery and distribution of food and beverages in school settings.

These initiatives are absolutely crucial to the HiAP framework because they seek to address the issue from a very early age. "The core idea is that school attainment and retention are linked to exclusion, poverty, and social inequities, which schools cannot address alone. The concept for these models is that schools coordinate or offer different social and support services for students, families, and communities to address the social conditions that impact on school attainemnt and outcomes. Schools work with health authorities and other social agencies and use the school environment as a platform to provide services, including health, family counseling, and training for parents and others. These initiatives include the use of parental training as a way of improving the support that parents can give to their children to achieve academic success. They also include family visits or school-based training to discuss health issues, such as sleeping problems, eating habits, and behaviour, which make parents feel closer to the school management. These initiatives also include other areas for improving coordination between education and relevant social protection agencies, for example, for child abuse referrals, gender or domestic violence, and diseases and disability" (WHO, 2011a:17-18).

Given the central role of the food and beverage industry in the factors affecting obesity and overweight, public-private collaboration was emphasized in the National Agreement. This industry, with its capacity to influence food production, advertisement, and access, as well as to promote healthier options, has committed to introducing changes to its processes and products and to collaborating on advocacy and awareness-raising. The agreement with the industry also includes the development of new products and changes in the composition of old ones; provision of clear information to consumers; voluntary adoption of marketing measures that target children with healthier options; and the promotion of physical activity and healthy lifestyles.

Development of the National Agreement has made it possible to implement important ISA mechanisms and tools that proved to be key to the negotiation of significant achievements in the regulation, distribution, marketing, and advertisement of food and beverages. This experience has highlighted the importance of alliances in promoting changes in non-health sectors—for example, the need for school and working environments to offer healthier alternatives to students and workers.

Some of the factors that facilitated development and implementation of this experience include the promotion of this policy from the highest political level, recognition of the importance and scope of the problem by the main stakeholders, the existence of an economic impact analysis that more clearly defines the potential consequences of the problem, and the fact that the social determinants of health approach is incorporated into the Agreement's framework and the planning of activities.

The main challenges included insufficient budget, uncertainty about the continuity of actions in the event of political changes at the federal level, weak legal and normative frameworks, difficulties related to the development of intersectoral education and awareness campaigns, lack of mechanisms for improving the participation of civil society, and lack of an evaluation plan to demonstrate the impact and results of the initiative as a whole.

This initiative marked the first time in Mexico that a policy on public health has proposed to address the challenges of overweight or obesity from a multifactorial perspective and adopt mechanisms and actions that go beyond the scope of the health sector. This experience demonstrates that strong leadership and the use of ISA tools and mechanisms can foster key actions to address an important public health priority and mobilize resources toward a common goal. The sustainability of the initiative has been improved by actions taken not only at the federal level

but also at the state and local levels and by the enactment of norms and regulations that apply across all the sectors involved.

See the Spanish-language website at: www.promocion.salud.gob.mx/dgps/interior1/programas/acuerdo_nacional.html.

Applying the WHO HiAP Framework for Country Action: What Indicators Can be Used to Monitor and Evaluate Implementation of HiAP at the National Level?

Strategic Line of Action 1. Establish the need and priorities for HiAP

As this guide has shown, the process of establishing the need for HiAP is well on track. The next step is to identify and prioritize the health and health equity issues that need the most attention and encourage other sectors, as they develop their policies, to consider the potential effects on health and ways of maximizing co-benefits while minimizing the negative effects on health. Immediate, medium-, and long-term goals need to be developed, bearing in mind their feasibility and political context. Health impact assessments (HIAs) identify unintended health impacts prior to the implementation of any policy, program, or project so that any negative health impacts can be mitigated. Areas of common interest need to be identified, and lines of intersectoral collaboration should be cultivated. Utilization and reorientation of preexisting structures and frameworks can increase the efficiency of HiAP adoption.

Indicators

- Number of public policies, projects, and programs conducting health impact assessments (HIAs) and/or health equity impact assessments (HEIAs);
- Number of capacity-mapping exercises conducted to assess capacities and structures for HiAP;
- Number of needs assessments conducted with other sectors;
- Baselines established for cross-sectoral issues;
- Intersectoral action plans developed;
- Number of partners and sectors involved.

Strategic Line of Action 2. Frame planned action

Proper planning is essential to the success of a HiAP approach. Identification of the data, analysis, and evidence required in order to execute, monitor, and evaluate HiAP is a required first step for all stakeholders. Plans can be developed within existing documents and agendas or they can be part of an entirely new framework with a separate structure and/or an independent budget. Significant planning efforts also demonstrate a commitment to the program, both domestically and on the international level.

Human resources, funding, and accountability need to be considered during the planning stage. New institutions and additional staff may be required. Alternatively, existing structures and institutions can be restructured to fit the HiAP approach and existing staff can receive additional training in HiAP.

Indicators

- Framework developed for implementing HiAP at various levels;
- Clear mandates developed;
- Joint sustainable budget created;
- Funding allocated for human resources capacity-building;
- Number of staff trained in HiAP-related skills and competencies;
- Health equity profiles prepared and in place;
- Monitoring and evaluation plans developed with the incorporation of at least two indicators related to the social determinants of health;
- Measures taken by the health sector (at the federal, state, and municipal levels) to reorient policies and programs so that they address health inequities;
- Number of interdisciplinary health teams;
- Number of collaborative agreements signed between sectors and stakeholders;
- Social participation measures improved.

Strategic Line of Action 3. Identify supportive structures and processes

The HiAP approach calls for the identification and engagement of relevant stakeholders and the creation of new structures, such as committees and

departments, or the reorganization of existing structures. For each issue or function, a lead agent or committee needs to be appointed, with the support of the highest level of government, to manage and execute the HiAP approach. Existing agendas and frameworks should be useful in promoting HiAP among stakeholders and across sectors. It is important to incorporate accountability measures at each level, including audits, access to information, and government transparency.

Indicators

- Existence of specific institutionalized mechanisms within the health sector to engage with other sectors;
- Existence of new structures such as committees and programs specifically designed to work in an intersectoral manner;
- Existence of agendas and an HiAP framework;
- Number of audits conducted to improve governance transparency and accountability in HiAP;
- Increased access to information regarding the work and budgets of various sectors;
- Agreement and letter of commitment signed at the highest political levels of government.

Strategic Line of Action 4. Facilitate assessment and engagement

Assessment of health implications in the policy-making process is at the core of the HiAP approach. Community engagement is necessary in order to promote awareness of and support for the assessment of health implications. The most successful HiAP programs recognize the viewpoints of stakeholders, especially in specific areas of shared interest.

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

Indicators

- Number of policies and programs designed with community input and support;

- Number of intersectoral task forces and planning and oversight committees;
- Publication of lessons learned and best practices;
- Number of programs and sectors that incorporate a health promotion approach.

Strategic Line of Action 5. Ensure monitoring, evaluation, and reporting

Since HiAP is an ongoing approach to health promotion and the reduction of health inequities, it is important to implement a comprehensive system of monitoring and evaluation (M&E). In order to maximize the effectiveness of HiAP, Member States need to gather and analyze evidence of successful policies and also identify areas that need improvement. The monitoring and evaluation processes should take advantage of preexisting health- or governance-related M&E structures and frameworks whenever possible.

An M&E system, consisting of specific indicators, accepted milestones, and standardized methods, needs to be developed during the planning process. Collaboration between public and private partners increases the efficiency and accuracy of M&E programs. Results and conclusions need to be made public to both the domestic constituency and an international audience.

Indicators

- Indicators developed that properly capture accomplishments related to HiAP;
- Number of HiAP initiatives documented;
- Existence of integrated and cross-sectoral information systems;
- Utilization of independent measurements of the impacts and outcomes of policies on health, health equity, and the determinants of health.

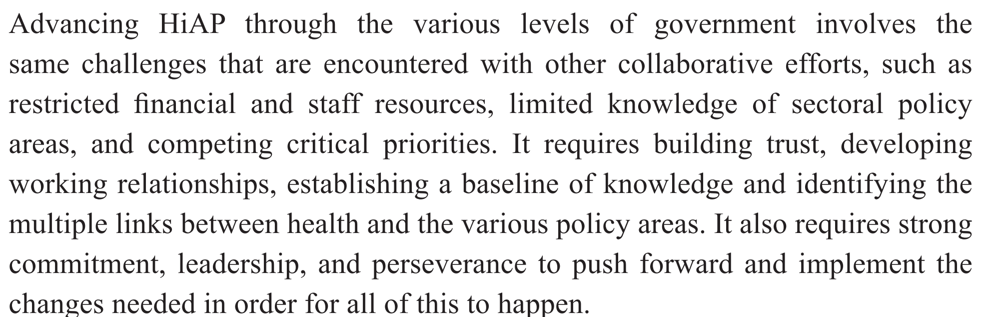
Strategic Line of Action 6. Build capacity

The implementation and maintenance of HiAP requires education and training for new and existing stakeholders and restructuring of institutions. Capacity-building not only includes training for health professionals and institutions but also involves building research capacity and increasing capacity for advocacy. Civil society organizations and the community may benefit from the acquisition of new skills and the use of participatory techniques to promote informed community participation and engagement.

Indicators

- Number of health professionals trained to apply the HiAP approach;
- Existence of new institutional policies, structures, and budgets that support intersectoral collaboration;
- New tools and methodologies developed to support the implementation of HiAP activities;
- Number of programs, policies, and initiatives that promote community engagement and participation in policy-making through the education of community leaders and members;
- Number of networks developed to address cross-sectoral issues.

Conclusions



Advancing HiAP through the various levels of government involves the same challenges that are encountered with other collaborative efforts, such as restricted financial and staff resources, limited knowledge of sectoral policy areas, and competing critical priorities. It requires building trust, developing working relationships, establishing a baseline of knowledge and identifying the multiple links between health and the various policy areas. It also requires strong commitment, leadership, and perseverance to push forward and implement the changes needed in order for all of this to happen.

This report is a starting point and much work remains to be done. It is expected that the report will provide some insights for countries as they prepare to set priorities and develop their own action plans and implementation strategies. It is imperative that the health sector in the Region as a whole be ready to assume this new role and its related commitment in order to lead the way for other sectors and jointly address the mounting problems and concerns that the world is currently facing.

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