

154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

Provisional Agenda Item 4.8

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PLAN OF ACTION ON HEALTH IN ALL POLICIES

Introduction

1. The purpose of this document is to define clear steps for implementation of the Health in All Policies (HiAP) approach in the countries of the Region of the Americas. This Plan of Action corresponds to the World Health Organization (WHO) Health in All Policies Framework for Country Action (1), developed in January 2014 in a coordinated effort with countries in the Region of the Americas. The Plan contains strategic lines of action and indicators for the period 2014-2019, in accordance with the objectives outlined in the PAHO Strategic Plan 2014-2019 (2).

Background

2. HiAP is one approach to improving health and promoting well-being. As defined in the 2013 Helsinki Statement on Health in All Policies, it is “an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity” (3). Core features of HiAP include a strong foundation of human rights and social justice with a strong focus on policy-making. Application of HiAP involves identifying opportunities for policy development across sectors with potential implications for health and health equity, assessing potential impacts, and then advocating and negotiating for changes. Long-term vision and sustained efforts are needed.

3. The 2011 Rio Political Declaration on Social Determinants of Health and the 2012 Rio+20 outcome document (“The Future We Want”) of the United Nations Conference on Sustainable Development recognize that governments are responsible for the health of their populations (4, 5). The principles developed in the 1978 Declaration of Alma-Ata and in the 1986 Ottawa Charter for Health Promotion reaffirm that health is a fundamental right of all human beings without distinction of race, religion, political belief, or economic or social condition, and that health inequities between and within countries are unfair and unacceptable (6, 7).

4. Since 1986, the Ottawa Charter has provided a framework for enabling people to increase control over their health while also addressing social, economic, and environmental determinants of health (7). The commitment to health promotion was reaffirmed in the 1992 Declaration of the International Conference on Health Promotion held in Bogotá, Colombia (8), and in the 1993 Caribbean Charter for Health Promotion (9).

5. The synergy between health promotion, the social determinants of health, and human rights is embodied in the concept of HiAP. This synergy has been emphasized by the 2005 Bangkok Charter for Health Promotion in a Globalized World, the Adelaide Statement on Health in All Policies in 2010, the 2011 Rio Political Declaration on Social Determinants of Health, and the 8th Global Conference on Health Promotion in 2013 (10, 11, 4, 3). HiAP focuses on promoting health and health equity through an integrated government policy response. HiAP emphasizes the importance of promoting and integrating health across all sectors, including agriculture, education, labor, the environment, finance, housing, and transportation.

6. The HiAP approach is fundamental to addressing several aspects of environmental sustainability and health equity. For example, adverse environmental conditions and exposure to biological and chemical agents can lead to negative health impacts and induce disease. Human interactions with the environment are complex and require cross-sector collaboration to develop policies and programs. HiAP provides the appropriate guidelines for work with relevant agencies that will help tackle multifaceted environmental health issues.

7. One of the major contributions of HiAP is the potential to combat the rise of noncommunicable diseases (NCDs) throughout the Region. The Caribbean Community (CARICOM) expressed commitment to the reduction of NCDs in its 2007 Declaration of Port-of-Spain in Trinidad and Tobago (12). This commitment was echoed in the 2011 Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (13). Many factors that shape the NCD epidemic lie outside the reach of health sector's policy. Therefore, most health gains in terms of health promotion and disease prevention will be made by influencing policies in domains such as trade, labor, food and pharmaceutical production, agriculture, urban development, education, and taxation policies (14). An HiAP approach to public health challenges such as NCDs will further strengthen the integration of actions within existing systems into both health and non-health sectors, increase the influence and sustainability of policies and enhance accountability for health in other sectors.

8. HiAP would also benefit achieving the goals of the universal health coverage (UHC) agenda, which aims at improving people's health and reducing health inequities. UHC ensures that all people, including the most vulnerable and disadvantaged, have access to effective health care that does not cause financial hardship. Effective health care encompasses disease prevention, health promotion, curative care, rehabilitation, and palliative care (15). Implementing UHC requires multisectoral collaboration, namely engagement with ministries and institutions dealing with fiscal and monetary policy,

education, employment, and other sectors. This collaboration is essential to ensuring sufficient funding for health, raised in ways that minimize financial barriers. UHC has the potential to increase economic growth, improve educational opportunities, reduce impoverishment and inequalities, foster social cohesion, and protect the dignity and human rights of the entire population.

9. Consensus to define the post-Millennium Development Goal targets is being developed with country and thematic consultations, a UN Task Team, and a post-2015 high-level panel established by the UN Secretary General. Coordinated global action, keeping equity foremost, is needed on the unfinished Millennium Development Goals agenda, including to the agenda of NCDs and UHC. This will require commitment at the highest level as well as innovative partnerships entailing agreements on shared higher goals across sectors.

10. A Preparatory Regional Meeting for the 8th Global Conference on Health Promotion was held in Brasilia, Brazil, in February 2013. The goal of this meeting was to develop regional consensus on the role of HiAP with regard to the Post-2015 Development Agenda and to present evidence on HiAP from the Region. During the 8th Global Conference on Health Promotion held in Helsinki, Finland, in June 2013, PAHO presented the document *Summary of Experiences from the Americas*, a collection of 25 case studies from 15 countries in the Americas. These case studies highlighted best practices in HiAP and identified some of the key issues countries faced during the implementation of these programs (17).

11. The PAHO Member States in the Region of the Americas are committed to eliminating health inequities, as reflected in the PAHO Strategic Plan 2014-2019 (2). The Plan proposed HiAP as one strategy for addressing social, economic, and environmental determinants of health and promoting sustainable well-being of the population.

12. This Plan of Action takes into consideration official documents pertaining to this topic, including:

- a) Resolution CD47.R20 (2006) of the Directing Council of PAHO, "Health Promotion: Achievements and Aspirations Contained in the Ottawa and Bangkok Charters,"
- b) Resolution WHA62.14 (2009) of the World Health Assembly, "Reducing Health Inequities through Action on the Social Determinants of Health,"
- c) Resolution CD50.R8 (2010) of the Directing Council of PAHO, "Health and Human Rights,"
- d) United Nations (2011), "Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,"

- e) Resolution WHA65.8 (2012) of the World Health Assembly, “Outcome of the World Conference on Social Determinants of Health,”
- f) PAHO Strategic Plan 2014-2019 (2013) of the 52nd Directing Council.

Situation Analysis

13. Over the past 30 years, life expectancy at birth in the Americas has increased from 69.2 years in 1980 to 76.1 years in 2011 (18). Child malnutrition has dropped to below 10% since 2005, and child mortality has decreased by more than 50% between 1990 and 2009 (18).

14. Despite recent progress, health inequity remains a major issue in the Region of the Americas. Persistent social exclusion and inequities have resulted in a wide range of health outcomes. Regional averages mask the stark differences between and within countries. Although the regional life expectancy is 76.1 years, life expectancy in Canada is 83.4 years, while life expectancy in Haiti is 63.5 years (18). Likewise, there is a difference in life expectancy of 12.8 years between the highest- and lowest-income populations within Brazil. Similar gaps can be found in all countries of the Region (19). Health gains have not been shared equally *between* or *within* countries, and inequity remain one of the greatest challenges to health and sustainable development in the Americas. Health inequities are based on race, ethnicity, gender, sexual orientation, income level, place of residence, employment and working conditions, and other characteristics. Furthermore, widening of income inequality has consistently outpaced income growth in the Region overall. For example, indigenous people make up 37% of the working population in Bolivia but earn only 9% of the national income (18). Women are overrepresented in the informal workforce, where workers face more occupational hazards and have limited access to occupational health services, workers’ compensation, and social security benefits. Violence and accidents, caused by a complex set of factors including unemployment, income inequality, and high population density, are increasingly leading causes of death for those at the bottom of the income ladder (18). Increased migration, the aging of the population, and the related increase in NCDs are the most important trends shaping health in the Americas (20, 21).

15. Good health enhances quality of life, improves workforce productivity, increases the capacity for learning, strengthens families and communities, supports sustainable habitats and environments, and contributes to security, poverty reduction and social inclusion. The interface between health, well-being and economic development has been propelled up to the political agenda of countries in the Region of the Americas recognizing the need for coordinated government action through the approach of HiAP. Moreover, HiAP approach contributes to the realization of the right to the enjoyment of the highest attainable standard of health and other related human rights and to the achievement of the Millennium Development Goals (MDGs), in particular (22):

- MDG 3 - Promote gender equality and empower women
- MDG 4 - Reduce child mortality

- MDG 5 - Improve maternal health
- MDG 8 - Develop a global partnership for development

Proposed Plan of Action, 2014-2019

Goal

16. The goal of this Plan of Action is to provide Member States in the Americas with technical guidance in promoting HiAP. The goal is in accordance with the global Health in All Policies Framework for Country Action, to improve health and well-being and reduce health inequities.

Strategic Lines of Action

17. This Plan of Action is based on six strategic lines of action, consistent with the WHO HiAP Framework for Country Action:

- a) Establish the need and priorities for HiAP.
- b) Frame planned action.
- c) Identify supportive structures and processes.
- d) Facilitate assessment and engagement.
- e) Ensure monitoring, evaluation, and reporting.
- f) Build capacity.

Line of Action 1: Establish the need and priorities for HiAP

18. The successful integration of a HiAP approach into public policy-making has many advantages. HiAP provides a mechanism and practical tools to enable public authorities and representative politicians at all levels to understand 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 (HIA) and Health Lens Analyses identify unintended health impacts prior to the implementation of any policy, program, or project, so that potential negative health impacts can be mitigated (23). 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, thereby necessitating a multisectoral approach, ideally supported by HiAP. In addition, a HiAP approach facilitates intersectoral responses to crisis situations.

19. Once a need for HiAP is established, countries should identify and prioritize their health issues. Immediate, 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 these potential policy impacts on health.

Indicators:

1.1.1 Number of countries with established national/regional networks of multisectoral working groups and stakeholders using tools to evaluate the impact of HiAP on health.

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

1.1.2 Number of countries that have generated or implemented a Plan of Action that address HiAP.

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

Line of Action 2: Frame planned action

20. Proper planning is essential to the success of a HiAP approach. Identification of the data, analysis, and evidence required to implement, monitor, and evaluate HiAP is a necessary step for all stakeholders. Plans can be developed within existing documents and agendas, or they can be part of a new framework, with a separate structure or an independent budget.

Objective 2.1: Promote policy dialogue and implement national policies based on data, analysis and evidence required to implement, monitor and evaluate HiAP.

Indicators:

2.1.1 Number of countries and territories that have implemented policies to address at least two priority determinants of health among target populations.

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

2.1.2 Number of countries that formally exchange information and best practices at least once every two years on policies addressing health inequities and HiAP.

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

Objective 2.2: Produce a national health equity profile with an emphasis on the evaluation of the determinants of health.

Indicators:

- 2.2.1 Number of countries and territories producing equity profiles¹ that address at least two priority determinants of health at the national or subnational level.
Baseline (2014): 1. Target (2019): 18.
- 2.2.2 Number of countries and territories with at least one government department that is monitoring health equity profiles.
Baseline (2014): 1. Target (2019): 18.

Line of Action 3: Identify supportive structures and processes

21. The HiAP approach requires the identification and engagement of relevant stakeholders and the creation of new structures, such as committees and departments, or the reorganization of existing structures. A lead agent or committee must be appointed to manage and execute the HiAP approach on a given issue or function, with support from the highest level of government. Existing agendas and frameworks should assist in the promotion of HiAP among stakeholders and across sectors. It is important to incorporate accountability measures at every level, including audits, access to information, and government transparency.

Objective 3.1: Identify a specific mechanism by which the health sector can engage within and beyond the public sector in policy dialogue and in the implementation of HiAP.

Indicator:

- 3.1.1 Number of countries and territories with a specific mechanism, such as intersectoral committees or HIA, by which the health sector can engage within and beyond the public sector.
Baseline (2014): 6. Target (2019): 18.

Objective 3.2: Secure explicit policy commitment to HiAP from the highest level of the national and subnational governments through the inclusion of HiAP in development plans.

Indicator:

- 3.2.1 Number of countries and territories that have included HiAP in development plans.
Baseline (2014): 6. Target (2019): 18.

¹ The equity profiles are two-page policy briefs using the methodology established in the WHO Handbook on Health Inequality Monitoring
http://apps.who.int/iris/bitstream/10665/85345/1/9789241548632_eng.pdf.

Objective 3.3: Incorporate or improve accountability measures at every level of policy execution, monitoring, and evaluation.

Indicator:

3.3.1 Number of countries and territories that have incorporated accountability measures or improved existing accountability measures such as audits, free access to information, and government transparency in all components of HiAP implementation.

Baseline (2014): 4. Target (2019): 12.

Line of Action 4: Facilitate assessment and engagement

22. Assessment of 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, as health assessments will require different skills, human capacities, and resources depending on the approach. Community engagement is necessary to promote awareness of 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.

23. 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 offer effective opportunities for policy dialogue.

Objective 4.1: Use innovative health promotion strategies to increase participation of civil society and communities in the policy-making and evaluation process involving HiAP to reduce health inequities.

Indicators:

4.1.1 Number of countries and territories with mechanisms to engage communities and civil society in the policy development process across all sectors.

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

4.1.2 Number of countries and territories with specific strategies to engage those experiencing the greatest inequities in policy discussions at the local, subnational, and national levels.

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

Line of Action 5: Ensure monitoring, evaluation, and reporting

24. In order to maximize the effectiveness of HiAP, Member States must gather and analyze evidence of successful policies, as well as identify areas that need improvement.

Monitoring and evaluation (M&E) should make use of preexisting health- or governance-related M&E structures and frameworks whenever possible, including national statistical offices.

25. A system of M&E needs to be developed during the planning process and should consist of specific indicators, accepted milestones, and standardized methods. Collaboration between different sectors increases the efficiency and accuracy of M&E 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 are using established monitoring and evaluation systems to record and report HiAP activities and accomplishments.
Baseline (2014): 0. Target (2019): 12.

Objective 5.2: Report on the efficiency and extent of monitoring and surveillance systems and identify areas for improvement.

Indicator:

5.2.1 Number of countries and territories that have produced reports on the efficiency and extent of HiAP monitoring and surveillance systems.
Baseline (2014): 0. Target (2019): 12.

Line of Action 6: Build capacity

26. The implementation and maintenance of HiAP requires education and training for new and existing stakeholders and engaging with institutions on HiAP. Capacity-building includes 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 related to infrastructure and development. Civil society organizations and community groups may benefit from acquiring new skills and using participatory techniques necessary to promote informed community participation and engagement.

Objective 6.1: Inform and educate the workforce in the health sector and other sectors about the HiAP approach, and encourage the implementation of HiAP among these groups.

Indicator:

- 6.1.1 Number of countries and territories with recognized institutes such as national public health institutes, universities and collaborating centers offering training courses on the implementation and monitoring of HiAP.
Baseline (2014): 0. Target (2019): 8.

Objective 6.2: Promote informed community engagement and participation by providing community leaders and members with the knowledge and skills to take action in implementing HiAP activities in their communities.

Indicator:

- 6.2.1 Number of countries and territories that have promoted community engagement and participation in policy-making through the education of community leaders.
Baseline (2014): 10. Target (2019): 20.

Monitoring and Evaluation

27. The proposed objectives and indicators are to be used as references for monitoring and evaluating progress during the period 2014-2019. Evaluations will be conducted annually in order to identify region- and country-specific strengths and weaknesses; to evaluate and modify, if necessary, specific policies; and to share successes. It is the responsibility of the Member States to collect and organize relevant country data and to report their findings to PAHO.

Financial Implications of this Agenda Item

28. The HiAP approach will play an important role in improving public health in the 21st century and will contribute to more efficient and equitable health systems in the Region of the Americas. The successful implementation of the regional Plan of Action on HiAP will require technical and financial cooperation with all the organizations, institutions, and Collaborating Centers with which PAHO collaborates on Health in All Policies. An estimated US\$ 500,000 over a period five years, from 2014 to 2019, will cover the costs for technical cooperation to develop and implement this Plan. This amount includes maintaining current staff as well as the Focal Points working on health promotion, social determinants of health, and HiAP in the four subregions. Through its technical capacity, the Secretariat will promote technical cooperation among countries as well as the strengthening of networks in the Region to secure the necessary resources needed to achieve the goals of the Regional Plan of Action on HiAP.

Annexes

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154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

CE154/17
Annex A
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PROPOSED RESOLUTION

PLAN OF ACTION ON HEALTH IN ALL POLICIES

THE 154th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the proposed *Plan of Action on Health in All Policies* (Document (CE154/17),

RESOLVES:

To recommend that the 53rd Directing Council adopt a resolution along the following lines:

PLAN OF ACTION ON HEALTH IN ALL POLICIES

THE 53rd DIRECTING COUNCIL,

Having reviewed the *Plan of Action on Health in All Policies* (Document (CD53/___);

Considering the Helsinki Statement on Health in All Policies 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, as well as the WHO Health in All Policies (HiAP) Framework for Country Action, which sets out six key components that should be addressed in order to put the HiAP approach into action;

Recalling the Alma-Ata Declaration, with its emphasis on a primary health care strategy, and the Global Strategy for Health for All by the Year 2000, with its call for coordination, cooperation, and intersectoral action for health among relevant sectors and aspects of national and community development, as well as the call of the Ottawa Charter for healthy public policies and supportive environments;

Acknowledging the Rio Political Declaration on Social Determinants of Health and its call for the development and implementation of robust, evidence-based, reliable measures of societal well-being, building where possible on existing indicators, standards, and programs and across the social gradient, that go beyond economic growth, and recognizing the important advocacy role of health ministries in this regard;

Acknowledging the UN General Assembly document “The Future We Want,” in particular its recognition that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development, and its call for the involvement of all relevant sectors for coordinated multisectoral action to address urgently the health needs of the world’s population;

Recognizing that health gains have not been shared equally between and within countries in the Region, that inequity remains one of the greatest challenges for health and sustainable development in the Americas, and that increased migration, the aging of the population, and the related increase in noncommunicable diseases (NCDs) are the most important trends shaping health in the Americas;

Recognizing the PAHO Strategic Plan of Action 2014-2019 and especially its Category 3, Determinants of Health and Promoting Health throughout the Life Course;

RESOLVES:

1. To approve the *Plan of Action on Health in All Policies* for 2014-2019.
2. To urge Member States to:
 - a) champion health and the promotion of health equity as a priority and take efficient action on the social determinants of health, NCD prevention, and universal health coverage;
 - b) take measures, including, where appropriate, effective legislation, structures, processes, and resources that enable public policies which take into account and address their impacts on health, health equity, and the determinants of health, and put in place mechanisms to measure and track determinants of health and health disparities;
 - c) develop, as appropriate, and maintain adequate and sustainable institutional capacity and skills, especially advocacy and leadership skills, to achieve, through actions across sectors, improved outcomes from the perspective of health and health equity;
 - d) utilize relevant tools to identify, assess, mobilize, and strengthen multisectoral participation and actions for health, including, as appropriate, interministerial committees, integrated budgets and accounting, community consultations, and health impact analysis;

- e) strengthen due diligence and accountability, and increase the transparency of decision-making and engagement;
 - f) involve, as appropriate, local communities and civil society actors in the development, implementation, and monitoring of policies across sectors, including mechanisms for community engagement and public participation;
 - g) contribute to the development of the Post-2015 Development Agenda by emphasizing that policies in sectors other than health have a significant impact on health outcomes, and by identifying synergies between policy objectives in health and other sectors;
3. To request the Director to:
- a) support national efforts to improve health and well-being and ensure health equity, including action across sectors on determinants of health and risk factors for noncommunicable diseases, based on the available knowledge and evidence;
 - b) provide guidance and technical assistance, upon request, to Member States in their efforts to implement Health in All Policies, including building necessary capacities, structures, mechanisms, and processes for measuring and tracking determinants of health and health disparities;
 - c) strengthen PAHO's role, capacities, and knowledge resources for giving guidance and technical assistance to support implementation of policies across sectors at the various levels of governance, and ensure coherence and collaboration with PAHO's own initiatives requiring actions across sectors, including in the regional response to the challenges posed by NCDs.



Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. **Agenda item:** 4.8 - Plan of Action on Health in All Policies

2. **Linkage to Program and Budget 2014-2015:**

- a) **Categories:** Category 3 - Determinants of Health and Promoting Health throughout the Life Course
- b) **Program areas and outcomes:** Program Area 3.4 : Social Determinants of Health; Outcome 3.4.1 Number of countries and territories implementing at least two of the five pillars of the Rio Political Declaration on Social Determinants of Health; Outcome 3.4.2 Number of countries and territories that have reoriented their health sector to address health inequities.

3. **Financial implications:**

- a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** Technical and financial cooperation with all the organizations, institutions and collaborating centers with whom PAHO collaborates on Health in All Policies is required to secure the successful implementation of the Regional Plan of Action on HiAP. An estimated US\$ 500,000 over a period five years (from 2014 to 2019) will cover the costs for technical cooperation to develop and implement this Plan. This amount includes maintaining current staff, as well as the Focal Points working on Health Promotion, Social Determinants of Health and Health in All Policies in the four sub-regions. Through its technical capacity the Secretariat will promote technical cooperation among countries, as well as the strengthening of networks in the region to secure the resources needed to achieve the goals of the Regional Plan of Action on HiAP.
- b) **Estimated cost for the 2014-2015 biennium (estimated to the nearest US\$ 10,000, including staff and activities):** A total of US\$ 11,555,000 has been allocated to Program Areas 3.4 Social Determinants of Health during 2014-2015.
- c) **Of the estimated cost noted in b), what can be subsumed under existing programmed activities?** Current funding available for Health in All Policies through PAHO's regular budget, WHO contributions and extra-budgetary sources will be applied to the Plan of Action. Efforts will similarly be made to mobilize resources to support the implementation of the Plan.

4. Administrative implications:

- a) **Indicate the levels of the Organization at which the work will be undertaken:** The Regional Plan of Action on HiAP will be implemented at the regional, sub-regional, national and sub-national levels in close collaboration with the Ministries of Health and extending to other sectors of Government and Society.
- b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** In order to implement this Plan, PAHO will maintain current staff, as well as the Focal Points working on Health Promotion, Social Determinants of Health and Health in All Policies in the four sub-regions. Through its technical capacity the Secretariat will promote technical cooperation among countries, as well as the strengthening of networks in the region to secure the resources needed to achieve the goals of the Regional Plan of Action on HiAP.
- c) **Time frames (indicate broad time frames for the implementation and evaluation):**
- January - March, 2014: Draft Plan of Action through close collaboration and consultation with partners.
 - April, 2014: Conduct High-Level Regional Consultation on HiAP Draft Plan of Action as part of Rockefeller Initiative.
 - June, 2014: Present HiAP Plan of Action to Executive Committee;
 - June-September, 2014: Conduct extensive consultations with countries and partners to to finalize HiAP Plan of Action.
 - September, 2014: Present HiAP Action Plan to Directing Council.
 - September-December, 2014: Develop work plan to implement the HiAP Plan of Action.
 - 2014-2019: Implement HiAP Plan of Action.
 - 2016: Present a progress report on the implementation of the HiAP Plan of Action to the Directing Council.
 - 2019: Submit a final Evaluation of the HiAP Plan of Action to the Directing Council.



Pan American
Health
Organization



World Health
Organization
REGIONAL OFFICE FOR THE Americas

CE154/17
Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. **Agenda item:** 4.8 - Action Plan on Health in All Policies

2. **Responsible unit:** Special Program on Sustainable Development and Health Equity (SDE)

3. **Preparing officer:** Dr. Kira Fortune

4. **List of collaborating centers and national institutions linked to this Agenda item:**

- a) Ministries of Health, Representatives from other sectors including education, transport and the environment; Non-Governmental Organizations and PAHO's networks working to promote the approach of Health in All Policies, such as the Prevention Institute and Center for Chronic Disease Prevention and Health Promotion, California University;
- b) PAHO collaborating Centers involved in HealthPromotion, the Social Determinants of Health and Health in All Policies, including: Universidad Industrial de Santander, Colombia; Universidad de Puerto Rico, Puerto Rico; University of Victoria, Canada; University of Kansas, U.S.; University of Toronto, Canada; Universidad de Valle, Colombia;
- c) Other UN agencies including UNICEF, UNDP and ILO

5. **Link between Agenda item and Health Agenda for the Americas 2008-2017:**

The HiAP approach will play an important role in implementing public health in the 21st century and contribute to more efficient and equitable health systems in the Region of the Americas through multi-sectoral efforts. The Plan of Action on HiAP addresses a number of areas of action in the Health Agenda for the Americas 2008-2017, including:

- a) Strengthening the National Health Authority.
- b) Tackling Health Determinants.
- c) Diminishing Health Inequalities among Countries and Inequities within them.
- d) Reducing the Risk and Burden of Disease.
- e) Strengthening the Management and Development of Health Workers.

6. Link between Agenda item and the PAHO Strategic Plan 2014-2019:

The Plan of Action is linked to Category 3: Determinants of Health and Promoting Health Throughout the Life Course.

Outcome

3.4 Increased leadership of the health sector in addressing the social determinants of health.

Outcome Indicators

3.4.1 Number of countries and territories implementing at least two of the five pillars of the Rio Political Declaration on Social Determinants of Health.

3.4.2 Number of countries and territories that have reoriented their health sector to address health inequities.

Output

3.4.1 Implementation of the WHO Health in All Policies Framework for Country Action, including intersectoral action and social participation to address the social determinants of health.

3.4.2 Countries enabled to generate equity profiles to address the social determinants of health.

3.4.3 Countries enabled to address health in the post-2015 development agenda, responding to the social determinants of health.

Output Indicators.

3.4.1 Number of countries and territories implementing the Health in All Policies Framework for Country Action.

3.4.2 Number of countries and territories producing equity profiles that address at least two social determinants of health.

3.4.3 Number of countries and territories implementing health promotion strategies to reduce health inequities and increase community participation.

3.4.4 Number of countries and territories integrating health in the post-2015 development agenda into their national planning process.

7. Best practices in this area and examples from countries within the Region of the Americas:

In February 2013, 30 PAHO/WHO countries met in Brazil for a Regional Consultation on Health in All Policies (HiAP). The Consultation served to introduce the HiAP Conceptual Framework to key stakeholders in preparation for the 8th Global Conference on Health Promotion held in Helsinki, Finland, during June of 2013, where the central theme was that of HiAP. 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. The outcomes of this consultation were later incorporated into the WHO HiAP Framework for Country Action as well as in the final Conference Statement. During the Global Conference in Finland PAHO/WHO presented the Summary of the Experiences of the Americas, a collection of 25 case studies from 15 countries in the Americas and one case study from Spain. These studies focused on specific government programs that incorporated some of the core principals of HiAP, as well as Best Practices. Each case study was prepared by the respective country's Ministry of Health and published in June, 2012.

8. Financial implications of this Agenda item:

Technical and financial cooperation with all the organizations, institutions and collaborating centers with whom PAHO collaborates on Health in All Policies is required to secure the successful implementation of the Regional Plan of Action on HiAP. An estimated US\$ 500,000 over a period five years (from 2014 to 2019) will cover the costs for technical cooperation to develop and implement this Plan. This amount includes maintaining current staff, as well as the Focal Points working on Health Promotion, Social Determinants of Health and Health in All Policies in the four sub-regions. Through its technical capacity the Secretariat will promote technical cooperation among countries, as well as the strengthening of networks in the region to secure the resources needed to achieve the goals of the Regional Plan of Action on HiAP.

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