



Health in All Policies: a new approach?

Never Stand Still

Medicine

Centre for Primary Health Care and Equity

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New Ways of thinking about the Social Determinants of Health
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Outline of presentation

- What we mean by Health in All Policies (HiAP)
 - Working definition
- Relationship to action on SDH and equity
 - Why it has currency
- Something new? Something old?
 - Historical roots & origins – Alma Ata (health for all), Ottawa Charter (intersectoral action)
- What does it mean in practice
 - Examples
- HiAP and early child development

Working definition

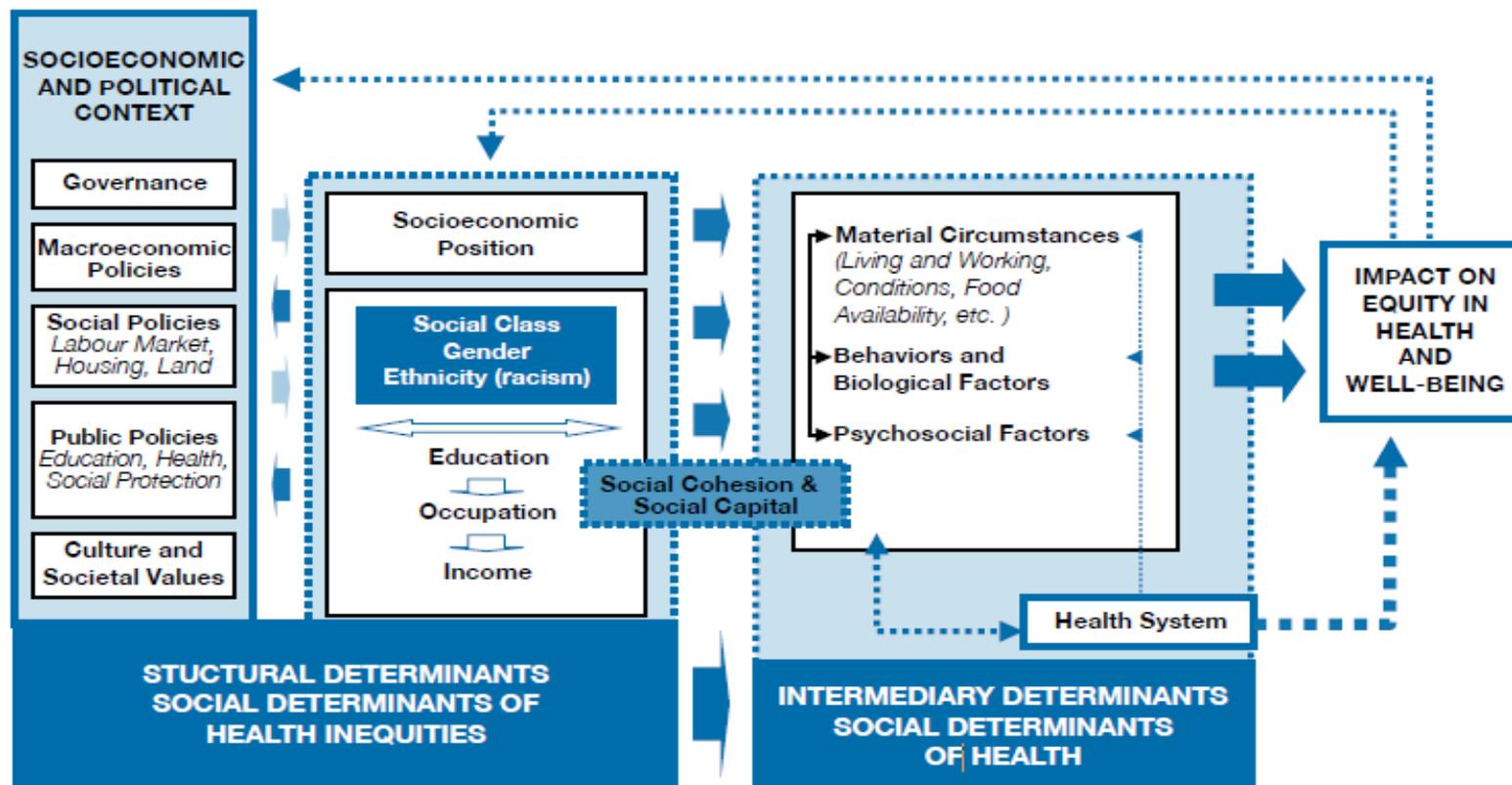
“Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity. A HiAP approach is founded on health-related rights and obligations. It emphasizes the consequences of public policies on health determinants, and aims to improve the accountability of policy-makers for health impacts at all levels of policy-making.” (Ollila et al, 2013; p.3)

About equity and HiAP

- Social gradient in health
- Social determinants of health must be addressed as these are key determinants of health equity including – structural determinants and drivers (socioeconomic policy & context) as well as intermediate determinants

Social determinants & health

Figure A. Final form of the CSDH conceptual framework



Ref: Solar O, Irwin A. *A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice)*. Geneva, WHO, 2010

Prioritising equity in HiAP

- Potential to address the structural determinants of health inequity e.g. macro policy etc
 - beyond a health (only) system response
 - beyond policy responses to address the existing situation to improved prevention and promotion
 - beyond policy responses with the equity goal of remedying health disadvantage to closing the gap or tackling the social gradient

Something old? Something new?

- Alma-Ata (1978) promoting a social view of health & advocating importance of intersectoral action for achieving health for all
- Ottawa Charter for Health Promotion (1986) – promoting healthy public policy & supportive environments for health – through intersectoral action
- Adelaide Statement on Health in All Policies (2010) – government objectives best achieved when all sectors include health and well-being as key components of policy development
- Helsinki Statement on Health in All Policies (2013)

Helsinki Statement

- Affirms commitment to equity in health
- Recognise government responsible for health of their people and equity in health is an expression of social justice
- HiAP – working definition as provided
- Recognise that governments have range of priorities where health and equity do not take precedence over other policy aims

HOWEVER

- Call for transparent process for taking health considerations into account in policy making

Helsinki Statement (2)

- Commit to health and health equity as a political priority
- Ensure effective structures, processes and resources to enable implementation HiAP
- Strengthen capacity of MoH to engage other sectors of government
- Build institutional capacity & skills (enable implementation HiAP) and provide evidence on the determinants of health and inequity & on effective responses
- Adopt transparent audit & accountability mechanisms for health & equity impacts
- Establish conflict of interest measures
- Include communities, social movements & civil society

HiAP in practice

- South Australian approach – several examples of HiAP – health lens analysis
- Vietnam – road helmet legislation

Key features HiAP: South Australia

- strongly linked to the achievement of the whole-of-government and whole-of-society objectives of South Australia's Strategic Plan (SASP)
- partnership(s) with other sectors to tackle the SDH enables other sectors to achieve their goals and indirectly achieve health goals.
- health lens analysis - is a process that analyses and explores the links between the public policy area of focus and the health and wellbeing of the population and examines the contribution of a healthier population to achieving the related SASP target.
- implementation of HiAP is supported by central government, in partnership with the health sector.
- creating space for dialogue e.g. Aboriginal mobility HLA

Key features HiAP: Vietnam

- government decree focusing on a range of road safety and traffic alleviation measures requiring all riders and passengers on all types of roads to wear helmets, the new regulation substantially increased fines compared to previous regulation.
- developed and implemented by the multisectoral (15 other agencies) National Traffic Safety Committee (NTSC) – established in 1997 & lead/chaired by Ministry of Transport
- Clear articulation of sector roles eg. health system – hospital surveillance
- Government employees first

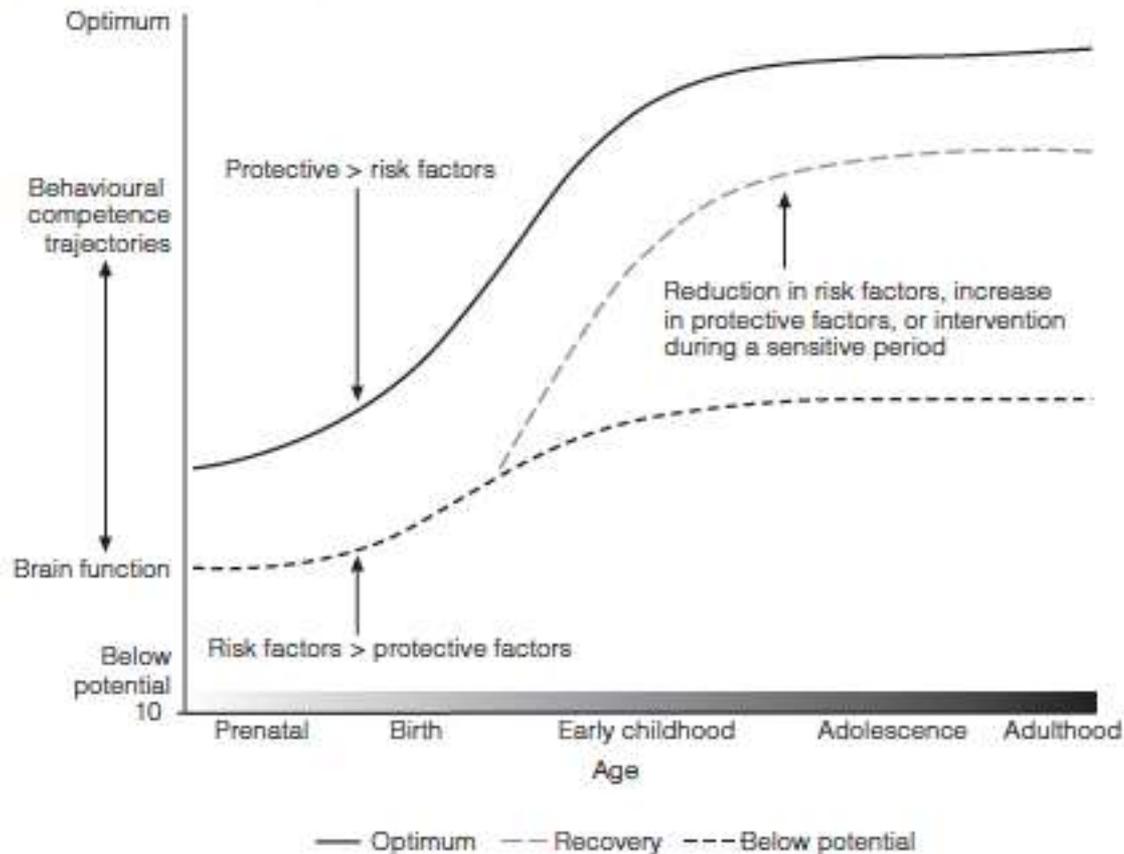
HiAP and early child development

- Need to integrate time (lifecourse), contexts (soc dets) & actors (across sectors) for effective policies towards equity from the cradle
- Early child development (ECD) – a social determinant of health & determined by the quality of the environments around the child.
- Recognition/emergence
 - “absolute economic efficiency” in investing in early years
 - most cost-effective human capital interventions occur among young children

Source: Mercer et al, 2013

HiAP and ECD: lifecourse & inequities

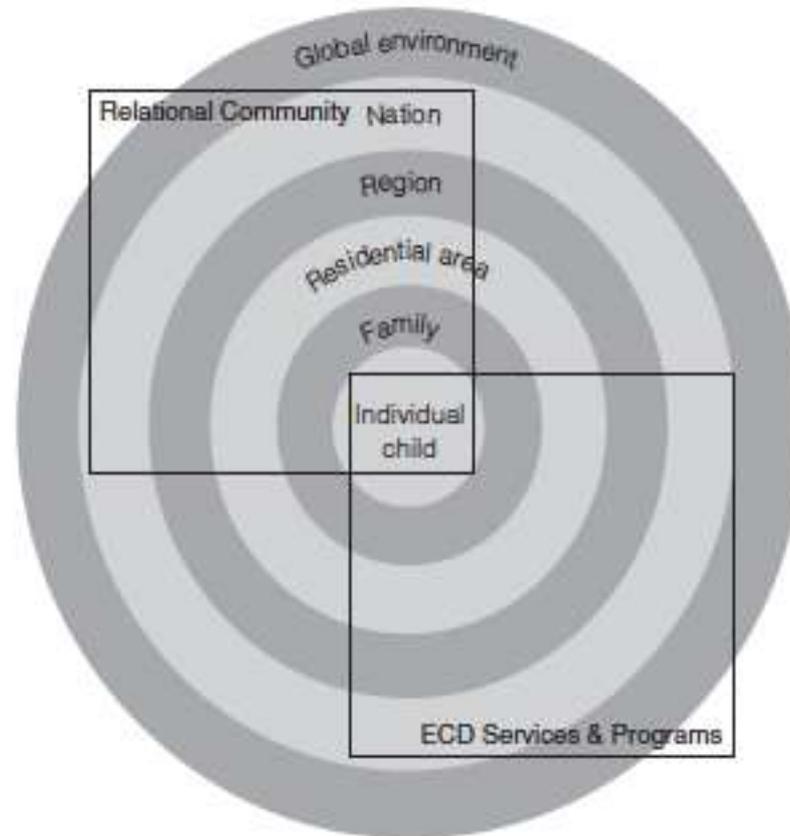
Fig. 6.1 *Development of inequities*



Source: Walker et al., 2011 (6).

HiAP and ECD: spheres of influence

Fig. 6.2 *Spheres of influence on ECD*



Source: Irwin, Siddiqi & Hertzman, 2007 (10).

HiAP and early child development (2)

- Key question – WHICH policies should countries consider implementing to improve the situation?
 - Initiatives in a wide range of sectors that are connected to reinforce each other > arcane policies
- *Many countries have ambitious ECD policies with a high-flown conceptual framework and well-defined objectives that are only rhetorical, never leading to action or endlessly at the early stages of the implementation process.*

Source: Mercer et al, 2013; p.112

Seizing opportunities, implementing policies

- http://www.euro.who.int/_data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

