

# Local Governments promoting health through intersectoral action



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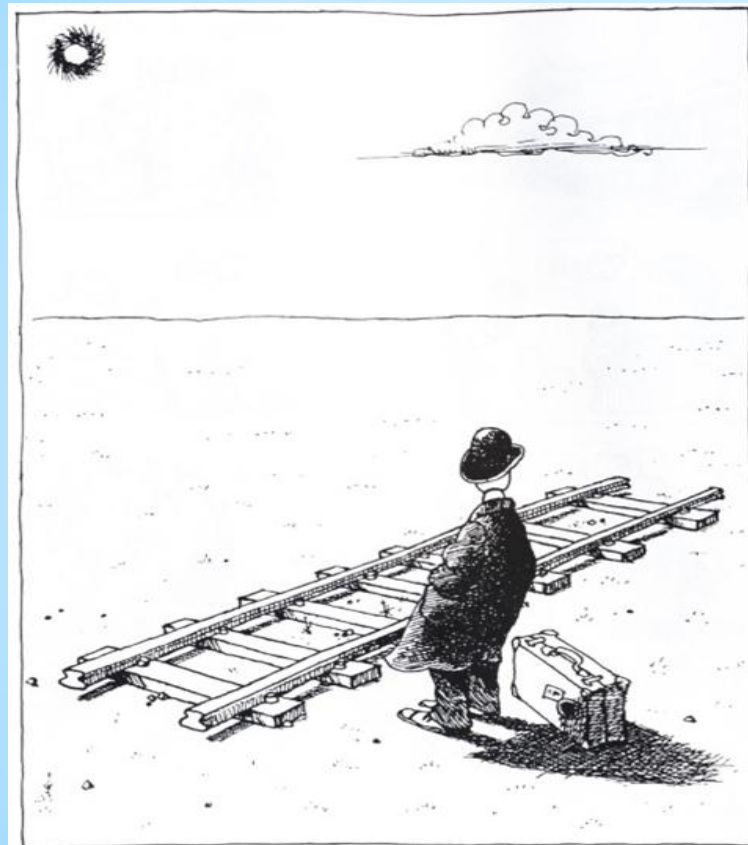
- WHO Centre for Health Development (WKC)
- Intersectoral Action for Health (ISA) definition and background
- WHO and WKC's work on ISA
- Intersectoral action for health at the local government level
  - Study of 25 local governments

# WHO Centre for Health Development



- Established in 1995
- Located in Kobe, Japan, part of WHO HQ (global focus)
- Urban Health and Innovation for Healthy Ageing (health equity)
- 15 staff + interns and volunteers

# INTERSECTORAL ACTION FOR HEALTH DEFINITION AND BACKGROUND



# Intersectoral Action for Health (ISA)

❖ **WHY? Health sector alone cannot promote/protect health and health equity**

**WHAT? Sector collaboration. Integration of health and health equity concerns**

❖ Definition: a recognized relationship between part or parts of different sectors to take action to improve health and health equity (WHO, 1997)

❖ Other terms: **Health in All Policies, multisectoral action, whole-of-government, healthy public policy**

# Two general approaches

- 1) integrating a **broad and systematic** consideration of health issues into all other sectors' policies (Health in All Policies)
- 2) integrating a **specific** health concern (e.g. physical activity) into other sectors' policies or action – **issue-specific ISA**



# Widely recognized approach

- ❖ Alma-Ata Declaration on Primary Health Care, 1978
- ❖ WHO Ottawa Charter for Health Promotion 1988
- ❖ Adelaide Statement on Health in All Policies 2010
- ❖ Rio Political Declaration on Social Determinants of Health 2011
- ❖ Political Declaration of the UN High-level Meeting of the GA on Prevention and Control of Noncommunicable Diseases (NCDs) 2011
- ❖ Helsinki Statement on Health in All Policies 2013

# UN High-level meeting on NCDs New York 2011

## High-level Meeting

**113** Member States  
**34** Presidents and Prime-Ministers  
**3** Vice-Presidents and Deputy Prime-Ministers  
**51** Ministers of Foreign Affairs and Health  
**11** Heads of UN Agencies  
**100s** of NGOs

## Political Declaration

### Establish multisectoral national plans by 2013

Integrate NCDs into health-planning processes and the national development agenda

### Promote multisectoral action through health-in-all policies and whole-of-government approaches

Build national capacity  
Increase domestic resources

## One-WHO work plan

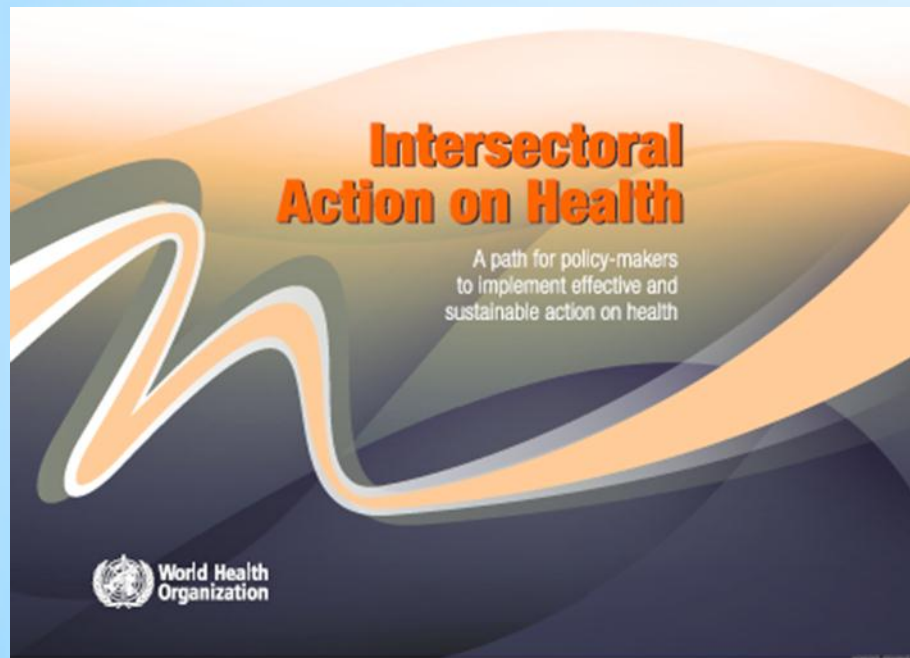
Develop a global monitoring framework and targets  
Exercise a leading and coordinating role within the UN system  
Develop a global implementation plan 2013-2020  
Expand technical competence and resources  
Scale up technical assistance





# WHO & WKC'S WORK ON INTERSECTORAL ACTION FOR HEALTH

- ❖ Expert Consultations (Kobe 2009, Helsinki 2010, Kobe 2010)
- ❖ Recommendations for policy-makers, incl. 10 steps (2011)



# 10 “Steps” for Intersectoral Action

1. Self-assessment
2. Assessment and engagement of other sectors
3. Analyze the area of concern
4. Select an engagement approach
5. Develop an engagement strategy and policy
6. Use a framework to foster common understanding between sectors
7. Strengthen governance structures, political will and accountability mechanisms
8. Enhance community participation
9. Choose other good practices to foster intersectoral action
10. Monitor and evaluate

# Smokefree Cities: Guide, Model Ordinance, & Training Manuals

- ❖ Guide
- ❖ Model Ordinance
- ❖ Training and Facilitators Manuals
- ❖ Completed work in 2013



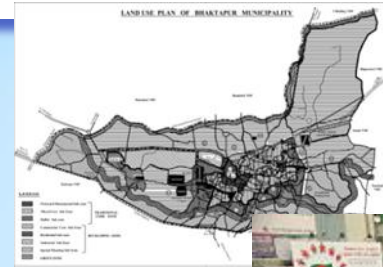
# **INTERSECTORAL ACTION FOR HEALTH AT THE LOCAL GOVERNMENT LEVEL**

**- STUDY OF 25 CASES**



# Local government ISA

- ❖ Local governments are **extremely diverse**
- ❖ Share also **commonalities**:  
e.g. directly influence urban determinants that impact health and health equity, and may benefit from proximity to citizens
- ❖ Many ISA cases documented individually, but **little systematic evidence of LG ISA or practical guidance.**





# Local government ISA

## Study of 25 cases

- ❖ **Research question: What is the process of ISA at local government level?**
- ❖ **Study 2011-2013**
  - 4 WKC case studies
  - + scoping review of literature PubMed (380 abstracts) = Total of 25 cases included
  - Information analysed in a scoping table
  - Framework modelled after Shankardass et al. (2011), based on earlier work by Solar et al. (2009)

# WKC case studies on ISA

(the “original four”)

- ❖ Open call: 4/75 case studies (2011-13)
- ❖ Local government experiences with ISA

Physical activity,  
 Liverpool, UK  
 “make more people more  
 active more often”



Abha, Saudi-Arabia  
 Healthy City tackling  
 NCDs



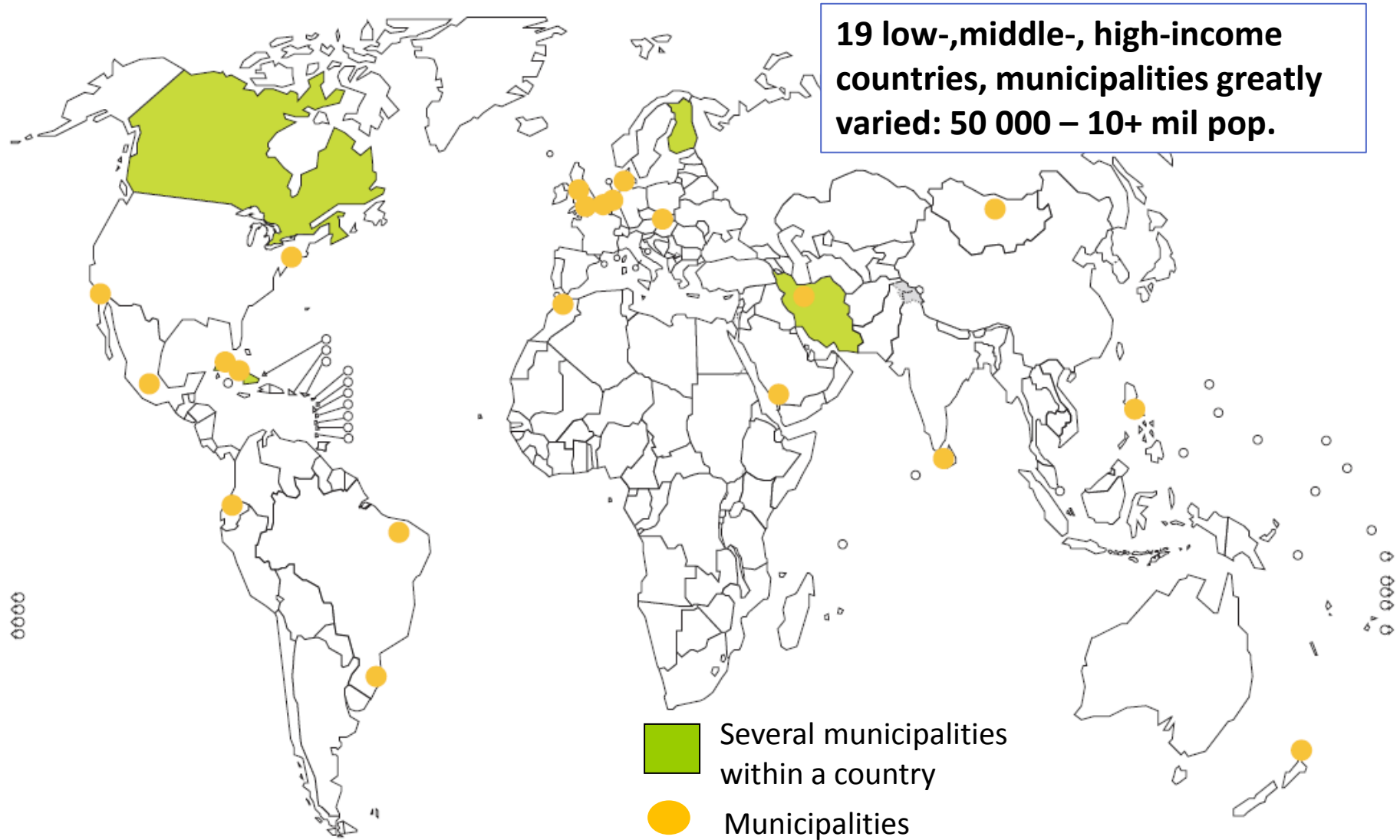
Varde, Denmark  
 Intersectoral health policy  
 “Making healthy choice the  
 easy choice”



Intersectoral  
 Action on child  
 obesity in New  
 York and London



## 25 Local government ISA cases



## Government sectors:

- ❖ Social Affairs, Culture, Sports 48%
- ❖ Education 44%

## Other sectors:

- ❖ Civil society 80%
- ❖ Academia 64%
- ❖ Private 40%
- ❖ Media 32%

# Facilitating factors and challenges

- ❖ National and international influence – ISA more likely to be initiated if “vision of health” at national level is broad
  - “*national strategy in which intersectoral collaboration is formally established*” was a facilitator for ISA at the local level (*Netherlands*)
- ❖ Windows of opportunity to initiate ISA
  - Public sector reforms (*Denmark, Finland*)
  - Structural reform (*Morocco*)
  - Joining the EU (*Slovakia*)
  - Smaller political windows
- ❖ Use existing structures
  - Healthy Cities programme (*Saudi-Arabia*)

# Facilitating factors and challenges

- Political will – commitment of leaders such as the mayor
  - But political cycles short/ interests may change
  - ISA can be initiated by the critical society (*Belgium*)
- Public participation – unique opportunities at local level
  - Public hearings and surveys (*Iran*)
  - Web-based consultation (*Denmark*)
  - How to engage the public throughout?
- Media attention



Prince of Abha participating  
in an intersectoral project



## ISA SUPPORT MECHANISMS/TOOLS\* USED in the 25 LOCAL GOVT CASES

<u><b>Coordination structure</b></u> <ul style="list-style-type: none"> <li>▪ Committee</li> <li>▪ Project group</li> <li>▪ Unit/board</li> <li>▪ Council</li> </ul>	<i>Health Council (Cuba)</i>	<b>76%</b>
<u><b>Financial mechanisms</b></u> <ul style="list-style-type: none"> <li>▪ Joint budget</li> <li>▪ Funding (for interventions)**</li> </ul>	<i>“Fund for health” (Denmark)</i>	<b>48%</b>
<u><b>Process tools (support implementation or M&amp;E)</b></u> <ul style="list-style-type: none"> <li>▪ Health impact assessment***</li> <li>▪ Urban HEART</li> <li>▪ Coaching tool</li> <li>▪ Needs assessment</li> </ul>	<i>Coaching programme on HiAP (Netherlands)</i>	<b>40%</b>
<u><b>Mandates</b></u> <ul style="list-style-type: none"> <li>▪ Local law, ordinance or resolution</li> <li>▪ National mandate or law</li> </ul>	<i>Compulsory health and welfare reports (Finland)</i>	<b>36%</b>

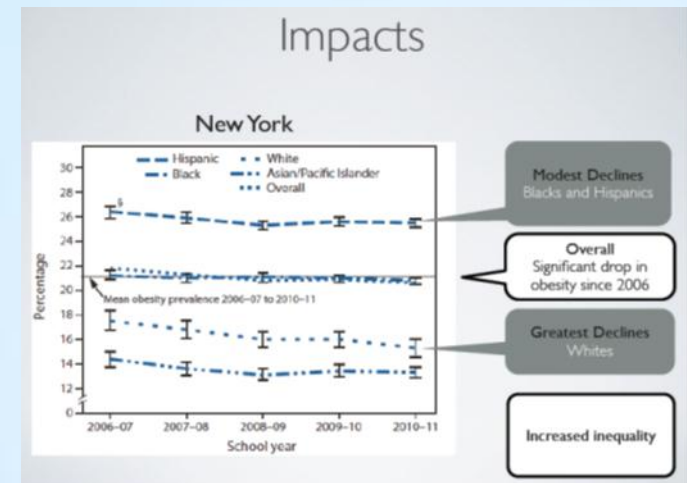
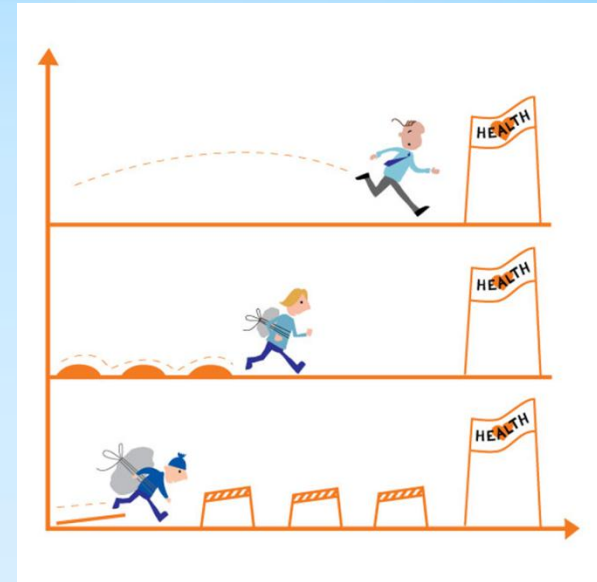
\* Mechanisms or tools that can be used to support initiation and implementation of ISA

\*\*Funding for interventions, but not explicitly for ISA.

\*\*\* In one of these cases an environmental impact assessment was also conducted.

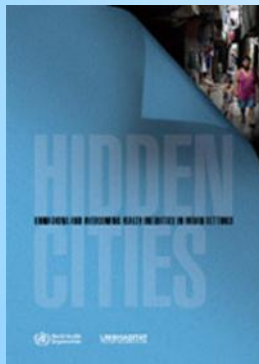
# Facilitating factors and challenges

- ❖ Responsibility levels /Vertical relations
- ❖ Addressing equity
  - Target determinants down- (services), mid- (behaviours) or upstream (distribution of wealth)?
  - Coverage of action (universal, targeted, mixed)?
- ❖ Evaluation and monitoring



Local government ISA is feasible in various settings. Challenges are similar as national level, but there are unique opportunities for public participation.

More evidence is required particularly on LT efficiency, but ISA is valuable as a participatory and broad-based process.



***Thank you!***

*[http://www.who.int/kobe\\_centre/interventions/en/](http://www.who.int/kobe_centre/interventions/en/)*

City	Country	Population in millions*	Start year	Type of ISA	Topics addressed
Ghent	Belgium	0.25	2004	Broad	Various
Porto Alegre	Brazil	1.5	2008	Issue-specific	Environment, housing
Sobral-Ceara	Brazil	0.2	1997	Broad	Various
Quebec, several	Canada	-	1995	Issue-specific	NCD (heart and lung disease)
Havana	Cuba	2.1	1999	Issue-specific	Infectious disease (dengue)
Santa Clara / Camajuani	Cuba	0.2/ 0.06	-	Broad	Various
Several	Cuba	-	-	Broad	Various
Varde	Denmark	0.05	2007	Broad	Various
Cotacachi	Ecuador	0.04	1996	Broad	Various
Several	Finland	-	2003	Broad	Various
Tehran	Iran	12.0	2008	Broad	Equity & access
Several	Iran	-	2001	Broad	Equity & access
Morelos	Mexico	1.8	2007	Issue-specific	Infectious disease (dengue)
Ulaanbaatar	Mongolia	1.2	2008	Broad	Various
Larache**	Morocco	0.15	2002	Broad	Equity & access
South Limburg	Netherlands	1.3	2007	Issue-specific	NCD (obesity)
Manukau	New Zealand	0.4	-	Issue-specific	Housing, adolescent health
Paranaque	Philippines	0.6	2008	Issue-specific	Maternal health
Abha	Saudi Arabia	0.2	2002	Broad	NCD
Trnava	Slovakia	0.07	2004	Issue-specific	Health impact assessment
Colombo	Sri Lanka	5.6	2011	Issue-specific	Environment, housing, waste, sanitation
Liverpool	UK	0.5	2005	Issue-specific	NCD (physical activity)
London	UK	7.8	2005	Issue-specific	NCD (child obesity)
New York	USA	8.2	2005	Issue-specific	NCD (child obesity)
San Diego	USA	1.3	2010	Broad	Various

# Limitations...

- no uniform reporting style
- cases varied in depth of information
- often written from the perspective of one sector/or academic perspective
- only captured cases that used our search terms ISA, HiAP...but many more local governments implement ISA e.g. integrated social policy



# Scoping information

- Case setting (country and municipality)
- Year of article
- Author(s)
- Type (1 broad ISA/HiAP or 2 issue-specific)
- Governance levels covered by article (1 national, 2 regional, 3 local govt, 4 community)
- Title
- Short description of case
- Approximate starting date of intersectoral action
- List of government sectors involved in intersectoral action
- Pattern of relationship between government sectors (e.g. information sharing, cooperation, coordination and/or integration)
  - Information sharing: information exchange or sharing information to passive recipient sectors. Could be considered as the first step in an intersectoral process.
  - Cooperation: some interaction between sectors, establishing formalities in the work relationship (no official strategy or plan is necessarily in place, no joint funding/budget available)
  - Coordination: adjusting policies or programmes of sectors, increased horizontal networking, usually some shared financing source(s) creating synergies with administration, but also possibly some loss of autonomy. Official joint strategies or policies can be put in place.
  - Integration: a political process where a new policy or programme is defined jointly with other sectors, may be supported by laws/ordinances, sharing of resources (e.g. joint funds or joint budget), integration of objectives, responsibilities and actions, loss of more autonomy.
- Private sector involved in intersectoral action? (Y/N)
- Civil sector involved in intersectoral action? (Y/N)
- Academic sector involved in intersectoral action? (Y/N)
- Media involved? (Y/N)
- Does ISA target upstream, midstream, or downstream social determinants of health?
  - Upstream: macro-level factors; interventions aimed at fundamental underlying causes of poor health and health inequity e.g. mechanisms for the redistribution of wealth, power, opportunities.
  - Midstream: intermediate level factors; interventions that aim to reduce risky behaviours or exposure to hazards
  - Downstream: micro-level factors including the effect of midstream and upstream factors; for instance increasing access to health care services
- Is coverage of action targeted, universal, mixed?
- Does intersectoral action address equity in a targeted, universal, or mixed manner? (Y/N and how)
- Use of impact assessment? (Y/N) And type (e.g. HIA)
- Use of coordination mechanism? (Y/N) And type (e.g. intersectoral committee)
- Use of other type of mechanism that led to ISA (e.g. Urban HEART)
- Joint budget/funding for ISA projects (Y/N)
- Mandates (Y/N) ? And type (e.g. laws, policies)
- Information about evaluation, in general? (Y/N)
- Does article contain information about background of the intersectoral action? (Y/N)

## Additional information:

- challenging factors
- facilitating factors