Intersectoral Action for Health and Health in All Policies at the Local Government Level

Short course B
Health in All Policies and NCDs
5th Alliance for Healthy Cities Global Conference
24 October 2012

Riikka Rantala
WHO Centre for Health Development
Kobe, Japan

Outline

- Clarifying concepts Intersectoral Action for Health (ISA) and Health in All Policies (HiAP)
- Local governments and ISA/HiAP
- Challenges and facilitating factors at the local level

Clarifying the concepts

- Our health is influenced by social, economic and environmental determinants of health, forming a complex net of interrelated factors
  - Health sector alone cannot promote/protect health!
- Terms such as intersectoral action for health (ISA) Health in All Policies (HiAP), multisectoral action, whole-of-government, healthy public policy can be used almost interchangeably

Intersectoral Action for Health

- a recognized relationship between part or parts of different sectors to take action to improve health and health equity. Two approaches:
  - broad strategy - integrate a systematic consideration of health concerns into all other sectors’ routine policy processes. Institutionalized/formal e.g. Health in All Policies (HiAP).
  - more issue-centred strategy, in which the aim is to integrate a specific health concern into other sectors’ policies e.g. WHO Framework Convention of Tobacco Control
Health in All Policies

- Complimentary policy-related strategy with high potential to contribute to population health
- Emphasizes that decisions in other policy areas (e.g. transportation, agriculture, education) have the most impact on health (Adelaide Statement)
- Can be seen as ‘continuum’ of ISA
  - Institutionalized, formal
  - Systematic vs. ad hoc

Health in All Policies

- HiAP seeks to:
  - integrate health considerations into the policies of other sectors (broad)
  - provide information and evidence from a health policy perspective
  - generate and facilitate ISA
  - analyse how policies/interventions are linked with health and health determinants (incl. equity considerations)

Local Governments and ISA/HiAP

- direct influence on a wide range of urban health determinants (including those related to NCD risk factors)
- well positioned to influence, enact and enforce health promotion and protective legislation
- Relatively small size and proximity to citizens
  - local governments can benefit from the experience of other local govts that have successfully implemented ISA
4 case studies on local level ISA

- To identify evidence/mechanisms to promote ISA
- Open call of expressions June 2010, 75 proposals, selected 4 case studies:
  - Liverpool Active City, UK (physical activity)
  - Varde, Denmark (intersectoral health policy)
  - Abha City, Saudi Arabia (NCDs/Healthy City)
  - New York/London (child obesity)
- Local governments are very different – different approaches can be applied!

Liverpool Active City
Issue-specific ISA

- Example of issue-specific ISA (physical activity)
- How the city developed and implemented its physical activity agenda
- How it grew from an initial focus on coordinating physical activity interventions to a wider intersectoral action

"to make more people more active more often"

Liverpool Active City
Issue-specific ISA

- Liverpool Sports and Physical Activity Alliance (SPAA) coordination mechanism
- Evaluation (LJM University): positive impact measured on PA goals (increase in PA levels)

Strategically, LAC has helped to **achieve both common goals** (boosting use of city parks, enhanced facilities in schools, transport and mobility plans, healthier workforces) and **specific physical activity objectives**.
Varde Denmark  
Example of broad ISA/HiAP

- Example of broader ISA
- Case study on development and implementation of an intersectoral health policy
- Policy initiated after Public Sector Reform 2007
- 10 priority areas

Make the “healthy choice the easy choice” for all citizens

Varde  
Example of broad ISA/HiAP

Coordination Mechanism (Project Group and Project Manager Group)

- Several challenges and facilitators identified
- Main achievements:
  - “fund for health”
  - “health networks” in all sectors

Abha City  
Using Healthy Cities structure for ISA

- Combatting NCDs through ISA under the Healthy Cities Programme (HCP)
- NCDs are major source of mortality and morbidity in Saudi Arabia
- Abha joined HCP in 2002 and formed an intersectoral HCP Main Committee. Several ISA projects have been implemented.
Abha City
Using Healthy Cities structure for ISA

Projects are also supported by thematic subcommittees, HCP Coordinator, Steering Committee, Financial Committee and Women’s Committee.

Physical Activity Promotion – project:
- Directorates of Health, Agriculture, Water and Electricity and the Governorate
- A walking track was created and made more attractive, safe and secure by adding green areas, street lights, drinking water supplies and park benches.

Challenges
- Lack of ownership in non-health sectors. ISA perceived as “extra task” and health sector as dominating
- Traditionally municipalities work in “sectoral silos”
- Lack of joint funding
- Lack of baseline measures and lack of clear objectives in the policy
- Ensuring continuous public participation and media attention
- Collaboration with the private sector

Facilitating factors
- Political support/leadership
- Community participation
- Use of local media
- Use existing governance structures (e.g. Healthy Cities)
### Facilitating factors

- Robust coordination mechanism (several sectors from the beginning)
- Joint budget/funding earmarked for ISA
- Legislation or other mandate for ISA
- Use impact assessments/ equity measurements (Urban HEART) for baseline data and evaluation
- Collaboration with research groups (M&E support)

**THANK YOU!**

http://www.who.int/kobe_centre/interventions/en/