# JOINT ACTION
# HEALTH EQUITY EUROPE

## Work Package 9:
## Health and Equity in All Policies - Governance

# Deliverable 9.1
# POLICY FRAMEWORK FOR ACTION

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## *Glossary and acronyms*

Inequality — A difference (regardless of how it is caused).

Inequity — An unfair and avoidable difference. It is often unclear to what extent differences in health status should be regarded as inequities; inequalities in service provision are much more likely to be regarded as unfair and avoidable.

Health equity — Greater socioeconomic inequality in society is associated with poorer average health at aggregate level. Many policy decisions have a particularly detrimental effect on the health of lower socioeconomic groups, with many health determinants and vulnerabilities being unevenly distributed among populations.

Health inequalities or inequities — These can be of two types, concerning (a) health status or (b) the provision of health services or health protection in the wider sense.

Health (Equity) in All Policies – HIAP: Health in All Policies is an approach to policies across sectors that systematically takes into account the health implications of decisions, seeks synergy and avoids harmful health impacts. It aims to improve population health and health equity.

Health Lens Analysis – HLA: The Health Lens Analysis (HLA) is one method of HEIAP approach; a process description of implementing HIAP.

Health (Equity) Impact Assessment – HIA: Combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population by making clear if a policy will differentially impact on different groups. It can be described also as a prospective Health Equity Impact Assessment.

Health Equity Audit – HEA: A review procedure, which examines how health determinants, access to relevant health services, and related outcomes are distributed across the population. It can be described also as a retrospective Health Equity Impact Assessment.

Governance — Governance is the system of decision-making whereby directions are set, authority is exercised, and events are monitored and managed. Governance may include action that goes well beyond government by delegating policy formulation and policy implementation or parts of it to stakeholders or stakeholder organizations. In essence governance is about power relationships in the decision chain.

SDH — Social Determinants of Health

WHO — World Health Organization

EU — European Union

# Executive summary

**Aims:** The purpose of this Deliverable was to describe an ideal situation of Health Equity In All Policies (HEIAP) and inter-sectoral governance. This Policy Framework for Action (PFA) is the horizon of our expected standard to be achieved in the future. Country Assessments (CA) of WP9 concentrate on a specific chosen situation/challenge, the context around this challenge, and how it could be solved. The CA of WP9 along with PFA helps the participating countries to focus and clarify what they should do within their Implementation Action. The Implementation Actions will be more "exemplary" in order to learn and demonstrate that multisectoral collaboration on reducing health inequities "can be done" rather than building new structures for HEIAP or changing the governance. In the Country Assessment of WP4 the participating countries collect the general/national situation, "a big picture" where the country is now according to HEIAP. The CA of WP4 and CA of WP9 complement each other.

**Methods:** WP9 leader drafted the paper, and all WP9 partners commented on it. All comments were taken into account in the final version.

**Key findings:** The six key components of implementing health action across sectors that countries need to consider in implementing effective actions across sectors are: 1) to establish the need and priorities for action across sectors, 2) to identify supportive structures and processes, 3) to frame the planned action, 4) to facilitate assessment and engagement, 5) to establish a monitoring, evaluation and reporting mechanism, and 6) to build capacity.

**A list of contributing countries of WP9:**

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| Federal Public Service Health, Food Chain Safety and Environment | Belgium / federal |
| Agence pour une vie de qualité (AVIQ) | Belgium / Wallonia |
| National Center of Public Health and Analyses (NCPHA) | Bulgaria |
| Croatian Institute of Public Health (CIPH) | Croatia |
| National Institute of Health Development (NIHD) | Estonia |
| Finnish Institute for Health and Welfare (THL) | Finland |
| Federal Centre for Health Education (BZgA) | Germany |
| 6th Regional Health Authority of Peloponnese – Ionian islands – Epirus – Western Greece (6th DYPEDE) | Greece |
| National Institute of Health (ISS) | Italy |
| Occupational Health Centre, Institute of Hygiene | Lithuania |
| Dutch expertise centre on health inequalities (Pharos) | The Netherlands |
| Ministry of Health | Poland |
| Directorate-General of Health | Portugal |
| National School of Public Health, Management and Professional Development Bucharest | Romania |
| Ministry of Health | Slovakia |
| National Institute of Public Health | Slovenia |
| Andalusian School of Public Health (EASP) | Spain / Andalucia |
| Conselleria de Sanitat Universal i Salut Pública | Spain / Valencia |
| Public Health Wales | UK / Wales |

# 1. Introduction

Reducing inequalities in health has turned out to be a much harder task for health and social policy than was anticipated some two to three decades ago. During the same time, the international field has undergone remarkable social changes that have impacted in many ways national living conditions and also the preconditions of national policies, in other words, factors that determine health and well-being of populations and different population groups (Palosuo et al. 2013).

There is valid information on health, health inequalities and its determinants available, but the information is not automatically transformed to concrete policy actions and measures. Besides knowledge policy implementation requires many other elements to be effective: political will and commitment, collaboration, resources and governance.

WHO has reviewed the social determinants and the health divide in the WHO European Region (UCL Institute of Health Equity 2013). This review states that actions are needed across the life-course and in wider social and economic spheres to achieve greater health equity. Much of the work to redress social inequity and health inequities lies beyond the health sector. Strong commitment is needed from the top of government with active engagement of e.g. education, social protection and finance ministries. Health in all policies approach is not sufficient to address social determinants of health: what is needed is health equity in all policies. The whole-of-government approach outlined in this review integrates equity within the Health in all policies approach as:

- providing a way of achieving the multiple benefits that accrue to sectors through the shared priorities outlined above
- ensuring equity is integrated into policy across all parts of government and society.

Health equity actions are needed in many fields. European review recommendations are grouped into four themes: life-course stages, wider society, macro-level broader context, and systems. This work package will focus on the (governance) systems[1], in other words **Health Equity in All Policies**. Even though focus is on the systems, it is essential to take the wider society - like citizens´ participation - into account[2].

## *Defining Health Equity in All Policies*

HEIAP approach emphasizes that the policy sectors other than health (e.g. transport, agriculture, education, employment etc.) have the most impact on citizens’ health, health determinants and the capacity of health systems to respond to health needs. HEIAP is seen to operate horizontally across sectors, but can also operate vertically, to bridge local, regional and national actors engaged in policy making and implementation.

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[1] whole-of-government and whole-of-society approaches, coherence of action across all sectors and stakeholders, monitoring, reviewing

[2] societal cohesion and protection, partnerships and empowerment

A HEIAP approach seeks to:

- integrate health considerations into policies concerning sectors other than health
- provide information and evidence from a health policy perspective at the level of governance where policies are shaped
- ensure that all sectors and levels of government are more accountable for policy decisions that have an effect on health and health systems
- improve the mechanisms and tools for taking account of health implications
- generate and facilitate intersectoral actions for health and solutions for improved health impacts
- analyse how policies and interventions are linked to impacts on health determinants, risk/protective factors, health outcomes and on health systems, as well as the distribution of these effects across various population groups
- inform the policy-makers working in and across all sectors, politicians and the public about how policy decisions affect health and health systems, including the distribution of health and equity in health systems.

The key objective of HEIAP is to aid informed policy making. It also serves the political need for greater policy coherence across government, so that investments of public funds in one area are not undermined by policies implemented in other areas, at least with respect to their marginal impact on health. When different policy sectors are in competition or conflict with each other, it is important that political decision-makers are informed about these conflicts, and that the implications for health are duly considered and recognized, bringing policy coherence across sectors. People affected by these policies should be informed, and they should have the opportunity to know in advance how such a policy could affect their living conditions.

HEIAP can be justified from a public health perspective or an economic perspective, but in terms of reflecting some of the most cherished human values, it is the human rights perspective that perhaps gives the strongest force to HEIAP as a strategic tool for policy makers. Health and well-being are undoubtedly major societal objectives in their own right.

In policy making, policies that are aimed at amending health determinants are not necessarily neutral in terms of their effectiveness in the various subgroups of the population. In general, disadvantaged groups benefit later from improvement in health determinants. Policy impacts are often not evenly distributed across different socioeconomic groups. An explicit focus on the determinants of inequalities in health is necessary to ensure improved equity in health.

The responsibility and obligation of the health sector is to ensure that it has the expertise and capacity to articulate and take up health and health policy implications with other sectors.

The aim of intersectoral collaboration is a) to identify those policy inputs that affect health, and b) to decide what implementation actions can be taken or avoided to protect, maintain or improve the health of

citizens. The task of Health Equity in all policies is to enable and support this as part of political decision-making, accountabilities and practice.

The real challenge in Health Equity in All Policies (HEIAP) is to make other sectors aware of the health impact that their policy making has on health outcomes and capacities to stay healthy. With joint interests the task is often easy, but with conflicting interests this can require preparation and background work within the health sector. Lessons on health system organisation, regulation and financing might also be needed.

The Diderichsen et al. (2001) model (Figure 1) is often used to illustrate the complex process by which social conditions are linked to health. The model identifies five causal mechanisms (represented by the continuous arrows), the corresponding counteractions (represented by the dotted arrows) and the boxes represent the consequences of these mechanisms.

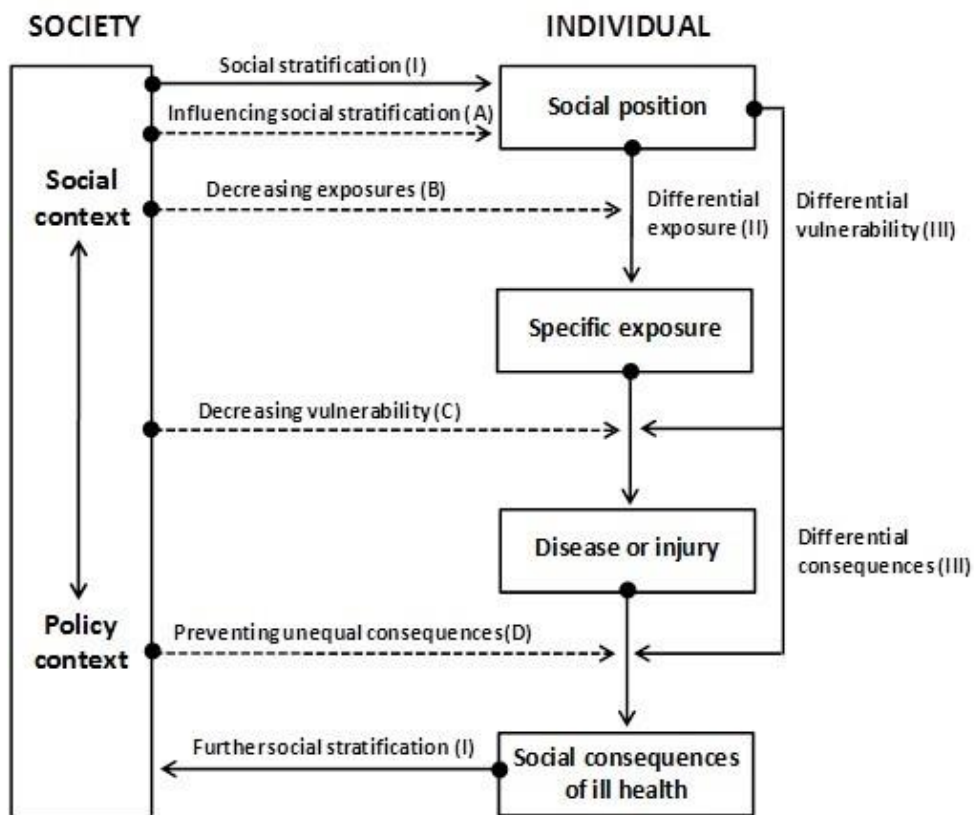



Figure 1. How social inequalities are created, exacerbated and perpetuated (elaborated from Diderichsen et al, 2001)

As Figure 1 shows, policy context and social context are closely linked. Policy context has impact to all causal mechanisms and following consequences. . Political decisions may impact social stratification, specific exposures, vulnerability or differential consequences. Decisions in all policy sectors have impacts on health and health inequalities, and therefore Health Equity in All Policies approach and good governance are required

# 2. Aim and outline of the paper

The chapter 1 of this paper describes the idea of Health Equity in All Policies (HEIAP) approach. In chapter 2 the aim, purpose and outline of the paper are described. The chapter 3 presents how inter-sectoral governance structures can support the practice of HEIAP and governance according to previous studies and reports. The chapter 4 provides some tools and promising practices to implement HEIAP and governance. The chapter 5 outlines a policy framework of action for Work Package 9 within JAHEE, and gives instructions for Implementation Action.

The purpose of this paper is to describe an ideal situation of HEIAP and inter-sectoral governance. Policy framework for action is the horizon of our expected standard to be achieved in the future. Country Assessment (CA) of WP9 concentrates on a specific situation/challenge, the context around this challenge, and how it could be solved. CA of WP9 along with PFA helps the participating countries to focus and clarify what they should do within their Implementation Action. The Implementation Actions will be more "exemplary" in order to learn and demonstrate that "it can be done" rather than building new structures for HEIAP or changing the governance. The Country Assessment of WP4 the participating countries collect the general/national situation, “a big picture” where the country is now according to HEIAP. CA of WP4 and CA of WP9 complement each other.

The explanatory framework underlying JAHEE (Appendix 1.) clarifies the project wholeness and position each work package into the big picture.

# 3. HEIAP and governance according to previous studies and reports

## *3.1 Health Equity In All Policies:*

**Framework for country action across sectors for health and health equity**

WHO World Health Assembly (WHO 2015a) defined a framework for country action across sectors for health and health equity as follows:

“The framework provides guidance to participating countries on taking country-level action across sectors for improving health and health equity. Such action includes the support of the health sector to other sectors in developing and implementing policies, programmes and projects within their own remit, in a way that optimizes co-benefits (i.e. for all sectors involved).”

The framework can be used to address specific health issues, or to establish a more comprehensive, systematic approach. The aim is to ensure action across sectors for health and health equity, with a focus on underlying determinants of health.

### What is action across sectors?

Action across sectors refers to work undertaken by two or more government ministries or agencies to develop policies, programmes or projects together. It includes both horizontal action between ministries or agencies, and action across different levels of government. Traditionally, the health sector has facilitated action across sectors for health and health equity, for example, through the Health Equity in All Policies (HEIAP) approach.

Substantial health gains can be made through explicit effort from sectors outside health. It is therefore important for the health sector to support other sectors in developing and implementing policies, programmes and projects within their own remit that optimize co-benefits. Thus, in this framework, action across sectors in government or, more generally, in the public sphere, also refers to "multisectoral action".

Engagement with non-State actors (e.g. Non-Governmental Organizations NGOs) who play a critical role in promoting action across sectors is essential. This is also known as "multistakeholder action".

### Why is health action across sectors necessary?

If the Member State´s aim is to create inclusive, equitable, economically productive and healthy society, it is very important to address social and environmental determinants of health across all policy sectors (e.g. transport, agriculture, education, employment etc.) according to Health Equity in All Policies –ideology.

Health action across sectors is necessary because many factors that are key to health outcomes lie beyond the reach and control of the health sector. Such factors include: the causes of, distribution of, and risk factors for, many diseases; inequitable access to care; and the social, economic and environmental determinants of health. Action across sectors is needed to ensure health protection and to optimize health systems functioning, both of which are essential for improving health and health equity.

Action across sectors has proven to be an effective way to address specific health issues throughout the life course. It is also highly effective in health emergency situations, which usually require the rapid participation and cooperation of various sectors.

Action across sectors is particularly important in countries with weak infrastructures, an overemphasis on economic development at the expense of the environment, weak regulation and legislation for the prevention and control of non-communicable diseases, and limited capacity of and access to health systems.

Health for all is a precondition for and an indicator of sustainable development. Vice versa, achieving the proposed set of sustainable development goals by 2030 is critical for health and health equity, taking into

account that most of the sustainable development goals are social, economic and environmental determinants of health and equity.

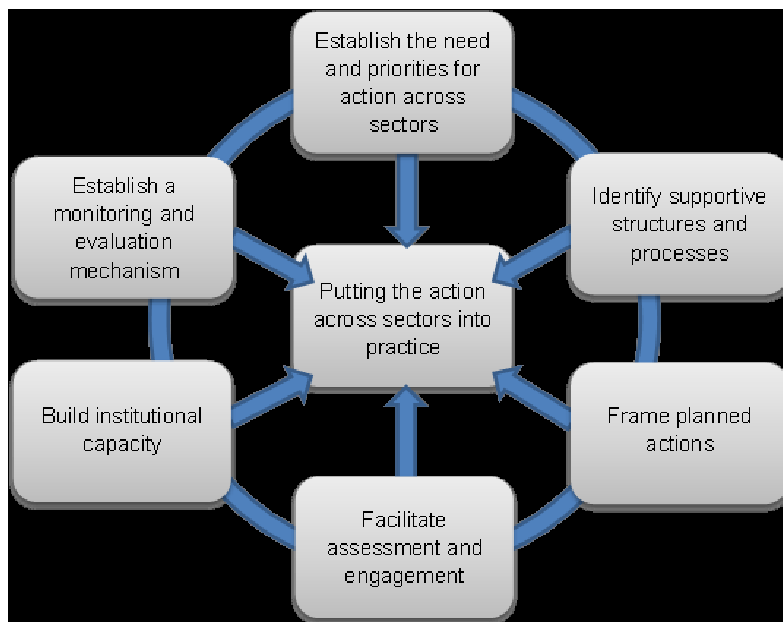
## Core values and principles

The underlying values and principles on which the framework is based are as follows:

- ***Right to health:*** This is in line with the Constitution of the World Health Organization. The right to health applies equally to all and at all stages of life.
- ***Health equity:*** Equity in health can be addressed when there is a focus on the causes of the disparities that persist. Vulnerable populations need to be given special attention.
- ***Health protection:*** Disease prevention and health promotion are key responsibilities of governments. Legislation, rules and regulations are important instruments to protect people from social, economic and environmental threats to health.
- ***Good governance:*** Accepted principles of good governance include: legitimacy, grounded in the rights and obligations conferred by national and international law; accountability of governments towards their people; and participation of wider society in the development and implementation of government policies and programmes.
- ***Sustainability:*** It is important to ensure that policies aimed at meeting the needs of present generations do not compromise the needs of future generations.
- ***Collaboration:*** The protection and promotion of health and health equity requires collaboration and in many instances, joint action across various sectors and levels of government, non-State actors and the community.
- ***Safeguard of public health interests:*** To safeguard such interests, it is necessary to avoid undue influence by any form of conflict of interest, whether real, perceived or potential.

## Proposed components for action

Figure 2 shows six key components that countries need to consider in implementing effective actions across sectors. These components are not fixed in order or priority. Countries should adapt and adjust the components based on the country's specific social, economic and political contexts.




Source: Adapted from the Health in All Policy: Framework for Country Action, see: http://www.who.int/healthpromotion/frameworkforcountryaction/en/.

**Figure 2. Key components of implementing health action across sectors**

*Key component 1: Establish the need and priorities for action across sectors*

Establishing the need for action means determining what the specific needs are, and how they might be addressed. It is important to identify gaps in health and health equity, and what works must be made known. Other sectors must be supported in developing and implementing policies, programmes and projects within their own remit, which optimize co-benefits.

The following actions may help to establish the needs and priorities:

- *Ensure that there is high-level political will and commitment* –raise awareness that achieving health and health equity is a key responsibility of all governments, that health is an outcome of all policies, and that health contributes to broader societal and policy goals, such as economic growth and sustainability.
- *Build a case for action across sectors* – increase awareness of decision makers, civil society and the public about how policies from different sectors of government can affect health and health equity, demonstrating how the engagement of key non-State actors can enhance the results of taking action, bringing a focus on the benefits to other sectors by working with the health sector, and communicating the costs of inaction.
- *Use political mapping* – this can identify members and groups within government that would be supportive and influential in ensuring the commitment of other sectors.
- *Identify areas of common interest, and existing inter-sectoral structures and frameworks* that could be strengthened to improve the efficiency of work.

- *Prioritize actions* – this could be based, for example, on the significance of the issue for health or health equity, the alignment with government priorities, the existence of feasible and evidence-based solutions, available resources, and ethical criteria or those that are most amenable to intersectoral action.
- *Analyse information about the factors affecting health* - some countries have adopted a health profile methodology to identify the main determinants of health and well-being in each municipality, helping to set local public health priorities and need for action across sectors.

*Key component 2: Identify supportive structures and processes*

In this context, a structure enables actors from different sectors to interact. It can be a collection of people designated for a function or purpose, such as a committee or an interagency network, a service provider, or a collection of interrelated services, such as a public health institute. A process outlines the interaction and communication, including power dynamics and influences, between actors.

The following actions may help to identify structures and processes:

- *Strengthen the ministry of health* in terms of its capacity to identify and engage with different government sectors, WHO and other United Nations organizations and intergovernmental organizations, and non-State actors in actions initiated by the health sector. It is important to identify and initiate dialogue with motivated leaders, and with individuals who contribute to decision-making or policy implementation, within different sectors.
- *Identify the most appropriate facilitating agency* to manage, take forward and account for the action across sectors for a given topic or priority. Also, ensure that the agency has the necessary human resources to carry out the coordination work needed, examine existing collaboration frameworks across sectors, and explore the possibility of integrating health and equity aspects in those dialogues.
- *Create realistic and functional structures for communication and for working across sectors* or use existing structures, where available, with clear roles and responsibilities. These structures could be topic-specific or broad enough to tackle multiple issues. At the national level, experience from different countries indicates that structures work best when there is the direct involvement of the Head of State or Government.
- In countries with a decentralized government structure, *consider using the existing inter-territorial coordination mechanisms*, ensuring that regional and local entities are involved in the process.
- *Use legal frameworks,* including international treaties, presidential orders and memoranda of understanding to foster intersectoral collaboration. At the national level, many countries have adopted laws and regulations affecting different sectors to decrease the use of tobacco by increasing taxes or banning smoking in public places.
- *Improve accountability and explore available mechanisms for scrutiny* within the legislative process, such as oversight committees, public hearings, issue-based groups and coalitions, and public health reports to legislature.

*Key component 3: Frame the planned action*

Action plans can be stand-alone, or incorporated into existing action plans or strategic documents. The lead agency will initiate planning with the collaboration of the intersectoral established structure, whether it is a committee, a working group or another structure.

The following actions may help to frame the planned action:

- *Identify and review the data available for a given issue* – this will include a legal and policy analysis, and a summary of available evidence-based interventions.
- *Identify existing action plans, policy documents and mandates* of the different sectors involved – to determine synergies and develop a common plan that ascertains community/systems changes to be sought and who will do what.
- *Define and agree on objectives, targets, indicators, population coverage, roles and responsible agencies and individuals, timelines, resources and a contingency plan*.
- *Ensure adequate human and financial resources* – although an increase in staff might not be necessary, changes in job practices might be required.
- *Develop a strategy to identify, prevent or counteract conflicts of interest.*
- *Develop a strategy to report the results and give adequate feedback to all sectors involved, and to the general public*.
- *Develop a monitoring and evaluation strategy with input from all sectors involved, including a health impact assessment*.

*Key component 4: Facilitate assessment and engagement*

Assessing health needs is important to identify unmet gaps in policy formulation or service provision. The information can then be used to determine priorities for action across sectors, and to plan specific policy or service improvements to meet these needs.

- A health needs assessment may involve: characterizing the epidemiology of health issues; understanding the patterns of and contributors to health inequities; identifying potential actions to improve health and health equity based on the best available evidence; canvassing the opinions of key groups and communities; and documenting the linkages between priority health needs, underlying determinants of health, existing policy levers and potential actions across sectors.
- It is also essential to assess the health impact of policies in order to ensure that the expected outcome of the policy is achieved.
- The agency responsible for conducting the assessment will depend on the type of assessment needed. In some cases, it may be preferable that an independent body be engaged for the task.

In general, the engagement of both State and non-State actors is essential throughout the entire process of policy making, from needs assessment, planning, implementation, to monitoring and evaluation. Creating awareness and facilitating the participation of stakeholders, through early involvement from the

preparatory stages onwards, are critical to eventual success. Open and effective communication of the potential health and other implications with all sectors and stakeholders is essential to ensure a fuller understanding of both current and planned actions and policies in the wider community.
Historically, various stakeholder groups or sectors have co-existed within separate structures. It is increasingly recognized that an "action across sectors" approach would be more effective. Such an approach aims to move engagement across the continuum from co-existence through to collaboration.

The following actions may help to facilitate engagement:

- *Use appropriate tools,* such as health and health equity impact assessment, health and health equity lens analysis, policy audits and budgetary reviews, to assess the health impact of policies.
- *Create an inclusive policy-making process* that includes key individuals, civil society groups, health care professional associations, community leaders and individuals, and patients who are likely to be affected by the existing or proposed policies. These people or groups should be invited to give their views on the benefits or adverse consequences of the policy, and their suggestions for improvement. Formal engagement tools can include health assemblies, citizen juries, town hall discussions, deliberative meetings or individual consultations. Internet-based tools such as discussion forums and social media are possible alternatives.
- *Identify individuals involved in decision-making* or policy implementation, and invite them to engage in the dialogue in order to understand their priorities and recommendations.
- *Specifically identify opportunities to engage with non-State actors,* including academia and professional associations, to seek assistance with assessment and engagement processes, and with the private sector, to facilitate shared understanding of the health agenda.

*Key component 5: Establish a monitoring, evaluation and reporting mechanism*

Mechanisms for monitoring, evaluation and reporting on progress provide evidence of what works and of best practices. It is recognized that each sector is probably already responding to its own key performance indicators and deliverables. Therefore, monitoring and evaluation indicators for intersectoral coordination, intervention and implementation would be additional requirements for stakeholders.

The tools mentioned previously for facilitating engagement can also be used for monitoring and evaluation, and may include health impact and health equity impact assessments, health and health equity lens analysis, environmental impact assessments, policy audits and budgetary reviews.

The following actions may help to establish mechanisms for monitoring, evaluation and reporting:

- Start planning for monitoring and evaluation early in the process and, develop an evaluation framework.
- Identify and agree on shared, meaningful indicators.
- Incorporate monitoring and evaluation throughout the action process.
- Establish the baseline, targets and indicators, as appropriate. For inter-sectoral action, these can be formal indicators and performance targets (on health status; on health inequities and their

determinants; and on health action). Alternatively, a country can use a more flexible case-study approach based on its specific situation and needs (however, it is best to use existing governance-related monitoring and evaluation structures and frameworks if possible).

- Obtain data that can provide estimates for the different subpopulations, especially for vulnerable groups. Consider whether disaggregated data (including data on determinants of health) can be included.
- Carry out agreed monitoring and evaluation activities according to negotiated schedules.
- Ensure that reporting mechanisms are not too demanding for the participants, in order to avoid compromising the actual implementation.
- Measure co-benefits and provide evidence in support of future cooperation among sectors.
- Disseminate results and lessons learnt to all participating sectors, in order to provide feedback for future policy and strategy rounds.

*Key component 6: Build capacity*

Promoting and implementing action across sectors is likely to require the acquisition of new knowledge and skills by a wide range of institutions, professionals (health and non-health) and people in the wider community. Institutional capacity refers not only to the expertise of individual practitioners, but also to existing policy commitments, availability of funds, information, databases for planning and monitoring and evaluation, and organizational structure.

Capacity building is essential for all sectors involved and needs to be tailored and adapted to the specific country and sectoral contexts. There is a need for the different sectors to interact and exchange capacities during this process. It is also important that capacity building takes place at the same time in all sectors, given that collaborative action requires participation by all.

The following actions may help to facilitate capacity building:

- Encourage sectors to share and exchange skills and resources for capacity building.
- Promote the formation of communities of practice.
- Build capacity on research and innovation, for example with the use of new technologies for disease prevention and treatment.
- Build capacity on innovative financing or existing financing mechanisms to ensure long-term sustainability.
- Develop diplomacy and negotiation skills, which are invaluable to successful action across sectors. These skills are often acquired through specific training that focuses on action across sectors.
- Encourage sectors to put into place and implement strong accountability mechanisms.

**Putting into practice action across sectors**

The application of action across sectors requires conscientious effort and judicious use of evidence. To maximise the impact of application, theory-driven practices are essential and to put theory into practice, tools are necessary.

Tools may include national strategies for action and mapping of government activities and opportunities. Governments may use legislation (including international treaties and presidential orders), establish new government units, or develop memoranda of understanding to improve intersectoral action. Other tools can also be used to incorporate action across sectors within legislative processes; for example, through oversight by committees with statutory responsibility for health, public hearings and consultations, issue-based groups and coalitions within legislatures, or public health reports to legislatures.

Key issues for effective implementation:

- *Strategic application* – the need to address priority public health concerns and their underlying determinants according to a country's situation when applying the framework.
- *Being alert to windows of opportunity* – crises, changes in government and other contextual factors may present opportunities to engage across sectors beyond the scope of planned action. Furthermore, once the health crisis has passed, efforts should be made to preserve and improve the structure and the coordination that was quickly put in place for it.
- *Putting plans into action, including the implementation of monitoring and evaluation plans* – the need to ensure that all the different sectors *understand* their roles and responsibilities (including the amount of resources that need to be invested and the implications of not performing the assigned activities) and also fulfil those roles and responsibilities.
- *Increasing collaboration* through different strategies – with different professional groups (for example, urban planners) to mobilize their contributions to health and health equity efforts, for example, collaboration with professional groups and offering training to build capacity, establishing inter-sectoral working groups, identifying a relevant catalyst (champion, political imperative, national strategy, civil action).
- *Providing for contingencies* – the need to manage contingencies that may occur. In this regard, efforts must be made to identify, assess and cope with threats and barriers to effective action across sectors. To create also a "Plan B" with different options is useful.
- *Considering a cross-sectoral co-financing approach* that has proven to be more cost-effective.[4] Also considering sustainable funding sources, such as taxation of products (tobacco and alcohol are the most common), and *integrated budgets and accounting* through shared resources and financing.
- *Creating an organizational culture* that supports implementation through managing tools, such as practice guides and collaborative learning.
- *Continuing education and training*, using the WHO Health in All Policies Training Manual.

## *3.2 Governance*

The WHO report (Brown et al. 2013) defines governance for health equity. Health inequities mirror inequities in the material conditions and social and political structures within societies (social determinants). Consequently, addressing these inequities in health requires joint action by multiple stakeholders and policies that have an influence on the diverse and often complex decision-making processes within these structures. To better understand and shed light on reasons why good intentions have not translated into improved health outcomes for all, it is necessary to look at policy responses and also at the ways those policy decisions are being made, implemented and reviewed: to explore how well governing for equity in health through action on social determinants is being carried out. The report primarily focuses on governance systems and capacity within countries.

Governance is not just about abstract institutional processes or formal rules, but also about power relationships in society. At its most basic level, governance systems define who decides on policies, how resources are distributed across society, and how governments are held accountable.

Governance to reduce inequities in health through action on social determinants therefore has the overall aim of strengthening the coherence of actions across sectors and stakeholders in a manner which increases resource flows to (a) redress current patterns and magnitude of health inequities; and (b) improve the distribution of determinants in opportunity to be healthy, as well as in risk and consequences of disease and premature mortality, across the population. This implies governance arrangements that are capable of building and ensuring joint action and accountability of health and non-health sectors, public and private actors and of citizens, for a common interest in improving health on equal terms.

The WHO report (Brown et al. 2013) does not seek to prescribe an ideal or "best" governance structure which countries should adopt. Instead it draws out – from the research literature and from operational case study material – a set of general functions that need to be embedded in the governance arrangements of a country in order to deliver improved equity in health through action on social determinants.

This highlights how health inequities are just one outcome of inequity. Other areas of inequity include inequities in life opportunities, education, income, housing, transport, water and sanitation, and so on – each of which is part of the causal pathways known to lead to inequity in health. Governing for equity in health therefore involves a commitment, not only to a value of health but also to the concept of "equity in all policies". This is a means of achieving mutual benefits that accrue to multiple sectors as well as a public good that produces benefits for the whole of society (Lin 2010).

Governing through collaboration is the new imperative. Kickbusch et al. (2011) argue that key lessons can be learned from the rich literature available on collaborative governance, including that due consideration should be given to (a) the process and design of collaboration; (b) the virtuous cycle between communication, trust, commitment and understanding; (c) the choice of tools and mechanisms available; and (d) the need for transparency and accountability.

Governing through adaptive policies, resilient structures and foresight is needed because there is no simple causality or solution to complex issues.

Governance for health equity has an important role to play in order to (Brown et al 2013):

- develop the necessary legislation and regulations to strengthen joint accountability for equity, across sectors and decision-makers and within and outside of government;
- use mechanisms which actively promote involvement of local people and stakeholders in problem definition and solution development;
- ensure regular joint review of progress, which fosters common understanding and sustains commitment to deliver shared results over time;
- draw on different forms of evidence to ensure policies address the main causal pathways and are capable of adapting over time.

Theory on policy change by Kingdon (1984), three distinct streams, namely the problem, policy, and politics streams, must all coexist in order for a window of opportunity to open so as to enable a policy change. A problem stream brings the issue on the political agenda. The policy stream produces solutions and the politics stream determines the politically feasible alternatives in the political environment. (Ollila 2010)

According to Kingdon (1984) a window of opportunity opens when the three streams coexist but the window does not necessarily stay open. The most important lessons from his framework for HEIAP are: (1) to separately analyse the issue and the linked health information and communication needs, the tools for change, and the conducive moments and partners for change, (2) to understand the need for sustained efforts in working towards a window of opportunity, and (3) to take advantage of the open window of opportunity.

## Health Equity in All Policies, the social determinants of health and governance

McQueen et al (2012) illustrate, through theory and practical examples, how governance decision-making actually takes place through its structures.

Governance takes place across all sectors of society, with government (central, regional and local) taking responsibility for many aspects of society ranging from the mundane (sewers, transportation, housing, energy, commerce) to the humane (education, the arts, sports). The underlying social theory is that these sectors of society and their attendant systems of governance play a role in the health of the population. They comprise the institutions for action in the HEIAP approach and thus the concept of HEIAP has emerged over time not just as a principle but as a form of policy practice.

Primarily through governance, agents of government, civil society and nongovernmental organizations (NGOs) argue for the importance of health in framing the success of their endeavours.

With governance seen as the verb for acting on social determinants and achieving HEIAP, our approach to governance sees essentially two dimensions: 1) the structures that bring actors together and 2) the actions flowing from their mutual engagement and deliberations (i.e., the agreement to frame policies in a particular manner, the decision to adopt particular policies, use particular policy instruments to effect

implementation, etc.). The publication by McQueen et al (2012) suggests one possible analytical framework for intersectoral governance (Table 1). This is another way of outlining measures to be chosen within Implementation Actions than the key components of HEIAP.

**Table 1.1** *Analytical framework for intersectoral governance*

| | | Governance actions | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Evidence support | Setting goals & targets | Coordination | Advocacy | Monitoring & evaluation | Policy guidance | Financial support | Providing legal mandate | Implementation & management |
| Intersectoral governance structures | Ministerial linkages | | | | | | | | | |
| | Cabinet committees and secretaries | | | | | | | | | |
| | Public health ministers | | | | | | | | | |
| | Parliamentary committees | | | | | | | | | |
| | Interdepartmental committees and units | | | | | | | | | |
| | Mega-ministries and mergers | | | | | | | | | |
| | Joint budgeting | | | | | | | | | |
| | Delegated financing | | | | | | | | | |
| | Public engagement | | | | | | | | | |
| | Stakeholder engagement | | | | | | | | | |
| | Industry engagement | | | | | | | | | |

## Intersectoral governance structures

These are structures that exist to facilitate the collaboration between different ministries, departments or sectors. Intersectoral structures are “tangible” or “visible” in terms of leaving a trace in the organigram or prescribing distinct entities or procedures inside government and administration. Intersectoral governance structures are in this respect different from collaboration based merely on personal relations. Intersectoral structures can be owned or co-owned by the ministry responsible for health or by the whole government. Also other ministries’ intersectoral governance structures relating to the Ministry of Health are involved.

## Intersectoral governance actions

These are actions facilitated by intersectoral governance structures that aim to align other governance policies with health objectives. Examples of different intersectoral governance actions include evidence support, setting objectives, goals and targets, coordination, advocacy, monitoring and evaluation, policy guidance, financial support, providing legal mandates, implementation and management. They therefore range from rather "soft" to "hard" interventions and cover all stages of the policy cycle.

The intersectoral governance actions are proposed as a link between intersectoral governance and the objective of HEIAP. In this vein, the actions are seen as an (intermediary) end-point. The general policy research on intersectoral governance suggests that its aim (or end-point) is to sensitize, to produce and share expertise, and to learn continuously (Bourgault et al 2008). The definition of governance actions is also closely related to the idea of the policy cycle (Howlett et al,2009).

*How governance structures can trigger governance actions to support Health Equity in All Policies (HEIAP)*

Some practical issues may be useful considerations for policymakers to reflect upon when considering available mechanisms to facilitate HEIAP, such as the context, the level of political engagement and the policy cycle.

The paucity of evidence of the capacity for intersectoral governance as a tool for HEIAP is clear. There needs to be continued tracking of experiences of these governance structures, including the impact and outcomes of governance actions. A lack of definitive evidence has not stopped policy-makers and governments at various levels from experimenting and innovating with intersectoral governance structures as a means to support the practice of HEIAP.

## Five I's

The framework of "Five I's" has been used to a) include and integrate equity tightly into HEIAP, and b) build up a Health and Equity in all Policies –approach (Palosuo et al 2013; Weiss 1995; Collins & Hayes 2007). This is done to highlight and deliberate on the different tensions and trends in the field of policies, programmes and action plans addressing health inequities and the social determinants of health.

These five I's tackle **information** that is needed for conducting health/equity policy, **ideologies** that underlie and affect health/equity policy, **interests** connected with health/equity policy, **institutions** operating in the field of health/equity policy, and problems of **implementation** of health/equity policies and policy programmes. The five I's can be explored and approached trough questions such as:

Information: What kind of information is necessary (data, policy analysis, evaluations of effectiveness, gradient or gap analysis, evidence on the drivers)? (Linked with WP 5)

Ideologies: Are health and equity explicit values? Is there a political agreement to reduce HI? Is universalism or selective social policy applied?

Interests: Are there common interests or conflicting interests? How to build up win-win situations and promote negotiation and collaboration?

Institutions: Is there whole-of-government cooperation? Are there State steering systems? How to improve co-creation, partnership and community participation on national, regional and local level? Is government policy assessed for its impact on health and health equity?

Implementation: Is the scale of implementation adequate to reduce HI? How to select targets that capture the social gradient and reflect health status or other dimensions of well-being? Are resources modest or sufficient?

## HEAIP implementation in national, regional and local level

Within Joint Action Equity Action a literature review was undertaken during July 2011 (Equity Action 2012). It identified opportunities and barriers for the implementation of HiAP in the countries of the EU. Also semi-structured qualitative interviews with key stakeholders were conducted. Seven key themes emerged and top tips for implementing HiAP more successfully across the EU were identified.
Below are some of the conclusions that were drawn from the evidence reviewed;

- Although technical skills (such as data analysis and interpretation) were recognised as important capacity and capability issues, stronger emphasis needs to be placed on the development of softer skills (such as negotiation and relationship building) to influence OGDs and other sectors and to resolve conflicts and raise awareness of health equity.
- There were few concrete examples given of successful HiAP work that had been undertaken with a strong equity focus. This needs to be addressed as a priority by EU Member States, Countries and Regions.
- A focus on win-win policies is recommended, but Health must take a truly collaborative approach; ‘Health for All Policies’ as well as ‘Health in All Policies’.

A report by Leppo et al. (2013) ‘Health in All Policies - Seizing opportunities, implementing policies’ advances the state of the art of HIAP by providing eight policy examples from a variety of policy fields and provide some ideas on the challenges of intersectoral collaboration and possible solutions. This publication tries to convince policy-makers that including health in all policies is a smart – and feasible – policy choice.

Working with other government sectors requires an understanding of different mandates and goals, and may involve crossing administrative and budgetary barriers between sectors. Different policy actors and professional disciplines have their own languages and approaches to the problems and opportunities in societal development. For this reason HIAP needs to promote an understanding of the language, goals and working methods across government sectors. Awareness of other actors’ specific policy-making cycles and other processes is required in order to be able to seize windows of opportunity. (Ollila et al. 2013)

Policy-making is a dynamic process in which windows of opportunity for policy decisions arise from changing economic, social, economic and political realities (Leppo et al. 2013). Political stream is composed of such things as public mood, pressure group campaigns, election results, ideological distributions in Congress, and changes of administration. Changes in political stream have a powerful effect on agendas (see also Kingdom 1984). Depending the moment in timeline (parliamentary term) different measures (e.g. the policy cycle stages: agenda setting, formulation, adoption, implementation, evaluation, and support/maintenance) are either possible or unlikely.

There is often a need for incremental changes over time because sustainable policies can only go as far as the political and public support allows. Windows of opportunity are understood here as a short period of time in which, simultaneously, a problem is recognized, a solution is available and the political climate is positive for change. These are critical opportunities for policy entrepreneurs to tackle important policy problems. A problem may be identified for long periods before any actions are taken. Windows of opportunity can also emerge when evidence from policy problems or from monitoring policy implementation finds a favourable political, social and economic context, and when there is a solution (policy) that can be adopted. (Ollila et al. 2013)

Ministries of health often need to strengthen capacities for generating evidence, translating evidence into policy formulation, convening different sectors and stakeholders to reach consensus and actions on HIAP, and effective implementation. All these require different skills mix and capacity building. But this is more than training of individuals, it has an institutional dimension: creating teams with a broad knowledge and skills mix. (Leppo & Tangcharoensathien 2013)

Also WHO report 'Progressing the Sustainable Development Goals through Health in All Policies' gives examples and case study descriptions from around the world of implementing Health in All Policies (Lin & Kickbusch 2017).

A review paper (Cheryl et al. 2017) about "HIAP utilization by municipal governments" found only 26 documents between 2006 and 2015 in English (both peer review and gray literature). A lack of research studies examining HIAP in the municipal government context was identified. Currently, the literature does not provide clear or sufficient evidence of the benefits to municipalities of adopting a HIAP approach. However, according to this review study to adopt HIAP, municipal governments need to build trusting and collaborative relationships both between internal sector silos, and across stakeholders within society. (Cheryl et al. 2017.)

# 4. Tools and promising practices to implement HEIAP and governance

World Health Organisation has published a Health in all policies training manual (WHO 2015b). The purpose of this manual is to provide a resource for training to increase understanding of Health in All Policies (HiAP) by health and other professionals.

### Advocacy for health equity

Through EuroHealthNet´s DRIVERS' (2012-2015) project on advocacy for health equity, a framework was developed to break down advocacy into its main constituent parts. This framework is intended to be 'heuristic', in that it helps you to explore all aspects of an advocacy effort. It was developed as a result of discussions between partners involved in DRIVERS, and is documented in *Advocacy for health equity: A synthesis review* (Farrer et al, 2015). The framework is termed the 'Six dimensions of advocacy for health equity', and its six dimensions are listed below:

**Dimension 1**: The types of scientific evidence useful for advocacy for health equity efforts and methods of transferring and translating this knowledge to policy-making processes.

**Dimension 2**: Who advocates for health equity and to whom? There are many potential targets, many potential advocates, and also potential intermediaries such as the media or politicians. Who advocates and to whom is often a dynamic and changing situation.

**Dimension 3**: The different categories of advocacy messages (e.g. health as a value & social justice, human rights, environmental sustainability, economic), and how well they fit with your particular issue, goals, context and who you are advocating to.

**Dimension 4**: The importance of tailoring your advocacy effort according to context, political constituency, etc.

**Dimension 5**: The barriers and enablers of effective advocacy.

**Dimension 6**: The practices and activities that could increase the effectiveness of your advocacy efforts (e.g. media outreach, stakeholder analysis, working in alliances, taking advantage of ‘windows of opportunity’).

In more detail about advocacy read: https://eurohealthnet.eu/health-gradient/information/six-dimensions-advocacy-health-equity

## Health Lens Analysis (HLA)

The Health Lens Analysis (HLA) has been the primary method of South Australia's HIAP approach (Government of South Australia 2014).

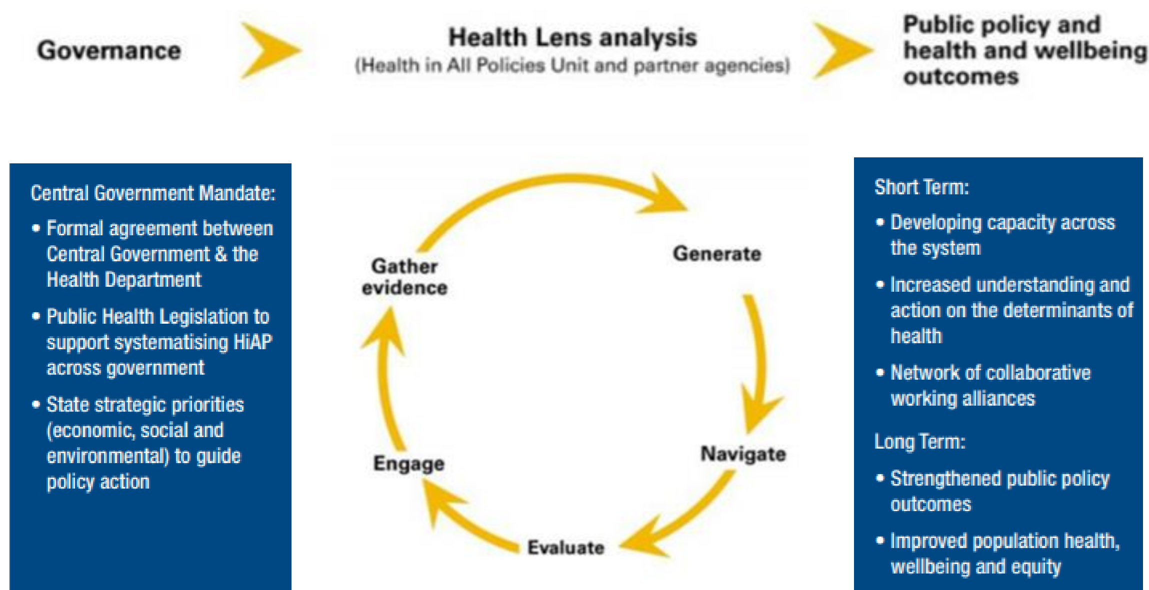



Figure 3. The South Australian Government HIAP Model

There are five essential elements included in the health lens analysis process that underpin its effectiveness and ability to deliver mutually beneficial outcomes:

- **Engage**: establishing and maintaining strong collaborative relationships with other sectors. Determine agreed policy focus.
- **Gather evidence**: establishing impacts between health and the policy area under focus, and identifying evidence-based solutions or policy options.
- **Generate**: producing a set of policy recommendations and a final report that are jointly owned by all partner agencies.
- **Navigate**: Helping to steer the recommendations through the decision-making process.
- **Evaluate**: Determining the effectiveness of the health lens.

## Health Equity Impact Assessments

One mechanism that can be used by policy makers to address health inequalities is Health Impact Assessment (HIA) with an equity focus. **HEIA** is a combination of procedures, methods, and tools by which a

policy, programme, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. HEIA aims to maximise the positive health impacts and minimise the negative health impacts of proposed policies, programmes or projects, and analyse their impact on health inequalities and/or disadvantaged populations. Joint Action Equity Action has produced a list of questions (p. 19-22). This list has been devised to aid a systematic consideration and analysiquitys of equity in the policy HIA process, to be an addition to a HIA framework that is currently being used in member states.

Learning from Equity in Health Impact Assessment (Process and Training):
http://www.health-inequalities.eu/wp-content/uploads/2016/05/Learning_from_equity_Action_Health_impact_Assessment_and_equity_v4-200114v2.pdf

References to Equity in HIA: http://www.health-inequalities.eu/tools/health-impact-assessment/#Useful_Resources

### Health Equity Audit

A Health Equity Audit (HEA) can be described as a retrospective Health Impact Assessment; it is an assessment of a policy outside the health sector and the impact it had on health equity. It can be used to add value to existing work by facilitating the development of better, more equitable policy, highlighting the ways in which intended and unintended policy outcomes impact on the distribution of health within society.

http://www.health-inequalities.eu/wp-content/uploads/2016/05/Towards-a-health-inequalities-audit-process-Final.pdf

### Shared capacity building

Figure 4 gives a method for shared capacity building, showing some of the many readily available approaches that can be taken to build institutional capacity in different sectors.

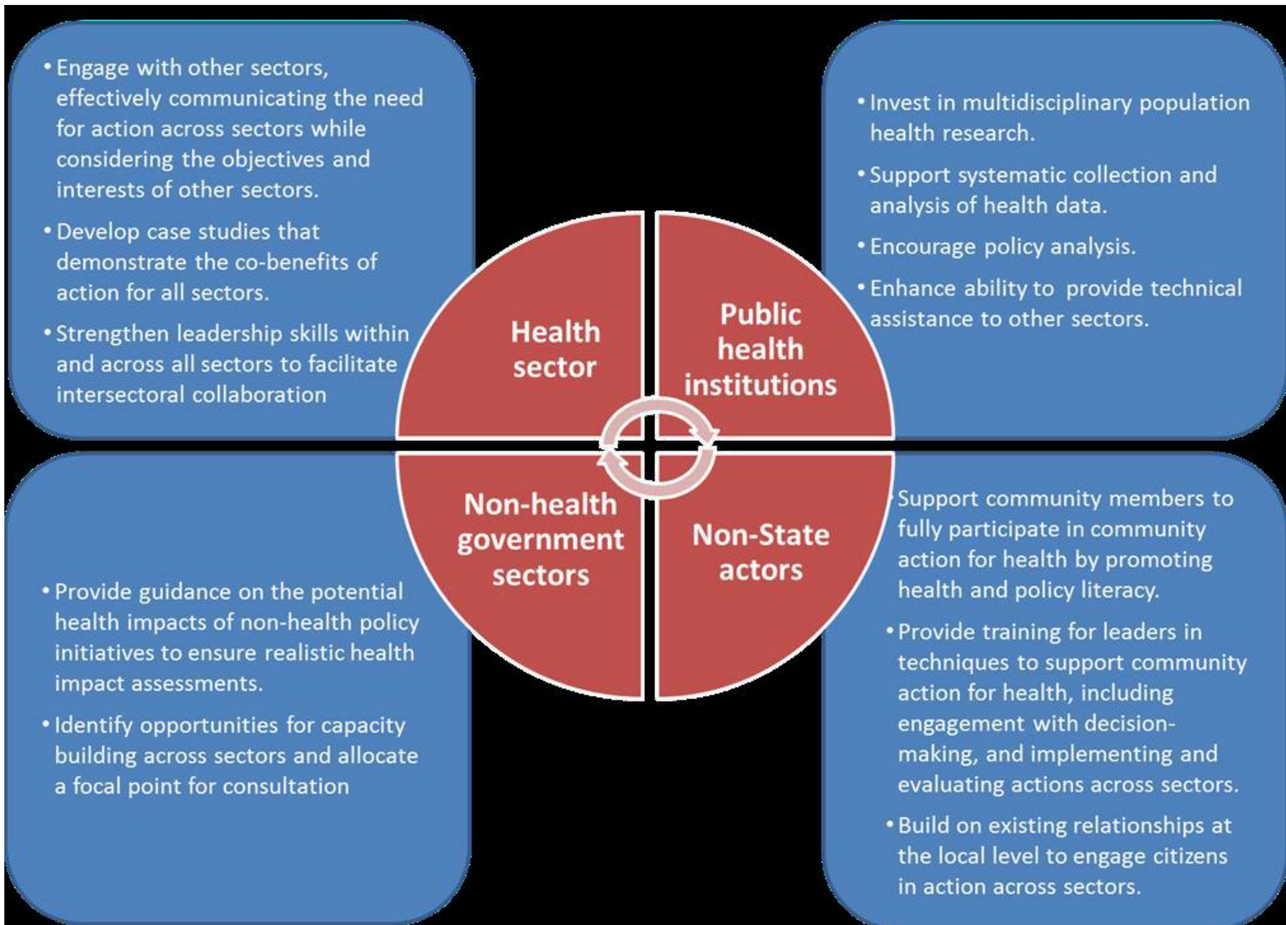



**Figure 4. Model for shared capacity building**

# 5. Instructions for Implementing Actions within WP9

The general objective of WP9 is to focus on governance and systems relating to Health Equity in All Policies at local, regional, national and EU levels, taking into account the wider society.

The specific objectives of WP9 are:

- to generate more vigorous interest and commitment in tackling health inequalities and their causes in participating countries
- to strengthen the participating countries capacity, abilities and commitment to develop and implement effective and concrete policy actions to tackle health inequalities
- to develop and apply a HEIAP approach and implement at least one action during the course of the Joint Action.

## Steps to choose an Implementation Action and carrying it out

1) **Choose Implementation Action target, identify the challenge**
2) **Choose the type of actions: HEIAP or governance (which is more reasonable in your case)**
3) **How the target will be reached, choose one or couple the most reasonable from tick list**

   a) HEIAP key components
   or
   b) Governance actions

4) **HEIAP tools may be used**
5) **Analysing the implementation**
6) **Elaboration of recommendations**

1) Choose Implementation Action target, identify the challenge

Each participating country has preliminarily chosen the target of their Implementation Action (IA) to facilitate cross-sectoral collaboration for different stakeholders and engaging also citizens.

The chosen target of the implementation action is dependent on what is useful and feasible in each country. It should also be considered if the resources that are available in the context of JAHEE are sufficient to apply this intervention. The number of person-hours available, the duration of activities, and the skills and interests of team members all need to be borne in mind. All interventions require the cooperation of those responsible for the activity in which it is proposed to intervene.

Each participating country describes the context (current situation) in their country concerned to the topic of the chosen Implementation Action (a context analysis/country assessment (CA)). The Country Assessment of WP9 should help the participating countries to focus and clarify what they should do within their Implementation Action.

2) Choose the type of actions: HEIAP or governance

As the first step of the IA each participating country should recognize what might be the most relevant challenges in the process (e.g. lack of knowledge about health inequalities or impacts of decision to different sub-groups, lack of understanding about health inequalities, lack of will to take action, lack of knowledge what to do, lack of resources/structures, lack of political/management support, lack of mandate). You should focus on two or three of the most relevant of the 5 I's in order to achieve better HEIAP in their country.

Decide the type of actions, which is more reasonable in your case.

- Is your implementation action on the field of HIAP that could be designed, or recalibrated, implemented, evaluated and assessed according to the guidelines for governance in the PFA. In this case the HIAP action is an excuse to analyse and improve governance in a concrete case.
- Or is it an action exclusively focusing in the improvement of governance (e.g. training, information, use of specific tools)? In this second case it is an effort to improve capacities and process independently from the policy domain where it may apply.

3) How the target will be reached

While choosing how the target will be reached and action will be implemented, choose one or couple of the most reasonable from the tick lists. According to your choice apply the relevant tick list either a) HEIAP key components or b) governance actions.

4) HEIAP tools may be used

In the implementation phase the participating countries could utilize HEIAP tools like SIFT tool, advocacy, health lens analysis, health impact assessment with an equity focus, or Be the Change – campaign.

5) Analysing the implementation

While analysing and reporting the Implementation Action each participating country will focus on the earlier chosen two or of the 5 I's. At the reporting phase of the learnings of the Implementation Action each participating country describe the enablers, barriers and solutions recognized during the implementation. The main question is, what has changed compared to the situation in the beginning, and what are the possibilities to do better in the future.

6) Elaboration of recommendations

Based on the experiences and learnings from the Implementation Actions recommendations about governance and concrete policy actions on health equity in different levels will be issued. Participants of WP9 will take part of formulation of these recommendations together and elaborate them.

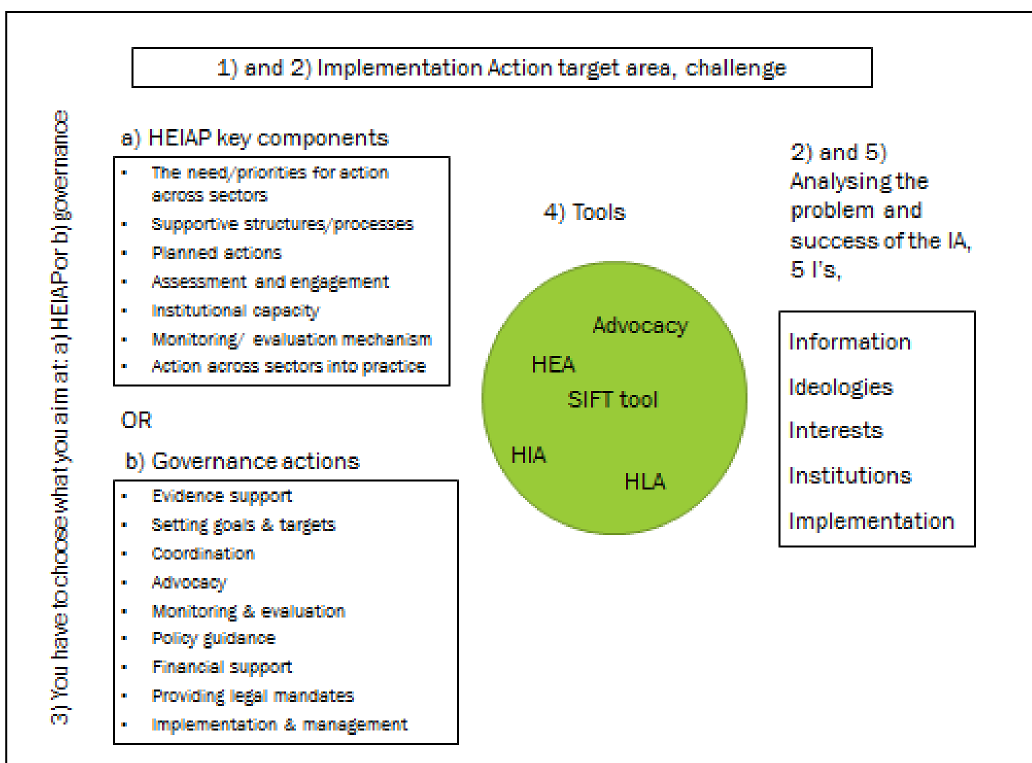



Figure 5. Visualization of the Implementation Action process.

Example of Finnish Implementation Action: Coaching two counties.

1) Choose Implementation Action target, identify the challenge

Forthcoming health and social care reform proposals envisage a fundamental change to the administration in Finland. New counties could just now adopt new ideas, like inequality issue. We follow and coach two counties; how they identify and tackle health inequalities multisectorally in their concrete welfare and health promotion work.

- The first selected county: Regional Wellbeing Report (RWR) is not ready, then helping the multidisciplinary County Health Promotion Working Group to identify and describe inequalities.
- The other selected county: Their RWR is ready → finding ways to tackle health inequalities multisectorally.

2) Choose the type of actions: HEIAP or governance (which is more reasonable in your case)

We focus on HEIAP cooperation

3) How the target will be reached, choose one or couple the most reasonable from tick list

a) HEIAP key components

- The need/priorities for action across sectors
- Supportive structures/processes
- Planned actions
- Assessment and engagement
- Institutional capacity
- Monitoring/ evaluation mechanism
- Action across sectors into practice

**General identification and demonstration of inequality is important**. Then counties could identify inequalities.

Also important, but not in this IA.

**Description of future actions is important**, but maybe no time to get planned actions if RWR is not yet ready.

Not important in this IA.

Important, but not focus in this IA.

**Important: if RWR is allready ready, how to start action?**

4) HEIAP tools may be used

Because counties use RWRs, we apply HLA and Advocacy

5) Analysing the implementation

2)&5) Analysing, 5 I's,

- Information
- Ideologies
- Interests
- Institutions
- Implementation

**Information is our point**: "How Regional Wellbeing Report (RWR) process could identify and describe inequalities and help finding ways to tackle inequalities multisectorally."

Of course, ideologies affect and there are different interest in different institutions, but our resources are limited.

**Implementation** (if RWR is allready ready, how to start action?)

In addition to operating horizontally, HEIAP can also operate vertically, to bridge local, regional and national actors engaged in policy making and implementation.

Finally all the participating countries together formulate concrete guidelines and recommendations for policy actions on health equity. The recommendations are made for different levels based on the IA experiences.

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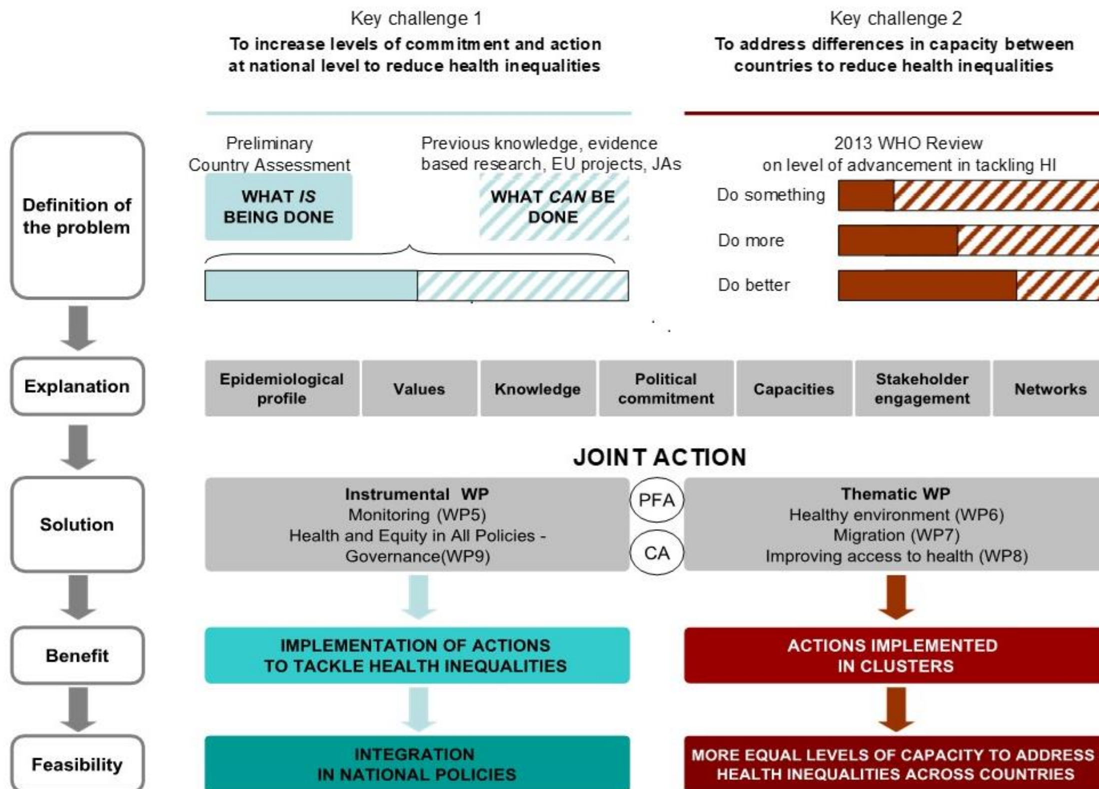
## APPENDIX 1

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