**<u>Speaking Notes by Dr Carissa Etienne addressing Health in All Policies</u>**

*Mexico April 16, 2013*

▪ I'm delighted to be participating at this important workshop stressing the issue of *whole of government* approaches branded as health in all policies. By now there is wide consensus around the fact that no sector of government can successfully reach its goals without the participation of other sectors.

▪ In a world where resources are limited, we believe that working together and across sectors is not only more effective, but also a prerequisite to further improve the health and well-being of our communities at the national, regional and global level.

### *Historical and Conceptual Background*

▪ Inter-sectoriality is not a new concept for the health sector. In 1978 the **Alma Ata Declaration**, fully recognised that *a multisecoral approach was essential for Health for All..* ensuring that the benefits of health reach all - *not just those who can afford it.* I quote from this declaration *"in addition to the health sector, all related sectors and aspects of national and community development, demands the coordination efforts of all those sectors".*

- *This fundamental tenet has been revisited and restated in many fora a. a. a. a.*

The **1986 Ottawa Charter on health promotion,** refers to health promotion as "*the process of enabling people to increase control over, and to improve, their health, focuses on achieving equity in health, emphasizing that health promotion is not <u>just the responsibility of the health sector</u>,"*.

  o The success of all our efforts to address universal coverage of care and secure the well-being of communities cannot be addressed by the health sector alone. <u>**It needs coordinated action by and between governments, by health professionals and other social and economic sectors and groups, by voluntary organizations, by local authorities, by industry and by the media and society at large.**</u> Since 1986 health promotion advocates have been at the forefront of stressing the importance of the need for the health sector **to work hand-in-hand with** other sectors.

Inter-sectoral action is a sine qua non if we are to be successful <u>in reducing the health equity gap.</u> The **Adelaide Recommendations on Healthy Public Policy** (1988) are explicit in stating this concern for health and equity.

  o This was further complemented in 2000 by the **Mexican Ministerial Statement for the Promotion of Health: From**

***Ideas to Action, which again re-affirmed a commitment to*** the promotion of health as a fundamental priority in local, regional, national and international policies and programs, and supported the preparation of country-wide Plans of Action for promoting health. You will similarly recall that in 2005: ***The Bangkok Charter for Health Promotion in a Globalized World*** advocated and guided us all to  reach out to people, groups and organizations that are critical to the achievement of health, including all of government, politicians at all levels, civil society, the private sector  and the public health community.

- ***By 2006 inspired by the Finnish approach of horizontal health governance,*** the global community redefined health within government, and presented to the European Union the concept of **Health in All Polices** as the strategy to redirect and refocus the work of the health sector towards building agreements and alliances with other sectors.   One of the goals was to mainstream the health dimension into all of the European Commission's services.

  o Indeed, Finland´s experience in removing subsides from high fat products to promoting domestically grown fruit and vegetable products is an example of how relevant sectors can work together towards ensuring a better health outcome for all, while also achieving economic gains.

- As recently as 2008 when ***launching the final report of the Commission on Social Determinants of Health,*** Dr. Margaret Chang stated that *"nearly all social determinants of health fall outside the direct control of the health sector. The Commission's Report issued a strong call for a whole-of-government approach in which policies in all sectors are assessed in terms of their impact on health".*

- *This goes beyond the call for health impact assessments and requires the proactive planning to ensure development and health.*

- *This was reaffirmed in the Rio Political Declaration in 2011 and in the subsequent WHA Resolution.*

- In 2010 more than 100 high-level experts from different sectors and countries met in ***Adelaide for the Health in All Policies international Meeting*** and discussed the implementation of the Health in All Policies approach. The purpose of the meeting was to identify the key principles and pathways that contribute to actions for health across all sectors of government, and engage the health sector in contributing to the goals of the other sectors.

- Thus, as the 20-year history of Health in All Policies continues to unfold, we witnessed the call for multisectoral action at the UN special General Assembly **to the epidemic of Non-Communicable Diseases .**

**This has been a catalyst in many countries to advance the implementation of strategies of Health in All Policies.**

Despite these repeated commitments to multisectoral action and health in all policies, efforts to date have been limited to action around specific projects or initiatives. I wish to suggest that if we are to ensure sustainable development that also promotes the health and well being of people in an equitable manner, what is required is a paradigm shift in governance at all sectors and leadership at the very highest levels of government. I refer to this as the institutionalization of health in all policies. This demands the acceptance that health is development, that health constitutes both an input and outcome of sustainable development and is a marker for monitoring progress in development.

*Evolving Concepts- The 8<sup>th</sup> Global Conference of Health Promotion of WHO*

- **So how can the Region continue to provide leadership in advancing and strengthening inter-sectoriality?**
    - In preparation for the *8<sup>th</sup> Global Conference on Health Promotion* to take place in Helsinki, Finland in June this year, PAHO convened over 30 countries at a Preparatory Regional Meeting at the end of February, to share their experiences on Health in All Policies.
    - Through discussion and debate we developed a consensus definition of HiAP, as a *"State Strategy that re-directs public policy and implies coherence and coordinated planning and implementation, among different sectors and levels of*

*government for decision-making. It is centered in equity and guarantees the right to health. HiAP generates synergies to advance the well-being of the population in a sustained and sustainable manner*"[1].

- **<u>Member States in the Americas stressed the specificities of the Region in defining *Health in All Policies*. Member States recommendations included -</u>**

  o HiAP is a ***Strategy,*** not an ***Approach,*** putting the emphasis on **<u>actions</u>** themselves and not on a framework to understand other actions;

  o It includes the need to develop agreements for decision-making processes at the state and municipal level, both among different sectors ***and levels of government***;

  o It is ***centered in equity and well-being -*** this has been highlighted as a critical concern in order to reduce the health equity gap and respond appropriately to the needs of the most vulnerable groups in society - those often beyond or outside the health care system;

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[1] The Original definition in the WHO documents is the following: "Health in All Policies is an approach to public policies across sectors that takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

- The creation of *synergies between all* sectors was highlighted as a very important criteria. The lesson learned from the Millennium Development Goals (MDGs) is that only by working together with other sectors and agencies - with an integrated perspective of the challenges of poverty and inequity - will we be able to accelerate the fulfillment of the objectives, targets and indicators of the MDGs for 2015

- HiAP should be developed in a *sustained and sustainable manner,* referring to the need to respond to the challenge of sustainable development

**Coming out of the Brasilia meeting, the Region clearly has a region-specific position on Health in All Policies, as well as on the need to strengthen the link between health promotion and social determinants of health.**

- The Region continues to pursue on-going dialogue, through national consultations on Health in All Policies, analyzing their own experiences at the national, provincial and local levels.
- **Some** have involved public health experts, members of the academia, and civil society to create awareness and develop a national position.

*In Mexico, there are a number of initiatives that apply the strategy of health in all policies.eg* "**Pacto por México**"

*How can the Pan American Health Organization best contribute?*

- *With* the support of the Rockefeller Foundation, we are currently undertaking research to review the inter-sectorial work that has been conducted in the Region to improve health and reduce inequity. This should lead to a greater understanding of what works and what does not work in practice.

- Practically speaking, we must build more capacity in our Region on Health in All Policies. We are therefore developing with the **Escuela Andaluza de Salud Publica** (EASP) virtual educational strategies, which addresses the link between health promotion and social determinants of health; definition and concepts related to Health in All Policies; strategies and practical tools such as Health Impact Assessment (HIA) and the Urban Health Equity Assessment and Response Tool also referred to as UrbanHEART.

- At PAHO I have recently established **a Special Program on Sustainable Development and Health** at the level of the Assistant Director – grouping the very issues we are addressing today- the Social Determinants, Health Promotion, the unfinished agenda of the MDGs, and the post-2015 agenda.

o I have instructed the Program to focus on the _how_ to build the capacity in Member States for the successful implementation of _whole of government approaches_.

o We need a new advocacy that addresses a paradigm shift in for a new inclusive governance.  The health sector will require retooling and leadership reform to build capacity for meaningful participation with other sectors. An engagement that does not seek to make educators health care workers, but seeks to work with the education sector stressing the importance of extending access of quality education to poor and marginalized population, focusing on girls, conflict management, healthy behaviors, self esteem etc. thus we could address child survival, violence, obesity, the incidence of chronic diseases, TB etc.

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**The post-2015 Agenda**

o **In the Post-2015 development Agenda, Health in all Policies will be as critical as it is today**. Our challenge is to frame global problems not merely stressing the importance of health as a driver of change across all social and economic circumstances, but also the consequence of social and economc development on health. If we frame the challenges for sustainable development by involving all sectors of society working together in an aligned and synergistic way we are more likely to succeed in creating a future that is equitable, healthy and productive.

- o As we move towards 2015 we have a unique opportunity to influence the global dialogue on strategies that effectively reduce the inequity gap in health and ensure well-being for all members of society, within a construct that places people at the very centre of development.

**Conclusion**

- ▪ Within this very panel we have the presence of three very important sectors who will play a key roles in addressing the Post 2015 challenges: the Ministry of Social Development, the Ministry of Education and the Ministry of Health.
  - o Let's continue our efforts and work to secure **societies free of inequality, where people have access to healthy social determinants and environments that allow them to live long, dignified, healthy, and productive lives.**