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PLAN OF ACTION ON HEALTH IN ALL POLICIES:
FINAL REPORT

Background

1.   In 2014, the 53rd Directing Council of the Pan American Health Organization (PAHO) adopted the regional Plan of Action on Health in All Policies (Document CD53/10, Rev.1) *(1)* through Resolution CD53.R2 *(2)*. The Plan of Action, covering the period 2014-2019, provides Member States with technical guidance in defining their own path toward Health in All Policies (HiAP), taking into account their social, economic, political, legal, historical, and cultural circumstances as well as current and future health challenges and priorities. In accordance with the global Health in All Policies Framework for Country Action of the World Health Organization (WHO) *(3)*, the ultimate goal of the Plan of Action is to improve health and well-being and reduce health inequities. The HiAP framework is widely considered to be one of the most important means to address the social determinants of health (SDH) *(4, 5)*.

2.   The purpose of this document is to report to the Governing Bodies on the results obtained in the implementation of the Plan of Action. It is informed by regional evidence and best practices documented by Member States and draws on surveys, consultations, and workshops with stakeholders from ministries of health, other ministries, academia, and civil society.

Analysis of Progress Achieved

3.   The Region of the Americas was the first WHO region to adopt a regional plan of action on HiAP. The Plan of Action identifies six strategic lines of action: *a)* establish the need and priorities for HiAP; *b)* frame planned action; *c)* identify supportive structures and processes; *d)* facilitate assessment and engagement; *e)* ensure monitoring, evaluation, and reporting; and *f)* build capacity.

4.   Activities were conducted across the Region in support of the Plan of Action's six strategic lines of action. The most important achievements were as follows: *a)* significant progress in building awareness of the need to apply a HiAP framework to allow people to

reach their maximum health potential; *b)* effect of the Plan of Action in directly and indirectly motivating governments, universities, and civil society groups to strengthen their efforts to address the SDH using a HiAP framework; *c)* ongoing generation of evidence; and *d)* preparation, dissemination, and application of training materials and courses.

5. With the adoption of the 2030 Agenda for Sustainable Development *(6)*, there was an important shift toward intersectoral action to achieve fairer and more sustainable economic, environmental, and social development. More recently, the 2018 Astana Declaration on primary health care *(7)* signaled a reinforced commitment to work with other sectors by mainstreaming a HiAP approach. Those global frameworks have led countries in the Region to make a commitment to work in an intersectoral manner to tackle priority public health problems, promote health, and reduce health inequities.

6. During the reporting period, the Pan American Sanitary Bureau (PASB or the Bureau) has continued to identify and optimize strategic priorities for engaging with other sectors through direct technical cooperation, through the development of courses, workshops, and evidence-based materials *(8-14)*, and by facilitating identification and exchange of experiences. The PAHO Commission on Equity and Health Inequalities in the Americas was created in 2016 to analyze the impact of drivers influencing health and to propose actions to improve inequalities in health; the Commission's final report was presented in 2019 *(15)*.

7. This Plan of Action on HiAP has served as a catalyst for collaboration in the Region between different stakeholders and sectors. It has informed regional and national movements that build upon work by the Bureau and national health sectors, and it has motivated achievements that go beyond the indicators presented in this Plan of Action.

Strategic Line of Action 1: Establish the need and priorities for HiAP

8. Countries and territories in the Region have recognized the need to address the social determinants of health in order to achieve the population's full health potential. Countries of the Region increasingly take note of the mounting evidence that policies of all government sectors, including the health sector, are crucial for attaining health for all *(12-17)*. At the 57th Directing Council in 2019, Member States reinforced their commitment to implement the HiAP framework by approving the Strategic Plan of the Pan American Health Organization 2020-2025 *(Official Document 359* and Resolution CD57.R2*) (18, 19)* and the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (Document CD57/10 and Resolution CD57.R10) *(20, 21)*, which give continuity to the work in HiAP.

9. In many countries of the Region, intersectoral mechanisms have been established at national, subnational, and local levels. They use different entry points, ranging from priority public health problems such as HIV/AIDS, malnutrition and anemia, tobacco control, and noncommunicable diseases to broader problems such as reduction of the burden of disease and health inequity, as in Suriname *(17)*. Other examples are programs

for early childhood development, such as Chile Grows with You[1] and Colombia's From Zero to Forever,[2] and programs to promote community development, such as Guidance, Consultation and Territorial Coordination Services (SOCAT, Spanish acronym)[3] in Uruguay. The process has been led in some countries by the Ministry of Health, in others by the Presidency, and in still others by the Ministry of Social Planning or another ministry. Many of the intersectoral mechanisms include a component for assessing the impact on health of policies in other sectors. Furthermore, in the majority of cases, communities and civil society participate in the decision-making process around policies, plans, and programs.

Objective 1.1: Assess the potential impacts of public policies on people's health, health equity, and health systems, ensuring that those responsible for policy-making are aware of and understand these potential policy impacts on health	
Indicator, baseline, and target	**Status**
1.1.1 Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity Baseline (2014): 6 Target (2019): 18	21 countries have established intersectoral networks. For example, El Salvador created the Intersectoral National Health Commission as part of the National Health Forum. In Jamaica, health-related intersectoral committees were created within the Parliament.
1.1.2 Number of countries and territories implementing the Health in All Policies Framework for Country Action Baseline (2014): 6 Target (2019): 18	29 countries and territories are implementing the Health in All Policies Framework for Country Action. In the Region, this framework has been adapted and implemented in diverse ways, varying from an intersectoral commission focused on a specific problem to a strategic line within the health promotion department or a part of the Ministry of Planning. In some countries the action is concentrated at national level, while in others it takes place mainly at the subnational and local levels. Examples of implementation at local level can be found in cities such as Belo Horizonte, Brazil, and in municipalities such as Paipa, Colombia.

Strategic Line of Action 2: Frame planned action

10.   There is growing awareness that in order to achieve health for all, the Region needs to address the conditions in which people are born, grow, live, work, and age. Toward this end, countries have developed national policies that address the priority social determinants

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[1] Chile Crece Contigo, http://www.crececontigo.gob.cl/.
[2] De Cero a Siempre, http://www.deceroasiempre.gov.co/.
[3] Servicio de Orientación, Consulta y Articulación Territorial, http://guiaderecursos.mides.gub.uy/34130/servicio-de-orientacion-consulta-y-articulacion-territorial-socat.

of health. Those ongoing experiences of intersectoral action, however, may not incorporate all the desirable aspects of a HiAP approach. For example, they may not include explicit actions geared to achieving equity.

11.   At regional level, The Bureau has produced several guidance documents to enhance the planning process. These include Advancing the Health in All Policies Approach in the Americas: What Is the Health Sector's Role? A Brief Guide and Recommendations for Promoting Intersectoral Collaboration (2015) *(8)*; Intersectoral Action and Health Equity in Latin America: An Analytical Approach (2015) *(9)*; Health in All Policies: From the Global to the Local (2016) *(10)*; and Road Map for the Plan of Action on Health in All Policies (2015) *(11)*. The Bureau has also supported the documentation of experiences; relevant documents include Health in All Policies: Case Studies from the Region of the Americas (2015) *(12)* and Health in All Urban Policies: Lessons Learned from Latin American Cities (2019) *(13)*. The Bureau has facilitated exchange forums such as the online platform Health in All Policies in the Americas: Presentation of Experiences *(14)*. Finally, PAHO has organized three contests that collected significant experiences on healthy schools, healthy universities, and municipalities with an intersectoral approach, with over 400 experiences gathered *(22)*.

Objective 2.1: Promote policy dialogue and implement national policies based on data, analysis, and evidence required to implement, monitor, and evaluate HiAP	
Indicator, baseline, and target	**Status**
2.1.1 Number of countries and territories that have implemented policies to address at least two priority determinants of health among target populations Baseline (2014): 6 Target (2019): 27	32 countries and territories have implemented policies to address at least two priority determinants of health, such as healthier environments, social protection, housing, or employment conditions, among others. For example, Argentina and Cuba have addressed housing, working conditions, and healthier environments such as schools, to mention just a few.
2.1.2 Number of countries that formally exchange information and best practices at least once every two years on policies addressing health inequities and HiAP Baseline (2014): 6 Target (2019): 27	30 experiences and good practices related to HiAP from 16 countries have been documented on the PAHO online HiAP platform *(14)*. In addition, more than 19 countries have participated in the Regional Meetings of Mayors, which are forums for knowledge exchange, with a focus on the local level *(22-27)*.

Objective 2.2: Produce a national health equity profile with an emphasis on the evaluation of the determinants of health	
Indicator, baseline, and target	**Status**
2.2.1 Number of countries and territories producing equity profiles that address at least two priority determinants of health at the national or subnational level Baseline (2014): 1 Target (2019): 18	26 countries have produced equity profiles that address at least two priority determinants of health at national or subnational level. For example, Belize, Chile, Dominican Republic, and Panama have developed equity profiles for implementation of the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) *(28-30)*.

Strategic Line of Action 3: Identify supportive structures and processes

12.   In order to identify and engage relevant stakeholders in the development and implementation of policies, countries and territories have created mechanisms and new structures, such as committees, to operationalize the HiAP framework. These include supportive mechanisms for policy making, such as the National System for Comprehensive Protection of Girls, Children and Adolescents (SIPINNA) in Mexico.[4] Several countries have established health impact assessment committees, as have several states in the United States of America *(31)*.

13.   At regional level, the Bureau created a Task Force and Working Group on HiAP and the SDGs, composed of experts in diverse fields. These bodies were convened in 2015 and 2018 and produced a series of guiding documents on harmonizing the HiAP and SDGs *(32, 33)*. In 2018 they recommended, based on the progress achieved, continuing the HiAP agenda through the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 *(20)*. Partnerships were established with the Society of Practitioners of Health Impact Assessment and the Health Impact Project for the development of capacity-building tools and instruments for the Region.

Objective 3.1: Identify a specific mechanism by which the health sector can engage within and beyond the public sector in policy dialogue and in the implementation of HiAP	
Indicator, baseline, and target	**Status**
3.1.1 Number of countries and territories with a specific mechanism, such as intersectoral committees or Health Impact Assessment, by which the health sector can engage within and beyond the public sector Baseline (2014): 6 Target (2019): 18	24 countries and territories have a specific mechanism through which the health sector can engage within and beyond the public sector. For example, the province of Quebec, Canada, institutionalized the process of health impact assessment by including it in its Public Health Law.

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[4] Sistema Nacional de Protección Integral de Niñas, Niños y Adolescentes, https://www.gob.mx/sipinna.

Objective 3.2: Identify supportive structures and processes in the implementation of HiAP, as appropriate, at the national and subnational governments through the inclusion of HiAP in development plans	
Indicator, baseline, and target	**Status**
3.2.1 Number of countries that have identified supportive structures and processes in the implementation of HiAP, as appropriate, at the national and subnational governments through the inclusion of HiAP in development plans, as appropriate Baseline (2014): 6 Target (2019): 18	21 countries have identified supportive structures and processes in the implementation of HiAP at both national and local levels. Examples include the California Health in All Policies Task Force in the United States.[5] Another example is the National Plan for Good Living[6] in Ecuador, which strives to integrate the full range of public policies that require inter-ministerial coordination.
Objective 3.3: Strengthen accountability mechanisms so that they can be applied to different sectors	
Indicator, baseline, and target	**Status**
3.3.1 Number of countries with accountability mechanisms that support civil society engagement and open access to information Baseline (2014): 4 Target (2019): 12	12 countries and territories have a mechanism to support civil society engagement and open access to information. An example at subregional level is the Healthy Caribbean Coalition,[7] an intercountry civil society partnership to tackle noncommunicable diseases.

Strategic Line of Action 4: Facilitate assessment and engagement

14.   Countries and territories strengthened the engagement of civil society and communities, including indigenous and women groups, in policy-making and evaluation processes. An example of this is the Innov8 approach *(34)*, which was applied in Chile, Dominican Republic, Honduras and Jamaica to assess and address in-country inequities through intersectoral action and community participation. Other examples are the Knowledge Dialogues, which were conducted with indigenous and women groups in the Region, and the Healthy Municipalities, Cities, and Communities movement, which facilitates the engagement of communities and civil society in the policy development process at local level.

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[5] California Health in All Policies Task Force http://sgc.ca.gov/programs/hiap/.
[6] Plan Nacional del Buen Vivir, https://www.gobiernoelectronico.gob.ec/wp-content/uploads/downloads/2017/09/Plan-Nacional-para-el-Buen-Vivir-2017-2021.pdf.
[7] Healthy Caribbean Coalition https://www.healthycaribbean.org/about-the-healthy-caribbean-coalition/.

Objective 4.1: Increase participation of civil society and communities in the policymaking and evaluation process involving HiAP to reduce health inequities	
Indicator, baseline, and target	**Status**
4.1.1 Number of countries and territories with mechanisms to engage communities and civil society in the policy development process across sectors Baseline (2014): 9 Target (2019): 18	18 countries and territories have created mechanisms to engage communities and civil society in policy development processes. In adopting the Healthy Municipalities, Cities, and Communities approach, 11 countries have established mechanisms to engage communities and civil society in the policy development process across sectors at local level. For example, in Huechuraba municipality in Chile, intersectoral work with communities was promoted during 2018-2019. As a result, the new development plan for 2019-2024 includes an additional strategic line on intersectoral management, coordinated by the health sector. At national level, eight countries, including Brazil, Canada, and Mexico, have mechanisms to engage civil society organizations in multiple policy development processes related to sectors such as transport, urban development, and environment. Additionally, Mexico has created a civil society mechanism to address maternal mortality.[8]
4.1.2 Number of countries and territories with specific strategies to engage those experiencing inequities in policy discussions at the local, subnational, and national levels Baseline (2014): 10 Target (2019): 22	22 countries and territories have developed strategies to engage those experiencing inequities in policy discussions. An example of this approach is the Knowledge Dialogues that were facilitated in Argentina, Ecuador, and Peru to engage indigenous communities in policy discussions at local level.

Strategic Line of Action 5: Ensure monitoring, evaluation, and reporting

15.   The monitoring and evaluation of health outcomes has significantly improved in the Region, and positive trends with respect to health indicators and within-country inequalities can be observed. Nonetheless, countries face challenges in identifying and recognizing actions and policies in other sectors that have contributed to improvement of the health status of the population. For example, there is insufficient monitoring and documentation of the impact that conditional cash transfers and social/welfare improvements may have had on health, such as by reducing infant mortality.

16.   At the regional level, to support monitoring and evaluation in countries and territories, a validation instrument, Plan of Action on Health in All Policies: Validation of

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[8]   Observatorio de Mortalidad Materna, http://www.omm.org.mx/.

Implementation Indicators, was developed through an open consultation across the Region *(35)*. Countries and territories reinforced their commitment to monitoring, evaluation, and reporting on HiAP through implementation of the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) and the regional Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030 *(28, 36)*, as well as the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 *(20)*.

Objective 5.1: Develop a system for measuring the impact and outcomes of HiAP with respect to health and health equity in order to assess policies and identify and share best practices	
Indicator, baseline, and target	**Status**
5.1.1 Number of countries and territories that monitor, evaluate, and report on progress toward introducing health and health equity in the development and implementation of government policies Baseline (2014): 0 Target (2019): 12	12 countries and territories have documented their experiences with inclusion of health and health equity in the development and implementation of government policies. Examples include the establishment of the Health Equity Monitor database in Brazil[9] and the National Observatory of Health Inequalities in Mexico.[10]

Strategic Line of Action 6: Build capacity

17.   In order to effectively implement the HiAP approach, specific skills need to be created and strengthened among health workers, policy makers, and others. In order to build capacity, the Bureau led HiAP sub regional trainings every year in the period 2015-2018, with objectives varying from building capacity at the national level, to training of trainers which can roll out the HiAP manual across the Region of the Americas to address health equity by establishing multisectoral programs, with more than 20 countries that benefited from them. Experts from the Oswaldo Cruz Foundation (Fiocruz) in Brazil, the Latin American School of Social Sciences (FLACSO) in Chile, and the National Institute of Public Health (INSP) of Mexico, were selected as key institutional partners to strengthen and scale up capacity building at local, national, and regional levels.

18.   This training has led directly to the development of intersectoral coordination mechanisms and action in countries such as Suriname. In the Region overall, the trainings have had an important impact on the development of intersectoral policies and strategies, and they have motivated additional trainings and research projects organized by countries such as the Bahamas, Canada, Chile, Guatemala, and Mexico, among others. Recently, the Bureau has developed a course on intersectoral action for practitioners at national and local levels.[11] It is accompanied by a guide for intersectoral collaboration and community participation, including an evaluation tool for intersectoral work, all based on successful experiences in the Region.

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[9] Health Equity Monitoring in Brazil http://www.equidade.org/partners.
[10] Observatorio Nacional de Inequidades en Salud en México, http://onis.salud.gob.mx/.
[11] In the final stage of revision.

Objective 6.1: Build capacity in the workforce in the health sector and other sectors on the HiAP approach and encourage the implementation of HiAP among these groups	
Indicator, baseline, and target	**Status**
6.1.1 Number of countries and territories with recognized institutes such as national public health institutes, universities, and collaborating centers offering training courses on the implementation and monitoring of HiAP and related concepts Baseline (2014): 0 Target (2019): 8	Eight countries have recognized institutes offering training courses on the implementation and monitoring of HiAP and related concepts. Fiocruz, INSP, and FLACSO, among others, are examples of globally recognized reference and training centers on HiAP and SDH.

Lessons Learned

19.   Even though all the indicator's targets where met, and the Region has made important progress, action needs to continue to improve the health and wellbeing for all and to reduce persistent health inequalities.

20.   Across the Americas, there is growing interest in HiAP and in addressing the social determinants of health. Actions in this area take many shapes and forms, use multiple entry points, and employ a variety of mechanisms. In many instances, stewardship of such actions lies with actors outside of the ministries of health.

21.   When ministries of health and PASB are prepared to recognize opportunities, favorable conditions, and readiness in countries to implement the HiAP approach, the social determinants of health can be addressed more effectively and on a larger scale.

22.   Many improvements in population health are a result of social or economic policies and measures; such advances do not come only through actions in the health sector. Weakness in monitoring the impact of policies in other sectors hinders recognition of how these policies contribute to health outcomes.

23.   Through its role as a convener and broker, the Bureau has stimulated movements, processes, and actions in the Region that use the HiAP approach to go beyond the direct sphere of action of the Bureau and the ministries of health. Countries and territories are moving forward with HiAP at the subnational and local levels, with or without the leadership of the health sector. New opportunities can be created through increased capacity to recognize, identify, and foster such actions and initiatives in the countries.

Actions Necessary to Improve the Situation

24.   In view of the progress described above, the following measures should be considered:

a)   Steps should be taken to continue to further strengthen the capacities of ministries of health to identify, in a systematic manner, experiences and practices in applying the HiAP approach in countries and territories of the Region.

b) Further capacity building is needed for the health sector to bolster its advocacy and stewardship role in engaging other sectors in the development of policies to address the social determinants of health.

c) There is a need to enhance the capacities of government sectors to recognize community assets and leadership that can help ensure the active participation of communities and civil society in setting and implementing policies to address the social determinants of health, as well as inequalities and inequities in health.

d) Countries need additional tools and instruments, based on concrete experiences and progress in the Region, in order to advance their implementation of the HiAP approach at national level and particularly at local level.

e) Mechanisms for the exchange of good practices have proven very important and key in moving this agenda forward. This is an important line of action that needs to be continued and scaled up.

f) Monitoring and reporting systems need to be strengthened in order to evaluate the impact of HiAP; this should go beyond monitoring health outcomes to assess distributional changes in the social determinants of health and health inequalities.

g) The HiAP and SDH approach should be better aligned with implementation of the 2030 Agenda for Sustainable Development to leverage intersectoral action (including collaboration with other United Nations agencies).

h) Continued implementation of the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 *(20)* will make it possible to support Member States in continuing the commitment to address the social determinants of health through a HiAP approach.

i) Working inter-programmatically to integrate the HiAP approach in all technical areas, systems, and services within the ministries of health and the Bureau will help ensure that Member States' commitment to address the SDH through strengthened intersectoral action, as reflected in the PAHO Strategic Plan 2020-2025, becomes a reality.

Action by the Directing Council

25. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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