



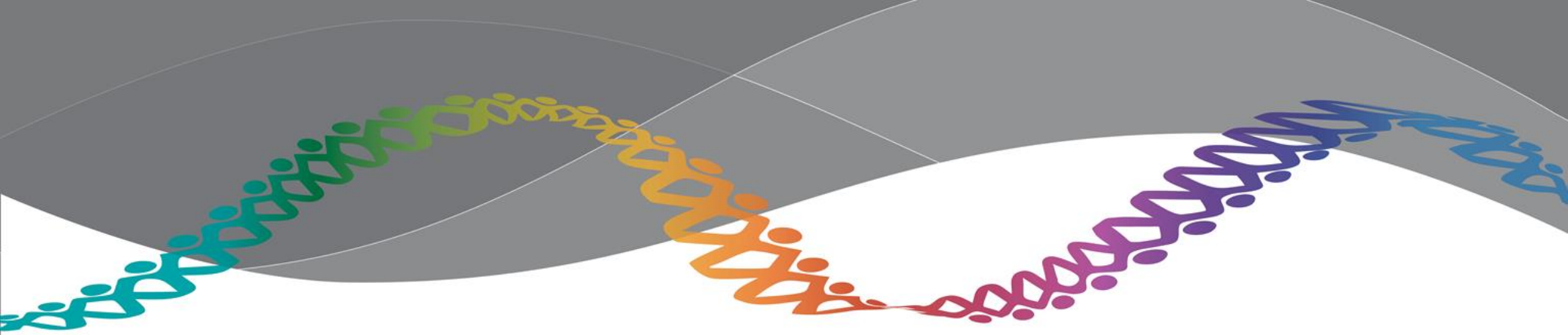
Global Network for Health in All Policies



The Global Status Report
on Health in all Policies

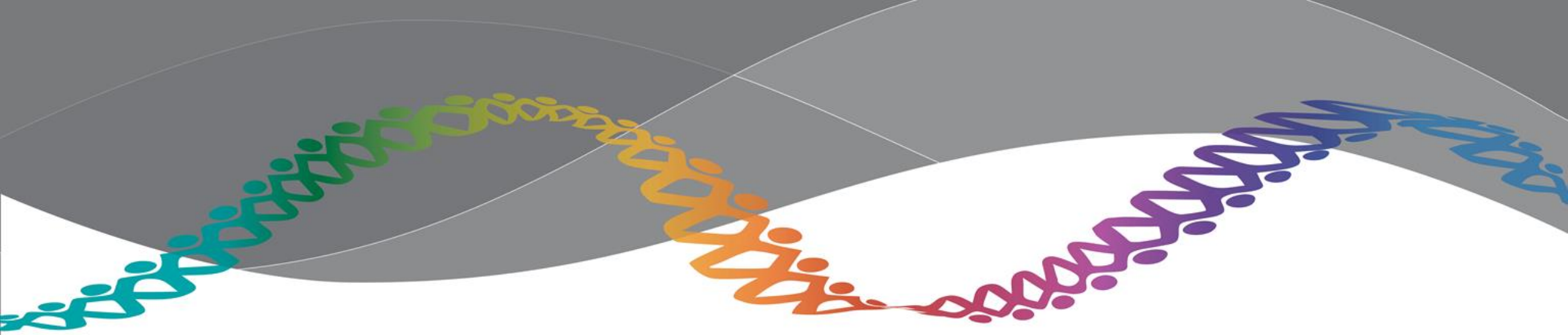
Photo credits: Guy Lessard

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Executive Director, Prevention
and Population Health
Wellbeing SA



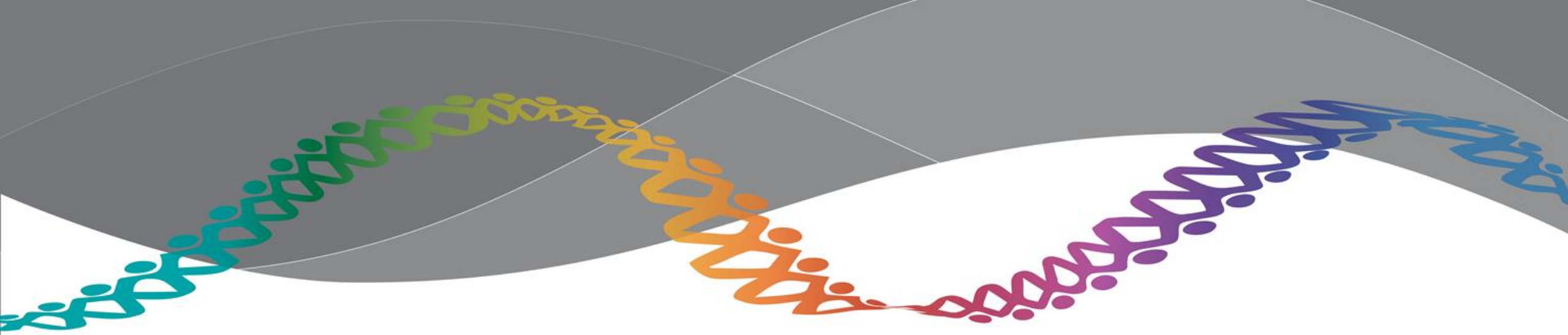
Survey and Data

- The Global Network for Health in All Policies Survey – 48 question, online survey open between October 2018 and January 2019
- Snowball sampling
- Survey circulated to all jurisdictions known by GNHiAP
- A Technical Group (Sub Committee of the Steering Committee for GNHIAP + additional members) oversaw the survey and report design.



Survey Respondents N=41

- 41 valid responses - 82 total
- Responses mostly analysed under two categories
 - Level of Government (Local Level, Subnational Level, National Level)
 - Phase of Maturity (Emerging, Progressing and Established)
- Some jurisdictions gave multiple responses for different levels of government



Strengths

- Range of HiAP models captured
- Survey design
 - Collaboratively designed
 - Included key themes of conditions that support HiAP
- Thematic analysis of the data based on substantial evidence base for HiAP

Weaknesses

- Small sample size and known missing models – therefore not fully representative of global practice
- Responses by one individual may not fully represent the breadth of HiAP activity in that Jurisdiction
- Response Bias
- Limited contextual detail as limited qualitative response capacity

Respondents who selected (a), (b) or (c) have been grouped in the Emerging (n=18) phase, respondents who selected (d), or (e) have been grouped in the Progressing (n=10) phase and respondents who selected (f) or (g) have been grouped in the Established (n=13) phase. The following Table lists the possible survey responses, grouped within these categories of practice maturity.

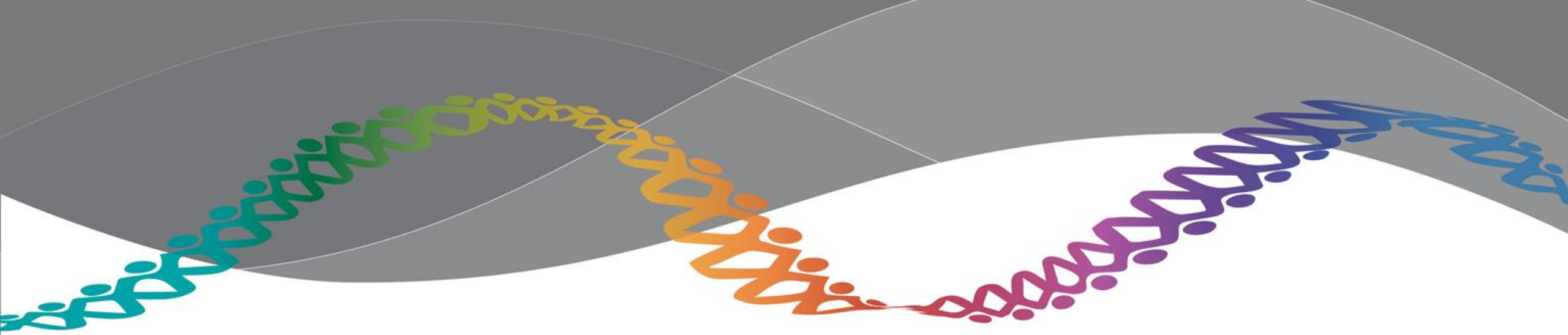
Question 11 What stage is your jurisdiction at in the development and delivery of the HiAP approach?

Emerging	a) We are interested but have not yet sought formal commitment/approval to develop and implement HiAP in our jurisdiction
	b) We are working with other sectors but are yet to seek formal commitment/approval to develop and implement HiAP in our jurisdiction
	c) We are not working with other sectors as yet but we are actively trying to obtain formal commitment/approval to develop and implement HiAP in our jurisdiction
Progressing	d) We have formal commitment/approval to proceed with development and implementation of HiAP but are just starting to work out our governance structure and implementation plan
	e) We have developed a formal governance structure and are in the early stages of implementation
Established	f) 6.We have well developed formal mechanisms for governance and implementation and are making good progress
	g) HiAP approach is embedded as a mandatory or recognised way of working in our jurisdiction

FIGURE | 3-1

Location of respondents - maturity of practice and level of government





HiAP and other forms of collaborative action

- WHO (Helsinki Statement) definition of HiAP “*an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impact in order to improve population health and health equity.*”
- HiAP utilises formalised governance structures to facilitate multisectoral action – **this is the distinguishing feature of HiAP compared to other forms of collaborative action.**
- HiAP takes a complex systems approach to addressing Health Equity and the determinants of health and wellbeing through healthy public policy.



Governance and Leadership



Resources for HiAP



Entry Points



Ways of Working



Capabilities (Individual and Organisational)



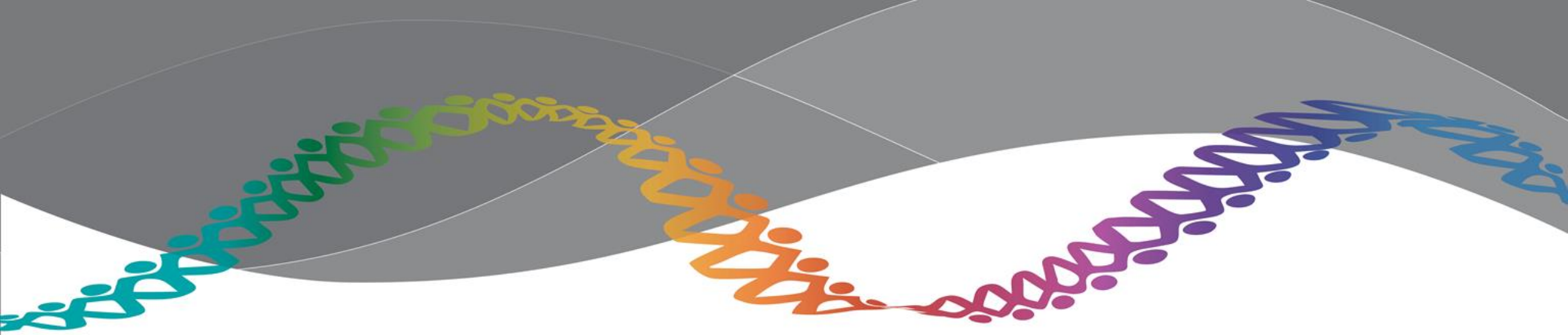
Monitoring, Reporting and Evaluation



HiAP Priorities and

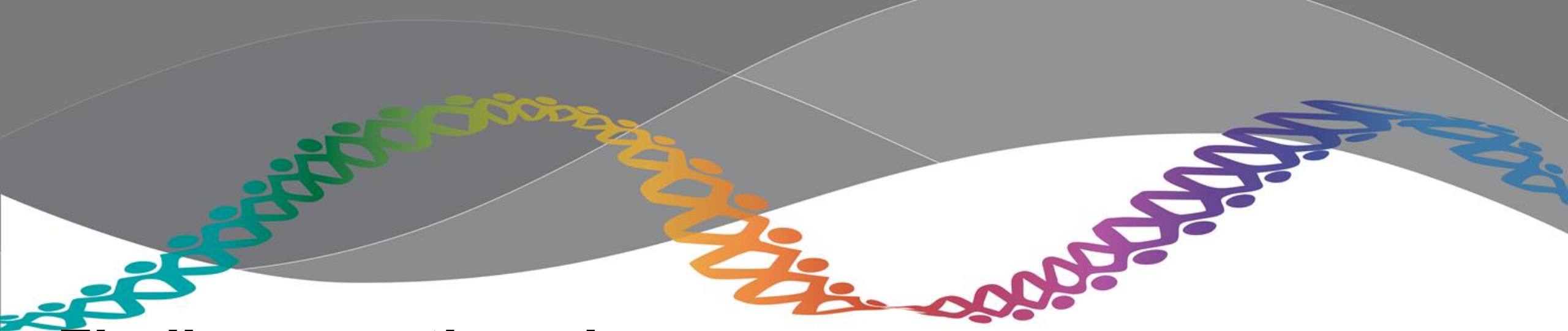


Outcomes



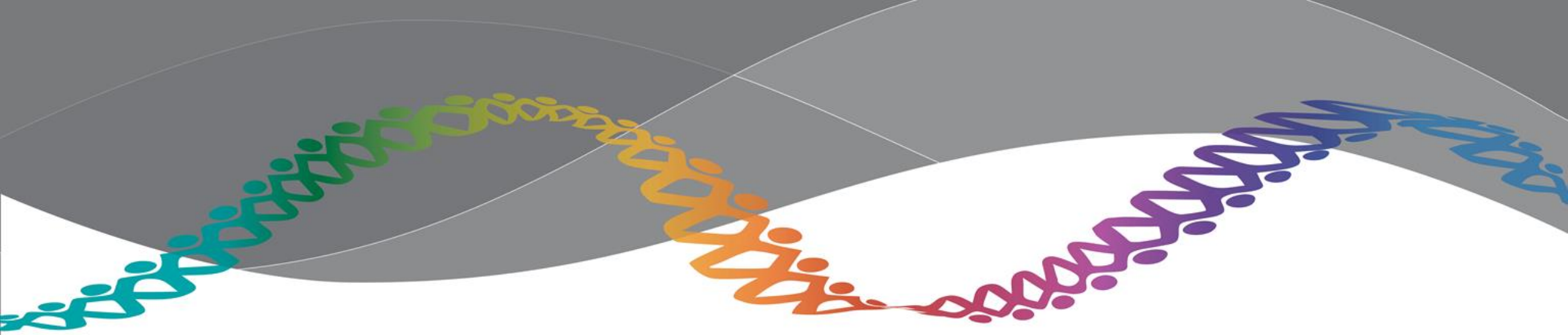
Findings - Governance and leadership

- Established HiAP practice makes it more likely:
 - a strong authorising environment with political support
 - governance mechanisms or formal structures
- The majority of jurisdictions have some level of governance arrangements or formal structures.



Findings continued...

- **Resources** – Dedicated personnel are particularly important given the significance of people and relationships in HiAP.
- **Entry points** and **Ways of Working** are context specific – Many actions can be taken and these are dependent on timing and both local and national context in conjunction with political, organisational and situational context.
- Health diplomacy and negotiation skills are critical **capabilities** to support HiAP as is the ability to adapt in the face of changing political, administrative and cultural landscapes.
- **Monitoring, evaluating and reporting** processes are complex, but important, and more likely to occur once practice has matured.
- Establishing **Priorities** provides strategic direction. Determining short and longer term **outcomes** will become increasingly important as our evaluation of HiAP global practice evolves.



What have we learnt and where to next...

- Stimulate conversation about the opportunities and challenges of HiAP practice and implementation
- Track how HiAP contributes to achieving the SDG's and the WHO Thirteenth General Programme of Work 2019 – 2023 launched in 2018;
- Improve understanding of how to initiate, implement and sustain HiAP practice.
- Future reports to continue to understand global HiAP practice