Political hazards in implementing Health in All Policies
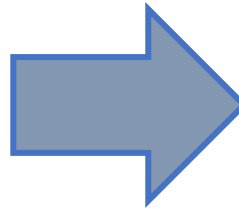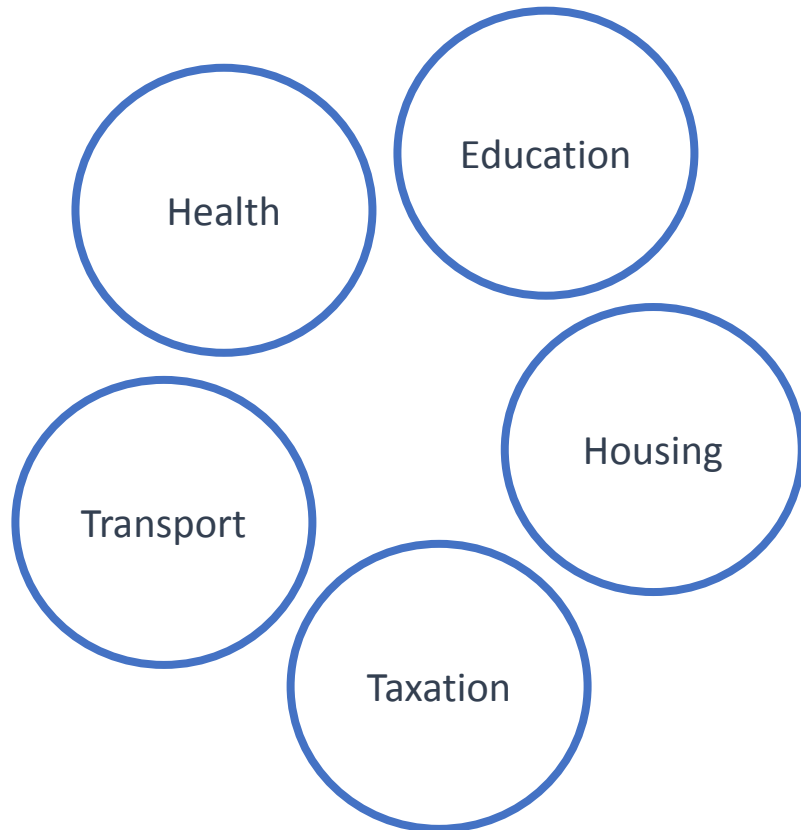
Ketan Shankardass, PhD

Second meeting of the Global Network for Health in All Policies (GNHiAP)
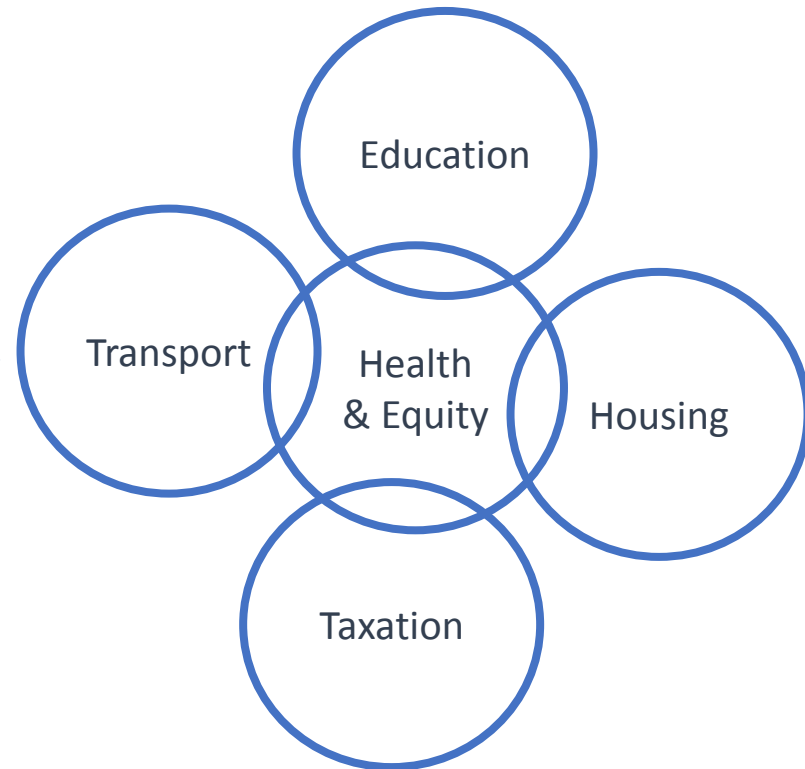October 8, 2019

HiAP as integrated governance

Policy "silos"
- Unique budgets
- Unique mandates

"Integrated governance"
- Shared budgets
- Overlapping mandates

Helsinki Statement
Framework for Country Action

1. Establish the need and priorities for HiAP

■ *Assess policy and political contexts.* Explore where there are common interests, conflicts, or unrealised potential. Analyse and map who will support or oppose health priorities. Identify also whether there is media or public scrutiny. Consider which sectoral, strategic alliances and existing initiatives exist to produce rapid results and serve as a basis for further support for HiAP in various sectors.

World Health Organization, 2014

Implementing health in all policies

Lessons from around the world

Edited by Claire Greszczuk

The Health Foundation
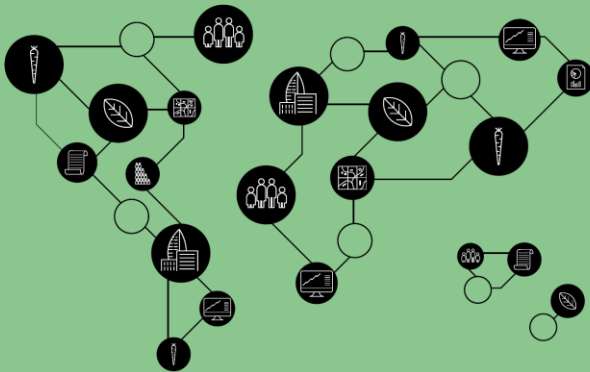
"The (nine) case studies highlight a multitude of complex barriers to delivering and sustaining cross-sectoral partnerships for health, which may explain why progress can be slow."

1. Lack of alignment in incentives.
2. Competing priorities.
3. Maintaining the focus on health equity.
4. Inability to make long-term investments.
5. Limited evaluation.

Taking health into account in all policies: raising and keeping health equity high on the political agenda

Lauri Kokkinen,[1,2] Ketan Shankardass,[3,4] Patricia O'Campo,[4,5] Carles Muntaner[6]

A glossary of terms for understanding political aspects in the implementation of Health in All Policies (HiAP)

Goldameir Oneka,[1] Faraz Vahid Shahidi,[1] Carles Muntaner,[2] Ahmed M Bayoumi,[3,4,5,6] Deb Finn Mahabir,[2] Alix Freiler,[3] Patricia O'Campo,[1,3] Ketan Shankardass[3,7,8]

HARMONICS

HiAP Analysis using Realist Methods ON International Case Studies

harmonics-hiap.ca

- *Dr. Ketan Shankardass*
- *Dr. Patricia O'Campo*
- *Dr. Carles Muntaner*
- *Dr. Ahmed Bayoumi*
- *Dr. Lauri Kokkinen*
- *Alix Freiler*
- *Maria Guglielmin*
- *Goldameir Oneka*
- *Debbie Finn*
- *Dr. Faraz Vahid Shahidi*

Agenda

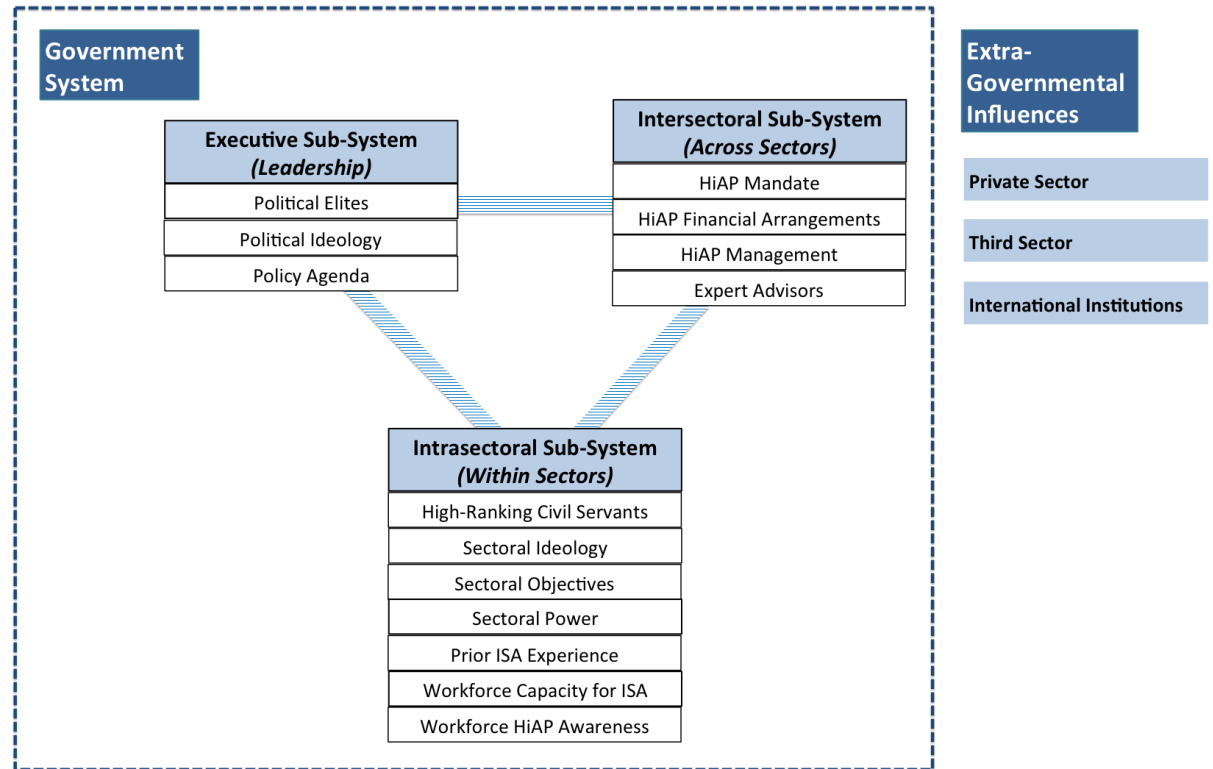1. The problem space – *political conflicts in the implementation of HiAP*

2. HARMONICS: HiAP Analysis using Realist Methods ON International Case Studies

   - Evidence from high-level case studies

       - Types of political conflict

       - Useful approaches to plan for political conflict

   - New study about implementation at the local level
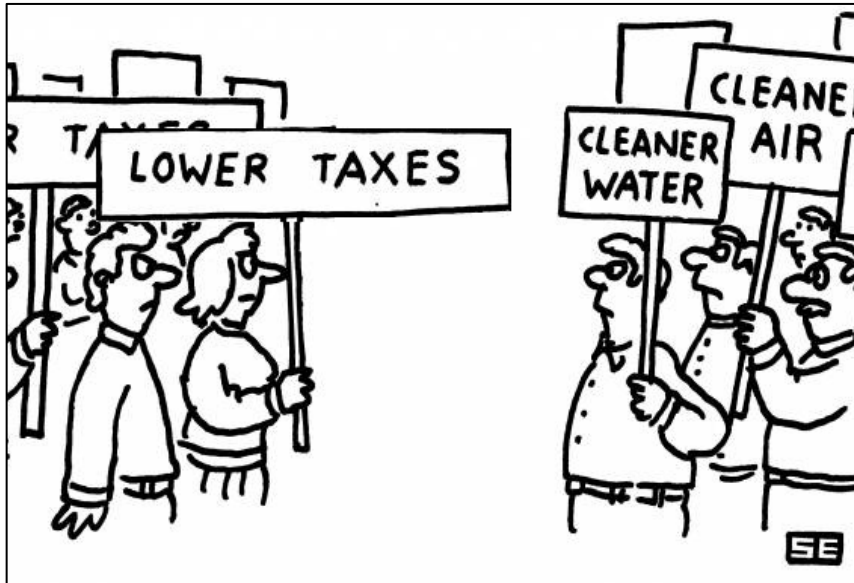
Competing interests

Ideological conflict

Government System

Executive Sub-System
(Leadership)

| Political Elites |
| Political Ideology |
| Policy Agenda |

Intersectoral Sub-System
(Across Sectors)

| HiAP Mandate |
| HiAP Financial Arrangements |
| HiAP Management |
| Expert Advisors |

Intrasectoral Sub-System
(Within Sectors)

| High-Ranking Civil Servants |
| Sectoral Ideology |
| Sectoral Objectives |
| Sectoral Power |
| Prior ISA Experience |
| Workforce Capacity for ISA |
| Workforce HiAP Awareness |

Extra-Governmental Influences

| Private Sector |

| Third Sector |

| International Institutions |
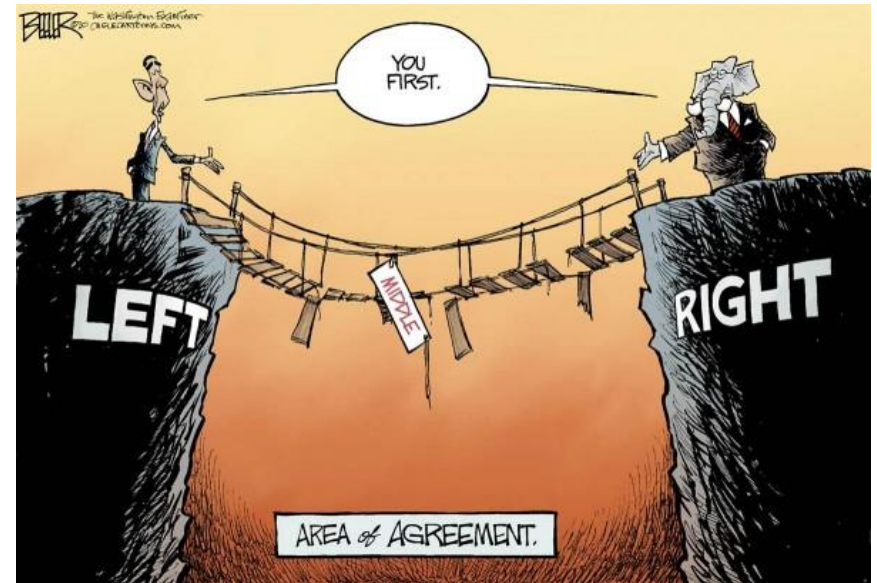
Cross-case findings: political conflicts impacting HiAP implementation

| | Evidence of: | | | |
| | Ideological conflict | | Jurisdictional conflict | |
Case	within	across	within	across
California	Adequate		Adequate	
Ecuador	Limited		Strong	
Finland	Limited	Low	Strong	High
Norway	Limited		Strong	
Scotland	Adequate		Strong	
Thailand	Limited		Strong	

Shankardass et al, Unpublished

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Cross-case findings: Ideological conflict

- Conflict between economic and health/social sectors was common at the national level
  - Less buy-in, weaker equity interventions

- Conflict between equity advocates and government over need for rights-based interventions at the local and national level
  - Less agreeable partnerships, weaker equity interventions, longer timelines

Shankardass et al, Unpublished

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Case-specific findings: Ideological conflict

- In California
  - Cultural institutional resistance in multiple sectors to cycling and walking as "legitimate forms of transportation"
  - Engineering culture of public works sector hindering appreciation of healthier built environments

Shankardass et al, Unpublished

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Case-specific findings: Ideological conflict

Case	Summary of evidence
South Australia	• IC was managed using "win-win" strategy, which facilitated buy-in for HiAP but sometimes weakened potential impact on health equity in the short term • Awareness raising can facilitate understanding and appreciation of health equity values • Important role of dedicated team for engagement
Quebec	• National level: Buy-in was facilitated by ideological agreement, which facilitated in-kind support and strengthened the potential impact on health equity • Regional-Local level: IC between levels was overcome, which helped to address conflicts over jurisdictional control; thus, facilitating buy-in across levels

Shankardass et al, 2014

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Cross-case findings: Competing interests

- Generally present where HiAP is implemented, but gets better over time
  - Led to less buy-in, fewer financial resources and less sustainable implementation in the short-term

Shankardass et al, Unpublished

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Case-specific findings: Competing interests

- Quebec: Policies of economic sectors informally excluded from Section 54/health impact assessment

- California: Conflict between objectives of transportation sector and environmental health outcomes; Fears of health sector "taking over" public works

- Ecuador: Introduction of coordinating ministries threatened relationships between ministries and private interests over food labelling and pharmaceutical price regulation

Shankardass et al, 2014; Shankardass et al, Unpublished

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What strategies can help engage diverse policy sectors into HiAP?

1. An awareness raising strategy that will leads to others seeing the importance of adapting their sectoral objectives
2. A top-down strategy that uses power to compel participation, regardless of sectoral objectives
3. A win-win strategy that seeks dual outcomes for initiatives

See: Molnar et al 2016

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What strategies can help engage diverse policy sectors into HiAP?

- Win-win strategies work because of:
  - development of a shared language
  - use of tools (HIA) to facilitate policy coordination
  - integrating health into other policy agendas & dual outcomes
  - use of scientific evidence for credibility

Molnar et al 2016

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Top-down approaches as counterproductive...

"less preaching, more serving" (QC key informant)

"I don't know if annoyed is the best word to use but just this, you know, the terminology of Health in All Policies. Right? That it's all about health."(CA key informant)

… except when they're not!

- Ecuador: Strong, transformative mandate for HiAP adopted by Correa's government resulted in increased buy-in for HiAP implementation across diverse sectors
  - Political elites used formal authority and leadership to facilitate buy-in, in part, because of the mobilization of government resources that enriched HiAP implementation.

Finn et al, Under review

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Cross-case findings about impact of political elites on HiAP implementation

Case	Formal authority		Leadership style	
	Supporting evidence	**Impact on HiAP implementation**	**Supporting evidence**	**Impact on HiAP implementation**
Finland	Strong	Hindered	Strong	Promoted
Norway	Weak	Promoted	Strong	Promoted
Scotland	Weak	Promoted	Strong	Promoted
Ecuador	Strong	Promoted	Strong	Promoted

Muntaner et al, Unpublished

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Shared language win-win strategy

Case	For		Against	
	within	**across**	**within**	**across**
California	Strong	High	No evidence	No support
Ecuador	Adequate		No evidence	
Finland	Limited		No evidence	
Norway	Adequate		No evidence	
Scotland	Strong		No evidence	
Thailand	Limited		No evidence	

Multiple outcomes win-win strategy

Case	For		Against	
	within	**across**	**within**	**across**
California	Strong	High	No evidence	No support
Ecuador	Limited		No evidence	
Finland	Adequate		No evidence	
Norway	Strong		No evidence	
Scotland	Strong		No evidence	
Thailand	Adequate		No evidence	

Public health arguments win-win strategy

Case	For		Against	
	within	**across**	**within**	**across**
California	Limited	Low	No evidence	No support
Ecuador	No evidence		No evidence	
Finland	Strong		Thin evidence	
Norway	No evidence		No evidence	
Scotland	No evidence		No evidence	
Thailand	No evidence		No evidence	

Cross-case findings about effectiveness of specific win-win approaches

Kokkinen et al, Under review

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Playing the long game with HiAP

- In Quebec and South Australia, we learned about how focusing on shorter-term goals with less emphasis on health equity and more directly on the "mission, concerns, funding issues" of partners can lead to longer-term awareness and appropriation of the shared benefits of collaboration.

Molnar et al, 2016

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Evaluation of HiAP

- Health equity and economic evaluation
- Impacts on health equity are mid- to long-term
  - What changes in social, health and economic outcomes in the short-term?
  - Logic models are your friend
- Untangling the web of causation given multiple interventions
  - E.g., Collective impact models

New HARMONICS Study of HiAP in local governments of Ontario and Québec

Ontario Cases
- Chatham-Kent
- Elgin-St. Thomas
- Peterborough

Quebec Cases
- Maskoutains
- Laval
- Sherbrooke (?)

Measuring stages of *health in all policies* on a local level: The applicability of a maturity model

Ilse Storm [a,*], Janneke Harting [b], Karien Stronks [b], Albertine J. Schuit [a,c]
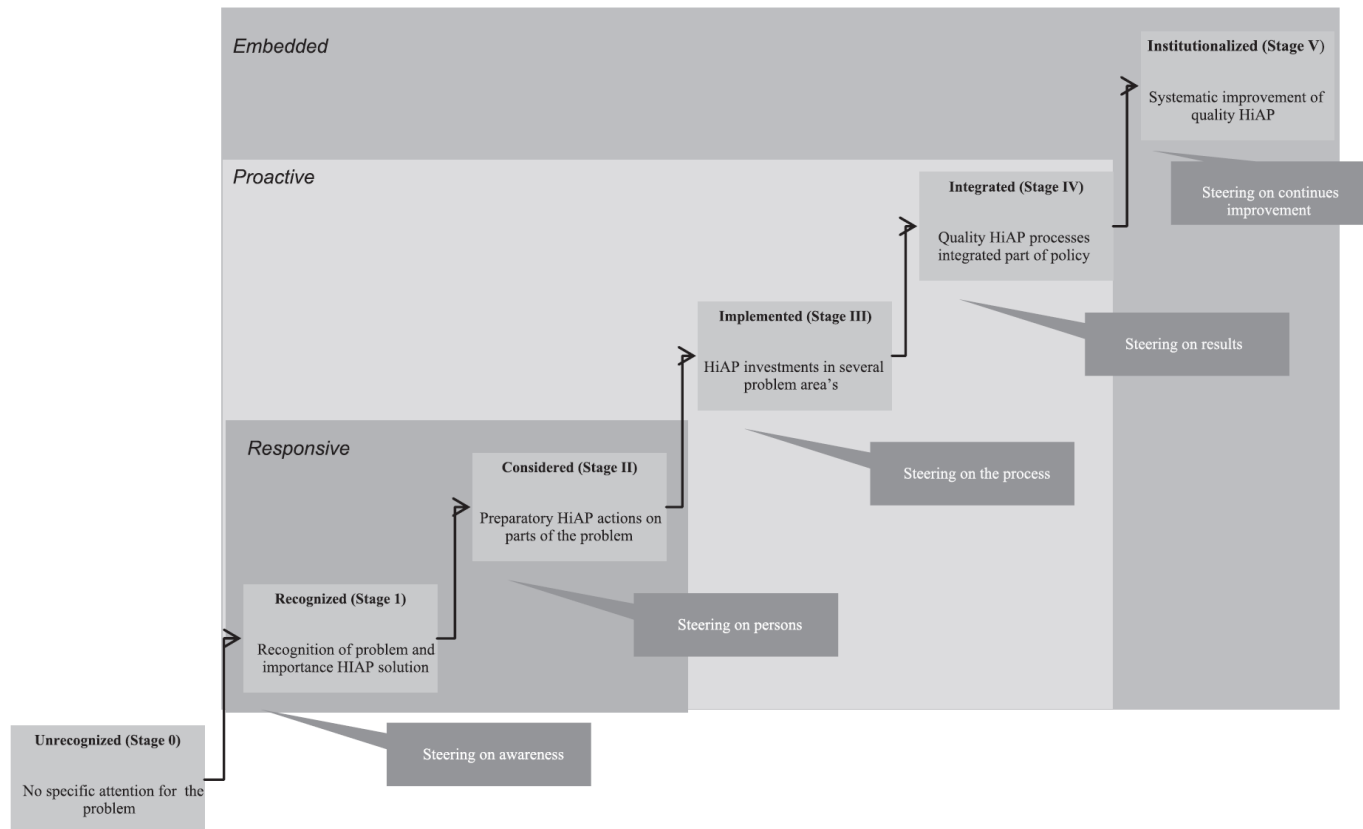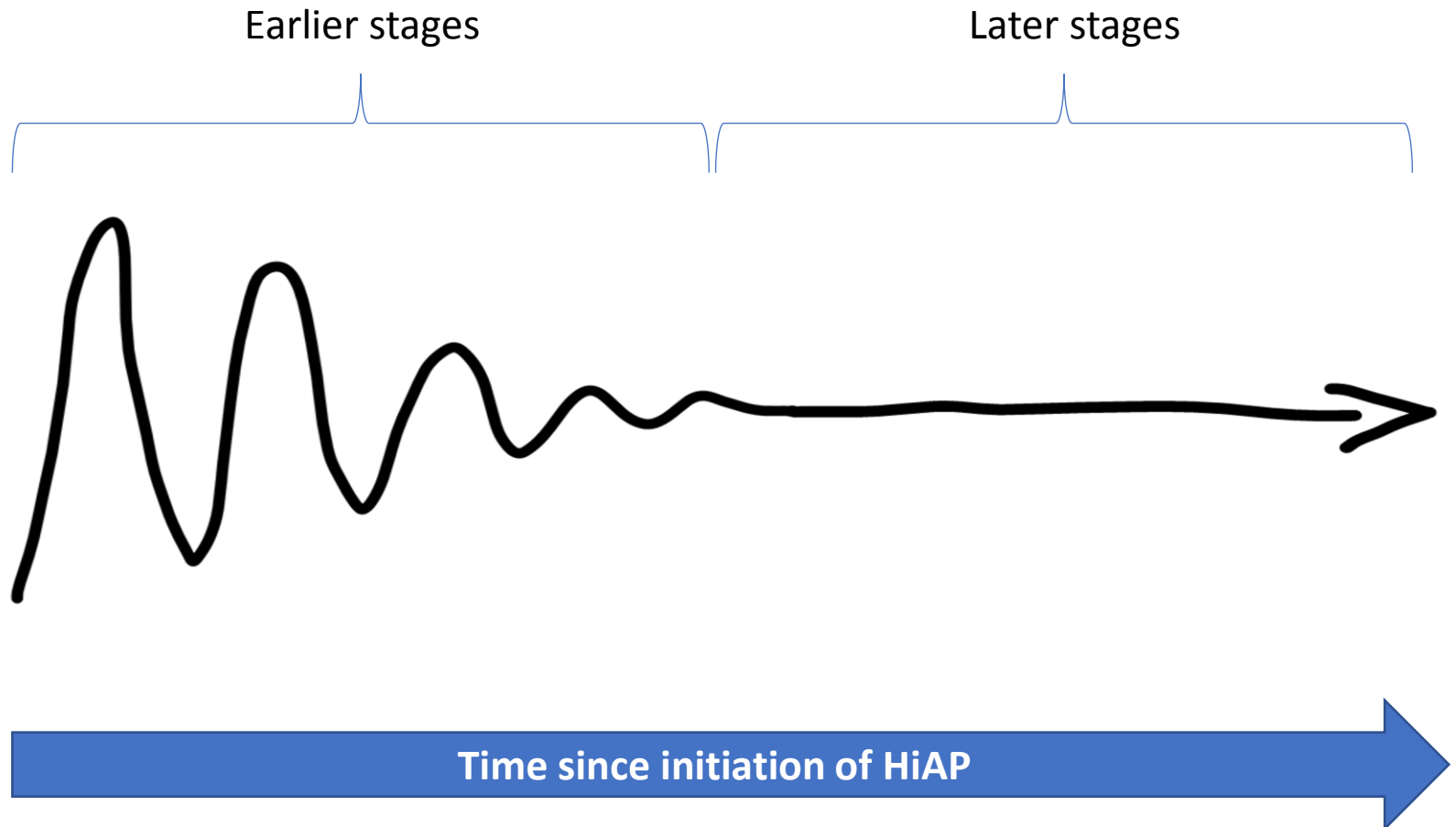
Fig. 1. Maturity model for health in all policies (MM-HiAP), primarily based on CMM's and AMM.

How to make progress during early and later stages of HiAP implementation?

Earlier stages

Later stages

Time since initiation of HiAP

Why might there be differences in "time to launch" of newly initiated HiAP?

Time since initiation of HiAP