



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •



Health in All Policies

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(Presenting Rob Howard's review)

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Overview

- Background and methods
- Summary lit review
- Summary interviews
- Top tips
- Conclusions



Background and methods

- Council conclusions on Equity and Health in All Policies: Solidarity in Health
 - *“To act in areas as diverse as the environment, education and working conditions”*
- EA WP4 Deliverable: common understanding of HiAP to address HI and its policy implications
- Rapid review and interviews



Aim

- Review the evidence - *identify opportunities and barriers of a HiAP in the countries of the EU*
- Assess current opinion on the implementation across a range of member states, countries and regions and in particular to assess how health equity is being incorporated within the HiAP approach.



Methods

- Started with Finnish EU presidency HiAP
- Searched 2006 to present (July 2011)
- Summary of themes
- Explore themes with interviewees
 - semi-structured interviews, 19 people, 12 countries, 1 region



Lit review findings

- 7 key areas;
 1. Governance and strategy
 2. Tactics
 3. Partnerships and stakeholder engagement
 4. Leadership and politics
 5. Culture and values
 6. Capacity and technical skills
 7. Health equity



1. Governance and strategy

- High level and cross-gov strategy required
- Gov structures can act as barriers
- Key lever SDH
- However less emphasis on interdepartmental structures



2. Tactics

- Win-win approaches (co-benefits)
- Developing economic analysis
- Softer skills also needed
 - adaptable/flexible, negotiation, mediation and compromise
- Health not imperialistic but shared goals and objectives

3. Partnerships and stakeholder engagement



- Effective working with a wide range of partners
- Community participation, not just usual suspects
- Comms with stakeholders needs to be clear



4. Leadership and politics

- Political commitment at the highest level
- Long-term and explicit



5. Culture and values

- Shared values- cultural change
- Equity, solidarity and universality
- Although not static



6. Capacity and skills

- Build within and externally to health
 - Technical and softer skills
- Case studies and simpler tools



7. Health equity

- Political understanding
- Build in HIA, HiAP
- Better understanding health equity and equality
- Improved data
- Yet few concrete examples



Top tips

- Don't use the H word! Describe health as wider outcomes (SDH)
- It takes time
- Strengthen links and support overarching strategies/goals – link to other agendas
- Political commitment ↔ facts/evidence
- Skills – i.e. advocacy
- People and resource



Conclusions I

- MS, countries and regions – encouraged to develop a overarching HiAP strategy/plan
- Focus on win-win, yet be collaborative “Health *for* All Policies” as well as “Health in All Polices”
- Work with communities (these have been neglected)



Conclusions II

- Political commitment. Health to show leadership particularly due to economic crisis
- Technical skills as well as softer skills are required to influence OGDs
- Concrete case studies and simpler tools



Questions?

THANK YOU



Questions to explore

- Do you agree with the findings
- Have we missed anything
- Is there anything that should not be in here
- What next and how best can we use this review?
- What are you going to do?