

Health in All Policies – Framework for Country Action

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1. Introduction

For the purposes of this framework a new working definition of `Health in All Policies` has been developed, as follows:

`Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity`.

A Health in All Policies approach is founded on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development.

Good health enhances the quality of life, improves workforce productivity, increases capacity for learning and strengthens families and communities. In a Health in All Policies (HiAP) approach the aim is therefore that health is an outcome of all policies and this requires multisectoral action including by transport, housing, education, nutrition and the water and sanitation sectors. In this framework multisectoral action refers to action between two or more sectors (e.g. health, transport and environment) within the government. It is used as a synonym for intersectoral action. When referring to actors outside the government, multi-stakeholder and whole-of-society terms are used (e.g. non-government organizations, private sector, professional organizations, faith-based organizations). The HiAP differs from a whole of government (WoG) approach which focuses on public coherence, coordination and efficiency, whereas the focus of HiAP is on health equity. While the implementation of the HiAP approach can be supported by the WoG approach, it can be used on its own to engage and support other sectors to deliver the desired health and equity outcomes by for example doing no harm to health, promoting fair access to life opportunities, and supporting social and economic development.

HiAP clearly has an important leadership role for the health sector to achieve synergies in action, to deliver the optimal health and health equity outcomes, and to provide accountability and transparency when decisions on policies relevant to health, health equity and health systems functioning are being made. What is important to understand is that HiAP is not an alternative to health promotion, public health measures or other health activities. It provides a means for giving consideration to the impact of policies on people`s health and health equity regardless of the primary aim of the policy in concern. In some matters the health sector is given the central coordination role for HiAP, in others this responsibility may be undertaken by the whole government, another sector or organisation. In all cases the health administration of a government will need to be involved to be able to communicate and effectively interact with the politicians and other policy makers, including those working in other sectors to achieve Health in All Policies. The challenge for the health sector is to be aware of policy development in society early on and to engage in a timely manner in processes that are potentially crucial for health and health equity. In order for HiAP to be successful, it is important to recognise and understand that there are

opportunities to act for the common good despite the diverse interests of the different sectors or across sectors

2. Principles of Health in All Policies

The four key principles that support the HiAP approach are legitimacy, accountability, transparency and public participation. The signatories of the WHO constitution declare the responsibility of the Governments for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures. Health in All Policies draws legitimacy from human rights, civil, political, economic, and social rights considerations for those governments that have either ratified international treaties or have provisions within their own legislation. Legal obligations provide continuity and cushion impacts from shifts in government policies or loss of political interest in the area. National human rights, public health and administrative law provide a concrete basis on which to promote Health in All Policies and whilst it is not necessary for initiating a focus, it can provide important support when there is no political will or it is insufficient to take matters further.

The WHO constitution emphasises government accountability through the statement that: “Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures”¹. Accountability is crucial to HiAP and needs to be understood as accountability of governments to their people that the impacts of policy decisions in all government sectors promote health.

Public participation and participatory processes are important elements for policy making and provides broader benefits from dialogue and engagement with civil society. The HiAP approach also benefits from public participation and from the creation of mechanisms that strengthen the role of civil society in health policy making, such as health assemblies and participation and hearings in committees². Public participation enables people to play a more active role in the HiAP approach and in strengthening of their capacity and commitment to the dynamic process of policy development, a role otherwise driven by the government.

3. Purpose of this Framework

The purpose of this framework is to identify the practical ways in which to enhance the HiAP approach, in particular, at a national level. This framework is one of a number of `tools` that can be used to implement HiAP and should not be seen as the only option that is available to governments. In some countries a HiAP approach may already exist, even though this may not be explicit, whilst in other countries the concept is new and undeveloped. It is recognised that policies do not take place in a purely national context. Decisions can be made at supranational level as part of global policy making or at regional structures. These decisions are often shaped by national policies in other sectors and this framework has been developed so that it can be adapted for supranational level decision-making and for governance structures. Decentralisation has also moved many decisions and responsibilities to local level. Within this framework the term health is used broadly such that it can

¹WHO Constitution (1948). Available from: <http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>

² See, for example: http://en.nationalhealth.or.th/Health_Assembly

encompass health equity, health protection, health promotion, social environmental determinants of health, health system functioning and the financing of health systems.

4. How to implement the Health in All Policies Approach

Health needs to be embedded within the mind-set and the general policy imperatives that feed into overarching societal goals. HIAP requires government commitment and mandate. The commitment to collaborative and participatory (horizontal) approaches to governance and policy making is achieved because it is recognized that while other sectors can serve the goals of health – health can also significantly contribute to the goals of other sectors.

Box 1 below provides two case studies of the implementation of a HiAP at the country level.

Vision Zero Initiative in Sweden

The Vision Zero Initiative is an example of how the road and transport sector took the leadership for health protection and improvement, towards a stepwise elimination of deaths and serious injuries on the roads. The Road Traffic Safety Bill enacted in 1997 by the Swedish parliament used a systems approach, specifically, converging on transport, justice, environment, health and education sectors, and partnerships with the private sector and civil society to address the fatal road crashes. The bill called for designing roads, vehicles, surveillance and safety equipment. Through the police, laws on road safety, such as speed limits, seat belt use and random breath testing, were enforced, while the civil society and the private sector promoted safe driving. In addition to its facilitating role including provision of data, the health sector worked along with the emergency sector to strengthen the emergency services—including efficient transportation and quality trauma response to reduce fatality and improve outcomes. The bill using a HiAP approach is considered a success—going from 9.1 deaths per 100,000 (1990) to 2.8 deaths per 100,000 (2010)—trending down, while motorisation increased from 507 vehicles per 1000 inhabitants (1990) to 584 vehicles per 1000 inhabitants (2010) and traffic volume increased—making Sweden’s roads safer.

Plan nacional para el buen vivir in Ecuador

Plan nacional para el buen vivir (NPGL) or Good Living Plan, is a program that develops public policies that impact health and is an example of HiAP at the constitutional level with a commitment at the presidential level. The National Development Plan of 2007-2010 for Ecuador aims to reduce inequality gaps and address basic needs of people. It uses a rights based, social justice and equity lens to promote equality, cohesion and social and territorial integration, improve citizenry capacities and potential and build a democratic state for good living. It works at the central, regional and local level. Other sectors, including health, participate in the initiative through the development-coordinating ministry, which supervises several other ministries. Monitoring and evaluation results show that between 2006 and 2011 (when the National Development Program was implemented, upon which this Good Living Plan was implemented), the relationship between urban rich and poor populations fell 10 points. At the same time, public investment was doubled, social investment grew 2.5 times; credits for agriculture was doubled; the proportion of urban homes with w/c and sewage systems grew from 71% to 78%; rural homes with access to collection of waste increased from 22% to 37%; investment in justice grew fifteen times; and health appointments in the public service area increased to 2.6 per 100 inhabitants.

The first consideration in implementing the HiAP approach is for Ministries of Health is to understand where health policy priorities are with respect to policies in other sectors. It also requires willingness to work with cross-sectoral processes driven by other sectors and to provide information and guidance from the perspective of health. A good basis for intersectoral focus is to establish contact points in other Ministries and Departments as well as ensure that there is capacity within health to engage with cross-sectoral processes. Achieving HiAP essentially requires a critical mass of people within the health sector that have time, funding and knowledge to engage in a dialogue within and more important beyond the health sectors, particularly on building knowledge and evidence base for policy development and effective multisectoral action. Strategic alliances and networks are one way of creating support. Another example of broader alliances is issue-based committees, which can include actors from several sectors, civil society and private sector. The health sector also needs to be prepared to work with cross-sectoral processes driven by other sectors and to provide information and guidance on the health impacts for other sectors.

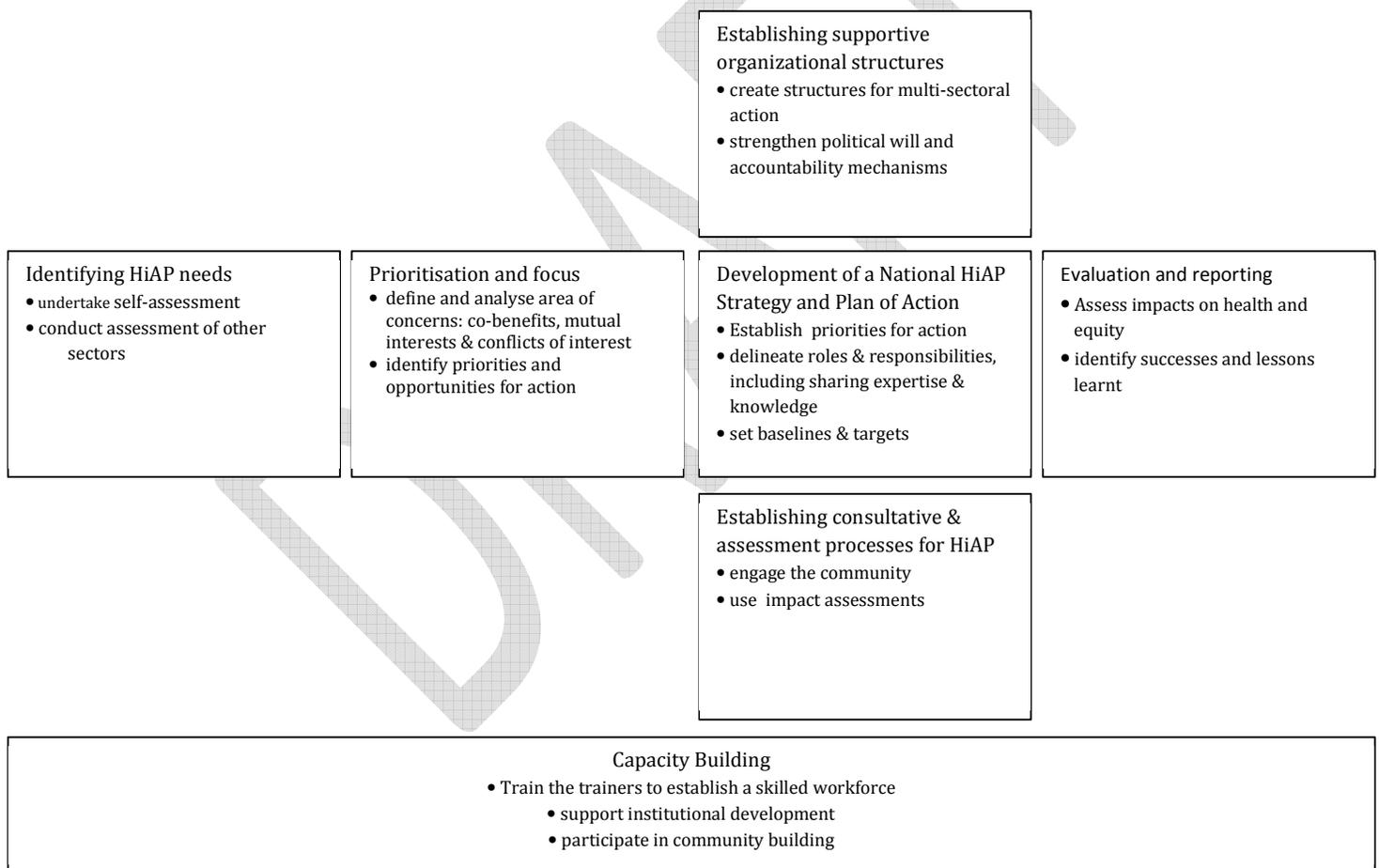
The next considerations are the elements for putting HiAP, including setting up structures, sharing data and expertise, undertaking impact assessments and reporting. For example, at a national level, basic HiAP organisational structures within the national administration include HiAP-related intersectoral committees and a health-related committee within the Parliament. A public health infrastructure and access to data and understanding of health policies and policies in other sectors is crucial as co-operation requires a clear picture of what policies other sectors deal with, how these apply to health and what kind of health policy considerations can be made on the basis of existing knowledge. Additionally, there should be institutional support for undertaking impact assessments on health either as independent assessments or part of other impact assessment processes can be crucially important for local level action or raising health issues in relation to major national or regional development projects. Public health and public health policy reporting which follows up of the state of public health and the policies implemented across sectors within the nation can be seen as a useful tool for applying accountability for health and health equity and is likely to provide an established baseline for future work.

There are also pre-requisites that should be taken into careful consideration by governments including an understanding of and commitment to the principles of Health in All Policies. Good governance, described here as how HiAP is addressed both within the public administration and as part of a broader political process, is a key requirement to achieving a focus on HiAP. Political will is the inherent driver for policy making and is important for initiating and moving forward on HiAP within a national administration. HiAP is unlikely to thrive if there is no institutional or organisational presence in favour of it within the government, parliament and/or an institution (e.g. National Public Health Institutes or related agencies). Implementation of HiAP requires recognition that intersectoral work and a focus on policy analysis and assessment from a health priority perspective is a legitimate part of the work of civil servants and that it is a basis for the allocation of resources in the context of funding of research or focus of national public health and research institutions.

Implementation of HiAP thus requires a consideration of human resources, specific training and adequate inclusion of HiAP work in job descriptions and performance requirements. In some countries the majority of decisions concerning health and public health, in particular those concerning health services are made at sub-national level either in the context of federal states or regional and local governments and administration. However, it is important that while decision-making may have been decentralised, this may not be the case with respect to all decisions concerning other policies. It is thus an essential pre-requisite to focus on decision-making of legislature (parliament), executive (government) and national public administration (civil servants), at the level where decisions are made.

What follows is an overview of the key salient features that can help to begin to establish a HiAP approach at the national level. These features are also summarised in the flowchart in the diagram below:

Figure 1 - Salient features to implement the HiAP approach



4.1 Identifying HiAP needs

Identifying the HiAP needs is integral to setting the agenda. An understanding is needed on the health sector's engagement with other sectors. Foremost, a self-assessment of the

health sector's willingness, capabilities and current relationships with relevant sectors and intergovernmental bodies is needed. This includes identifying the institutional capacities at the personnel level in order to identify multi-sectoral action opportunities and to establish an enabling environment for collaboration.

Furthermore, assessment of other sectors is crucial to have an understanding of other sectors, establish links, and assess their relevance to the established health priorities. This includes, but is not limited to, conducting a sector analysis and identifying potential (positive or negative) health impacts of other sectors' policies, actions that can enhance positive impacts and reduce risk, and the roles and responsibilities.

4.2 Prioritisation and focus

Prioritisation and strategic thinking on key health policy concerns is of crucial importance in directing limited resources and efforts. This requires an understanding of the health policy issues as well as how other policies and policy decisions affect scope for change through public policies. It is useful to consider impacts in terms of population health and costs to the society, necessary regulation and regulatory policy space for health, as well as distributional implications, including impacts for social determinants of health. In developing an understanding of where to begin to implement HiAP, it is useful to scope the policies and policy proposals which have potentially important implications for health, health equity and health system functioning. It is also useful to have an understanding of the crucial governmental goals or goals of other sectors, which can be enhanced through intersectoral collaboration while also improving the health goals. Assessment and analysis of implications of policies in other sectors can seem a major challenge, however, those working in the field of other sectors will be able to know and guide on assumed implications of different policy options and choices.

Strategic thinking may be necessary to focus on where key national health policy concerns are, where potential longer-term priorities could be identified, and what kind of a road map for HiAP can be envisaged. The impetus for Health in All Policies is often the co-benefits with policies in other sectors. Co-benefit is a commonly used term in the environmental health and public health field for describing the broader benefits of interventions, i.e. when action to reduce environmental pollution also improves health. Mutual interests are often considered as equal to co-benefits, but in this framework the former are used to indicate, in particular, political and collaborative interests, rather than policy impacts in the given field or sector. While mutual interests are often driven by the presence of strong co-benefits, they can also be driven by more policy-making related mutual interests with respect to, for example, power or political party relations or the relevance of cross-sectoral practices for the sector as whole (e.g. environmental policies vs. agricultural policies). HiAP needs to consider also conflicts of interest, which is the more difficult, but as important if not more. HiAP on areas with conflicts of interest will require more background and analytical work to make the case, transparency, alliance building and last but not least explicit support from policy makers.

4.3 Development of a National HiAP Strategy and Plan of Action

Developing an initial plan of action can be an important, but not essential, part of the HiAP process especially in countries where HiAP has not been part of the broader policy process. Foremost, fostering a common understanding of priorities for action across sectors can promote the mind-set for HiAP. In developing a national HiAP strategy and plan of action it can be beneficial to consider at least following aspects: the existence of appropriate national health data, capacity building needs in public health, policy analyses and negotiation skills. It would be good to gather understanding on the actors and processes by which policies are decided at the political arena as well as in the important sectoral arenas. In addition to those matters most crucial for health, aspects were low hanging fruits can be collected can be prioritized, i.e. for taking HiAP further, mutual interests between sectors such as which sector policy-makers would have an interest in working with the health sector and on cross-sectoral issues. It is also useful to consider where co-benefits can be found to serve the needs of both health and other sector policy aims and impacts and where change can be achieved under the current government priorities. It is also important to deprioritize efforts where progress is not foreseen. Critical elements of the plan include structures to support HiAP implementation; processes to ensure that it is implemented appropriately; baselines and targets are set; tools to enable officials to analyse critical policies and policy-making processes; and actions to ensure that the implementation progresses. Moreover, it is also useful to delineate roles and responsibilities, including sharing expertise and knowledge across sectors. Population health and health system needs in the short- and long-term will have to be identified and the timing of the plan of action mapped. The HiAP therefore also makes governments more aware of the implications of policy measures for other sectors, in relation to health and creates accountability and transparency for everyone, including the public.

4.4 Establishing supportive organisational structures

Given the variety of structural and political contexts across nations, it is impractical to provide a single model applicable to all countries on the implementation of a HiAP approach. When determining appropriate organisational structures for implementing HiAP it is useful to consider what already exists and operates efficiently and to give consideration to how they might be expanded to encompass HiAP. Some examples of existing structures that may be useful to the development of a HiAP approach include intersectoral committees as a basic organisational structure for action. These can be formed as a) general committees within the administration for airing intersectoral issues as these relate to health or b) with a more health-specific focus, such as nutrition, child health, or aging, or c) as a specific and more multi-stakeholder committee including representatives from nongovernmental and private sectors. These can be important in opening up scope for tackling health considerations when such a focus might not be achieved on the basis of health considerations alone. If a whole of government policy group exists, this can be used for initial work on HiAP. In many Assemblies and Parliaments there are specific committees for health that can provide oversight and scrutiny of the policies made in other sectors. Alternatively it is possible to have a review committee for one sector or jointly with other

sectors. Additionally, strengthen governance structures, political will and accountability mechanisms to support multi-sectoral action.

4.5 Establishing consultative and assessment mechanisms for HiAP

Consultative mechanisms that can be established to assist the organisational structures developed to implement HiAP can be broadly divided into two main categories: consultative processes and assessment processes. It is important to note that the processes developed or utilised to assist with the implementation of HiAP will reflect the contextual political and social conventions of the country.

The consultative mechanism may occur within entire populations, specific population sub-groups, within legislative proceedings, or as part of deliberative processes such as health assemblies or citizens' juries. Also included in the consultative processes are open consultations, special hearings and consultations with specific scope or with limited participation. Hearings and consultations usually take place on the basis of an invitation of experts in the field as well as canvassing the views of various stakeholders and interest groups. Hearings, consultations and debates provide scope for taking in broader views on health-related matters as part of decision-making. For example, in the United States congressional hearings are key methods by which committees collect and analyse information for policy-making. Consultation can be done first at intersectoral level and then with the broader public and interest groups. Internet and web-based consultations are easy to initiate, but it is necessary to recognise the relevance of the digital divide and different capacities across different stakeholders.

In order to further strengthen the consultative and assessment process in implementing a HiAP approach there are other useful and well defined 'tools' that can be utilised by governments. For example, in some countries, an obligation to undertake a health impact assessment is made as part of national legislation, whereas in others it remains voluntary or limited to a project-level assessment or is required as part of an environmental or integrated impact assessment. The strength of health impact assessments as a potential means for HiAP is the scope for requirement as a legal obligation as well as being a relatively developed practice at project level. Public Health and Public Health Policy Reports can be used to draw attention to health-related matters, and to policies that have important implications for health, health equity and health systems functioning and can convey important information and material for follow up. Their relevance and importance to policy-makers cannot be taken for granted if reports become a routine process or if they are not discussed in parliament nor in the media. Joint action and common projects across different ministries and departments can be used to further health considerations where more focus is of importance. They are likely to be most effective where there are clear co-benefits or mutual interests in joint work, while they can cover either broader areas or more specific issues of concern.

The assessment processes allow policy to be audited, reviewed, analysed or assessed within a regulatory process or as part of a budgetary review process. Policy audits are usually used as means to assess policies and measures and whether already existing legislation has been followed. A traditional context of audits is the focus on financial statements and economic

performance and the implementation of policies. Audits are easier to undertake when there are legal requirements or explicit policies with targets. A policy audit that is done wisely can give further scope for Health in All Policies in terms of assessing the current state of development, but audits may be more helpful in monitoring, assessing and evaluating what has been done. The key to policy reviews and assessments is that these are done with sufficient understanding of health priorities and policy needs so as to provide a health viewpoint to the policy. This can be done within the health sector or as part of a broader joint process as is recommended by the Australia “Health Lens Process”³. Budgetary review and discussion is also crucial for different policy areas as well as to the allocation of resources. While policies can take different forms and priorities, it is the budget that often defines what is realised. Providing scope, monitoring or assessment of the budget from a health policy perspective can provide a means for realising Health in All Policies in practice.

Special envoys, special rapporteurs, commissioners, offices and ombudspersons can highlight broader HiAP priorities or focus on more specific health-related concerns. While special envoys and offices tend to have proactive roles in promoting a particular matter on the basis of related expertise, the role of commissioners and rapporteurs can be more about securing focus and action for commitments made. High profile special envoys or commissioners, regardless of their experience on an issue, may also generate public relations attention due to their celebrity status or renown.

5. Evaluation and reporting

HiAP is not a programme, but means for action. While it is possible to assess whether claims for HiAP have realised in actual policy-making, processes, it is not as an approach easily amenable to quantitative outcome indicators. While more detailed assessment and evaluation of issue-based or sector specific HiAP measures can and should be made, it is necessary to remember that HiAP needs to be seen as an approach, principle and means for health and not an endpoint.

HiAP requires follow-up on what has worked, where the challenges have been and whether it has advanced beyond being a new form of rhetoric. In this respect, adequate evaluation, audit or other mechanisms is important for both the realisation and further development of the HiAP approach. The principles of evaluation can be applied to assess and monitor the processes and outcomes of HiAP, ranging from the processes of inter-agency communication, through to policy formulation and implementation, and finally measureable health outcomes. In these circumstances, it is legitimate and practical to use a range of indicators as the basis for assessing progress with HiAP at different levels. Indicators can be developed for the different salient features of the HiAP implementation.

Health in All Policies - Examples of Indicators

Salient Features	Indicators (to be identified)
Identifying HiAP needs	<ul style="list-style-type: none">• Case studies and examples of engagement in policy development by health and other sectors in response to HiAP
Prioritization and Focus	<ul style="list-style-type: none">• Level of understanding of the health impact of policies beyond the health sector• Identification of priorities for action.
Development of a National HiAP Strategy and Plan of Action	<ul style="list-style-type: none">• Existence of overt government commitment to HiAP• Existence of a specific mandate for the health sector to engage with the rest of the government.
Establishing supportive organizational structures	<ul style="list-style-type: none">• Existence of recognized functional mechanisms for example to manage and monitor HiAP development and implementation.
Establishing consultative and assessment processes for HiAP	<ul style="list-style-type: none">• Use of impact assessments and policy audit to examine the impact on health and equity of policies.
Evaluation and reporting	<ul style="list-style-type: none">• Formal monitoring of the health and equity outcomes predicted by specific policy initiatives.• Enable independent oversight for measuring impact and outcomes of HiAP on health and equity.
Capacity Building	<ul style="list-style-type: none">• Training opportunities and knowledge change for health workforce and institutions.• Opportunities for community engagement through consultations and level of community participation.

6. Capacity building for HiAP

The implementation of a HiAP approach requires the necessary workforce capacity to understand impacts and implications of other policy areas for health as well as to negotiate and engage with policy actors and processes across sectors. This indicates a central role for training. HiAP requires not only understanding and addressing health policy issues, but also being able to communicate and negotiate with policy-makers in other sectors. Capacity building is also required at an institutional level within the ministry and within other public health institutions advising government health policy. Finally, capacity building should also involve civil society in order to ensure that people develop health literacy and to hold policy makers accountable. In this respect civil society would need to participate in decision-making, implementation and evaluation of HiAP.

Training for HiAP can be challenging, as it is generally not a part of medical legal or civil service training, and even the public health training can often be too narrow. If HiAP is to become more important in health policy making than before, then there is a need to strengthen knowledge resources and support training opportunities. Strategic human and resource capacities for research synthesis are required, with access to both basic statistical

data as well as access to sources for literature review and analysis on a wide range of issues. These include, in particular, capacities to analyse policies, legal and regulatory aspects of policy, including capacities in policy, political economy, and legal analysis. Capacities are also required for research synthesis on the basis of existing epidemiological data as well as an understanding of the implications of other policy fields.

There needs to be a sufficient basis for and quality of quantitative health data accessible for public policy purposes and use. This needs to be recognised as being an essential part of the public health infrastructure required to implement health policies. Essential to this infrastructure is the presence of a national public health institution or agency. It is also not enough to know what is wrong in health, but knowledge on feasible policy solutions is as important. Finally, perhaps more importantly, the knowledge synthesized need to be translated in a policy relevant format in a timely manner, and brought to the attention of the policy makers.

Capacity building for HiAP also greatly relies on experiential learning under the guidance of experts or experienced bodies, such as government agencies, who can facilitate inter-country exchange and learning. HiAP should also be incorporated in the education of future health professionals, especially those training in health care management and public health policy.

Moreover, the community level is core to HiAP-capacity building and may include raising awareness about health risks and undertaking community action for health. To this end, people in the wider community must be able to foster community identity and cohesion, facilitate access to external resources, and develop structures for community decision-making, among others. Community capacity building concerns the ability of community members to take action to address their health through social and political support that is required for successful implementation of policies and programs that have an impact on health.

7 Global actions on HiAP

Making a clear distinction between global and national is particularly difficult in countries, where development aid forms a substantial share of health budgets and this needs to be further recognised in the context of global cooperation for HiAP. A crucial aspect for global action for HiAP is recognition that it is part of international and external policies of cooperation, including foreign policy, takes place. Efforts of intergovernmental organizations demonstrate how intersectoral action can improve health for example: 1) Of the eight MDGs, three concerns health outcomes and five are important determinants of health, 2) United Nations Development Program's (UNDP) strategy on HIV, Health and Development is linked to addressing social, cultural and economic determinants by strengthening governance, institutions and management capacity and reaching out to Justice or Home Affairs Ministries. 3) the integration of NCD prevention and management into United Nations Development Assistance Framework processes. 4) ILO through its social justice and protections principles strives to create occupational safety and health for all workers, including linking safety and health at work to sustainable economic development as one of their projects.

While globalisation can be considered a major force shaping our future, it is also necessary to recognise the importance of national policies in the shaping of global social and economic policies – good global health begins at home. National Governments who are members of regional policy and governance structures should also give consideration to what can be done at a regional level in the area of Health in All Policies. Working to develop regional strategies for HiAP could allow further tackling of particular issues that are dominant within different regions. Working with WHO Regional Offices to develop and support regional strategies and to focus on HiAP could further enhance the approach in practice.

With regard to the role of WHO in supporting its Member States to implement the HiAP approach, there are five crucial aspects of work where WHO focus could benefit HiAP at national level: 1. Support for national capacities and focus on HiAP; 2. Compilation of experiences /clearinghouse on HiAP; 3. Understanding health policy implications of international law; 4. Providing training and monitoring; and 5. Undertaking global and regional health policy responsibilities in HiAP. The framework for HiAP for country action will therefore be a collaborative effort between individual member states and the WHO.

References

To be listed.