

Strengthening Health in All Policies at Member State Level Summary of MS action

Background

A discussion tool was developed from a [Health in All policies \(HiAP\) review](#) which aimed to help Equity Action partners strengthen their approach to HiAP by providing a format for a structured discussion with key leaders and champions for HiAP at government level to highlight the role of equity in policy and to help them to strengthen their approach to HiAP.

Results

The tool was sent to all 24 Partners of the Equity Action. Ten partners sent back a completed tool. These were; Basque Country, Belgium, Czech Republic, Finland, Hungary, Italy, Latvia, Norway, Sweden and the Veneto region. A summary of the key points partners felt were important to implement HiAP and action partners have taken following the discussion of the tool is set out below.

Leadership for HiAP is essential

The tool was discussed with ministers and colleagues, predominately in the health department. Leadership was seen as key to further develop HiAP. Leadership ranged between partners, with some having very clear and strong leadership for HiAP, with others having limited support only from within their department. Many partners reported that further work was needed to support the leadership for HiAP.

Continued focus on development support with regard to HiAP and Health Impact Assessment (HIA)

Some partners have a cross-government strategy to support HiAP or used other strategies to support the HiAP approach, covering a broad range of domains. Many partners felt that further work is needed to capture good practice and disseminate it, and use HIAs systematically to strengthen cooperation between sectors in HiAP.

Many partners did not have any specific HiAP training to build capacity and skills, however used other opportunities as they arose to support HiAP. There was a disagreement on the best approach, with some suggesting the need to build on the softer skills of negotiation and alliance building, whereas other wanted to focus on the demonstration of impact of HiAP.

Build Capability in partnership working and stakeholder engagement

Developing partnerships for HiAP was important to all partners and it was suggested everybody should be a partner in HiAP (although this would be difficult to enact). Partnerships had been built with a range of different sectors and Non-Government Organisations (NGOs). Having a common language was important to gain traction for HiAP with other sectors. 'Health' should be flexible in its language and definitions to allow partnerships to be built e.g. using the term well-being rather than health. To build partnerships a range of tactics were used, these included; consultations, workshops and supporting other sectors in the implementation of policy/legislation.

Participation in the development of policy was seen as important; developing a culture of consultation, negotiation and collaboration with strong networks between NGOs, charities and policy makers. It was felt this would support HiAP.

Data and Intelligence

The availability of data to analyse Health Inequalities (HI) and equity ranged greatly between partners. Partners felt that having data which is understandable as well as accessible was vitally important to decision





makers. Partners used a range of channels to communicate information to ensure that key messages were understood by decision makers and stakeholders. Partners also wanted to create linkages to different databases so further analysis could be made.

Concepts and Language

The unifying theme that brought partners together to support HiAP was improving the health of the population, which was a strong cultural value too. This was used as a key driver to gaining win-win situations. Using economic factors/arguments was also felt as important to gain support, yet some partners reported that the term equity was a new concept and therefore it was difficult to analyse and with the lack of evidence, difficult to implement.

Use of the discussion tool

Partners were taking a range of action following the discussions of the tool. These included collecting good examples of HiAP and to share those with other sectors, creating high level HiAP committees or strategies and promoting HiAP on others agendas. Partners also wanted to know what other countries are doing in relation to HiAP, so successes can be shared and replicated elsewhere.