



IMPLEMENTING  
HEALTH IN  
ALL POLICIES



# HEALTH IN ALL POLICIES: REPORT ON PERSPECTIVES AND INTERSECTORAL ACTIONS IN THE AFRICAN REGION



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INTERSECTORAL ACTIONS IN  
THE AFRICAN REGION

ISBN 97 8 929023244 5

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Design and layout: L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

Printed in Republic of Congo.

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# ACKNOWLEDGEMENTS

The *Health in All Policies: Report on perspectives and intersectoral actions in the African Region* was prepared by the Social Determinants of Health Unit under the Health Promotion Cluster, WHO African Region with financial support from the Rockefeller Foundation. The Director of the Health Promotion Cluster, Dr Tigest Ketsela provided the overall guidance with additional technical support from Nicole Valentine, WHO Headquarters, Dr Davison Munodawafa and Mr Peter Phori from the WHO African Region.

The Social Determinants of Health Unit is also indebted to members of the technical drafting team namely, Dr Stewart Kabaka (Kenya), Dr Portia Manangazira (Zimbabwe), Dr Doris Kirigia (Kenya) and Haruna Baba Jibril (Botswana), who prepared the initial *Position Statement on Health in All Policies in the African Region*. Our sincere thanks go to all the authors of case studies on intersectoral actions, the social determinants of health focal points in WHO and ministries of health, WHO AFRO programme managers and technical experts on social determinants for their contributions. The collective action in producing the *Health in All Policies: Report on perspectives and intersectoral actions in the African Region* is very much appreciated.

# ABBREVIATIONS

<b>AFR</b>	Africa Region
<b>AFRO</b>	Africa Regional Office
<b>AIDS</b>	Acquired immunodeficiency syndrome
<b>AIM</b>	African Index Medicus
<b>HIAP</b>	Health in All Policies
<b>HIV</b>	Human immunodeficiency virus
<b>ISA</b>	Intersectoral actions
<b>MDGs</b>	Millennium Development Goals
<b>NEPAD</b>	New Partnership for Africa
<b>NCDs</b>	Noncommunicable diseases
<b>NICK</b>	Nutrition Improvement for Children in Urban Chaani in Kenya
<b>PAHO</b>	Pan American Health Organization
<b>SEAR</b>	South East Asia Region
<b>SEARO</b>	South East Asia Regional Office
<b>SDH</b>	Social determinants of health
<b>UNDP</b>	United Nations Development Programme
<b>WPR</b>	Western Pacific Region





# INTRODUCTION

This report was prepared with the support of the Rockefeller Foundation (grant no. 2012 THS 317) as part of the Rockefeller Transforming Health Systems Initiative, *Supporting the Development of Regional Positions on Health in All Policies and Identifying Lessons and Opportunities for Implementation* (for the sake of brevity: *Supporting Regional Positions*

*on Health in All Policies*). The grant aimed to support evidence-informed decisions on how governments can enhance intersectoral approaches to improve health and health equity through implementing a Health in All Policies approach in three WHO Regions: Africa (AFR), South-East Asia (SEAR) and the Western Pacific (WPR), with a particular emphasis on contributing to awareness raising and debate as intended by the WHO 8th Global Conference on Health Promotion.



# METHODOLOGY

The paper provides a description of the current position of implementation of intersectoral actions and Health in All Policies (HiAP) and the potential for improving intersectoral work in the African Region. It includes results from literature reviews, interviews and surveys. Surveys on the status of implementation of intersectoral actions (ISA), were conducted in the African Region<sup>1</sup> as well as discussions with WHO programme managers at the WHO Regional Office.

A systematic search of literature relating to intersectoral actions on social determinants of health (SDH) in the African Region was carried out through two approaches. The first was by online searches using the following search terms – “intersectoral action”, “social determinants of health”, “health in all policies”, “partnership, social participation and dialogue”, and good “governance for health”. Search engines and databases used were the African Index Medicus (AIM), Google, and Google scholar, GIFT, Hinari, PubMed and Biomed. The years covered for the search were from 2003 to 2012. In addition, manual identification of relevant reports found at offices and the resource library of the WHO Regional Office for Africa were used. Key words used for the search were intersectoral actions, HiAP and social determinants of health. Sixty-one articles, journals and reports were identified for review. A summary of these articles was made (annotated bibliography). Few articles directly mentioning Health in All Policies were found. even though. Out of these articles, 26 papers were relevant to the African Region in a conceptual way, or because they described problems in access. One of the main limitations was that most of them they did not contain many details on the process of intersectoral work in Africa.

A second literature review was conducted to arrive at more concrete descriptions of the process of intersectoral work using the soft search concepts of “Government, intersectoral and policy related” terms, “Inter-department cooperation or co-ordination related” terms, and country names for the Africa region<sup>2</sup>. This review searched CINHALL and EMBASE databases and yielded, at the time of completing this report, approximately 40 cases with some references to descriptions of intersectoral work processes. Between this search and the

first one, there were only 3 overlapping publications. In addition, a specific search of seminal regional reports by important regional inter-country governmental bodies was conducted for reference to intersectoral action for health or Health in All Policies concepts. This yielded 14 documents from the African Union (AU), the Common Market for Eastern and Southern Africa (COMESA), the East African Community (EAC), the Economic Community of West African States (ECOWAS), the New Partnership for Africa’s Development (NEPAD), and the Southern African Development Community (SADC). In particular it was notable that interventions on addressing intersectoral actions in enhancing partnerships were identified in the NEPAD Health strategy<sup>3</sup>.

A situational analysis on the status of the implementation of intersectoral actions in the African Region was conducted using survey techniques. A combination of qualitative and quantitative research methodology was used in the form of a semi-structured questionnaire and in-depth interviews.

The self-administered questionnaire was developed for National Focal Points for Social Determinants of Health in the Ministry of Health, or a technical officer from another department or unit responsible for coordination of intersectoral actions or programme on social determinants. An invitation letter and questionnaire were sent to 46 countries in the WHO African Region, and 20 countries responded (see Annex A-F).

<sup>1</sup> WHO (2012). *Scoping review on status of implementation of intersectoral actions in the African Region*. (unpublished)

<sup>2</sup> Kalra N et al. Effectiveness of different search strategies in identifying literature on ‘Health in All Policies’: lessons from a WHO realist review (forthcoming).

<sup>3</sup> NEPAD (2003). *The new partnership for Africa’s development* (NEPAD): Health strategy.



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Secondly, an in-depth interview guide was developed for WHO Regional Office programme managers (Annex G) in different clusters involved in intersectoral actions. A total of 10 interviews were conducted, each taking an hour, and which explored intersectoral actions on the above themes. Special emphasis was placed on the identification of opportunities, gaps and challenges. Full interviews were conducted with 10 WHO regional programme managers from six different programmes.

A detailed report describing the responses to these surveys was produced (unpublished). Select findings from this report are summarized for purposes of the regional report on Health in All Policies<sup>4</sup>.

In May 2013, a regional consultation meeting was held to review the implementation of the Rockefeller Foundation Grant on *Supporting Regional Positions on Health in All Policies*. This meeting was

also attended by the WHO regional advisor for social determinants of health, the WHO Regional Office adviser for social determinants of health for South-East Asia, and intersectoral action health focal point for the WHO Regional Office for Africa, and technical experts from countries in the African Region. A presentation on an analytical framework on intersectoral actions that was jointly populated with examples from the regional literature review was presented. The key findings from South-East Asia and Africa literature reviews and survey results were presented, compared and discussed. The draft report on the survey results for the implementation of intersectoral actions in the African Region was presented. Working groups were formed for discussion around key thematic areas of interest for the implementation of Health in All Policies in the Africa region. The working group themes were: the recognition of determinants (here corruption and poverty were raised as barriers to determinants including health care access); how health relates to other partners and other partners relate to health (obstacles and opportunities); the equity lens in all policies; and community participation in all policies. Three case studies had already been identified prior to the meeting, and at the meeting a further five case studies were identified from this situational analysis and authors were assigned to each case study. A draft Position Statement on 'Health in All Policies' was developed and discussed. The final Position Statement was presented in the 8th Global Conference on Health Promotion in Helsinki, Finland in June, 2013. (Annex H)

<sup>4</sup> WHO (2013). *Status of the implementation of intersectoral actions in the African Region*. (unpublished)



# BACKGROUND

Health inequities within and across countries in the African Region are widening. This means there is a need to address the root causes of ill-health (diseases risk factors) in light of the burden of communicable and noncommunicable diseases in the Region, by taking action on addressing key determinants of health. According to leading commentators<sup>1</sup> on the African health agenda, the current unsatisfactory state of health financing was attributable to low investments in sectors that address social determinants of health, such as water, sanitation, food security, housing and road safety; there was a lack of clear vision and planning for health financing, as well as of use of evidence to guide development and implementation of national health financing policies and strategies. They argued that these challenges led to weak health systems, poor health indicators and to slow progress towards the achievement of the health Millennium Development Goals (MDGs). On the basis of these challenges, commentators reported that the discussions resulted in consensus on some key actions, namely, the need for every country to put in place an evidence-based health financing strategy with a road map for attaining health service coverage and increasing physical and financial access for women and children. Ensuring health service coverage and physical and financial access for all present a challenge for health systems.

At the same time, there is a high level of interest and commitment among leaders, decision-makers and policy-makers at the national, provincial and local levels to move forward with addressing the social determinants of health (SDH) agenda, and, in so doing, involving other sectors in Health in All Policies. This is evidenced by the WHO African Region scaling up its response to the determinants of health, as identified as one of the six WHO strategic directions for achieving sustainable health development between 2010 and 2015. Within the Region, a range of consultations have been made in global conferences that have discussed HiAP. Specifically, high-level intersectoral actions for health, including HiAP, strengthening health systems and innovative health financing have been held in the African Region. These consultations included the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, the Libreville Declaration on Health and Environment in Africa

(2008), the Brazzaville Declaration on Noncommunicable Diseases (2011), Tunis Declaration on Health Financing and the Multistakeholders' Dialogue on Addressing Risk Factors for Noncommunicable Diseases (2013).

These meetings have resulted in several priority actions for Health in All Policies in the WHO African Region<sup>2</sup>. These include strengthening leadership and stewardship roles of the Ministry of Health to coordinate and advocate for multisectoral interventions in the strategy for addressing key determinants of health in the Africa Region. Others include social participation and dialogue, partnerships, alliance and networking. Evidence from documented literature and the survey discussed below shows that countries in the African Region are at different stages of acknowledging the need for HiAP and implementing intersectoral work.

<sup>1</sup> Sambo LG, Kirigia JM, Ki-Zerbo G (2011). Health financing in Africa: Overview of a dialogue among high-level policy-makers. *BioMed Central Proceedings*. 5 (Suppl.5), pp.1-5.

<sup>2</sup> WHO (2011). *A strategy for addressing the key determinants of health in the African Region*. Brazzaville, WHO Regional Office for Africa.

# RATIONALE-EQUITY AND HEALTH IN ALL POLICIES

The global and regional calls and commitments to reduce the health equity gaps by addressing the risk factors and their determinants are many: The Bangkok Charter for Health Promotion in a Globalized World (2005), the Nairobi Call to Action for Closing the Implementation Gap (2009), the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008)<sup>1</sup> and the Libreville Declaration on Health Security Through a Healthy Environment (2008).

Despite a strong commitment by policy-makers, decision-makers and all relevant stakeholders in scaling-up action on social determinants of health and improving health equity, there are still some challenges and gaps. Reports show that inequities and inequalities do exist within and between countries in the African Region. The structural drivers influencing these inequities include education, trade, globalization, employment and working conditions, food security, water and sanitation, health care services, housing, income and its distribution, unplanned urbanization and social exclusion. Most of these key determinants of health are rooted in political, economic, social and environmental contexts and are linked to good governance and social justice for all, particularly the poor, women, children and the elderly. Some worrying concerns include growing poverty, the global financial crisis, climate change, pandemic influenza, globalization and urbanization that

could further widen the health equity gap, by impacting disproportionately on population groups, and result in increased premature deaths, disability and illness from preventable causes.

In this context, countries in the Region recognize that health needs, problems and challenges in a broad sense have diffused boundaries and as a result, health determinants are largely outside the direct scope of the health sector. As indicated in the analytic framework used on this project, "this allows for the assertion that health challenges can hardly be solved exclusively by actions of the health or any other sector"<sup>2</sup>. This is even more relevant if health aims to effectively reduce inequality, as addressing health inequity necessarily involves addressing social determinants of health. Intersectoral actions not only call for a strategic and prioritized response, but also the participation of diverse stakeholders based on their institutional mandates and comparative advantage.

Health in All Policies therefore has the potential to unlock these brakes, by achieving optimal levels of population health and equity for all. Many of the determinants of health and health inequities in populations have social and economic origins that are beyond the direct influence of the health sector and health policies. The 2011 Rio Political Declaration on Social Determinants of Health<sup>3</sup> is unequivocal in its recognition of the responsibility of governments for the health of their citizens. It reaffirms that health inequity between and within countries that are politically, socially and economically driven is unacceptable. There is also a great need to address the social determinants of health in African countries in the Region, in order to achieve the Millennium Development Goals targets.

<sup>1</sup> WHO (2008). *Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium*. Brazzaville, Regional Office for Africa.

<sup>2</sup> WHO. *Demonstrating a health in all policies analytic framework for learning from experiences. Based on literature reviews from Africa, South-East Asia and the Western Pacific* (forthcoming).

<sup>3</sup> WHO (2011). *Rio Political Declaration on Social Determinants of Health*. Geneva, Switzerland, World Health Organization.

# TOWARDS A REGIONAL FRAMEWORK ON HEALTH IN ALL POLICIES

The 2010 Adelaide Statement<sup>1</sup> was developed to support a global process to strengthen understanding of governance for health and well-being. It reflects on the track records of many countries that have already gained experience in implementing such an approach and provided valuable input into the World Conference on Social Determinants of Health in Brazil 2011, and the 8th Global Conference on Health Promotion in Finland 2013. The Statement highlights the very important issue for the African region of effective governance for health. A key paper from the literature review for Africa also highlighted the need to broaden the health development framework and proposed a health development governance index with 10 functions and 42 sub-functions to facilitate inter-country comparisons<sup>2</sup> (building on the assessment of health development, undertaken by the United Nations Development Programme (UNDP) and the World Bank). This paper indicated that weak governance was one of the reasons leading to weak leadership in health development in many African countries in the Region, thereby hindering the attainment of the MDGs by 2015. Authors suggest that interventions, such as governance and leadership training could help strengthen good governance for health.

A central feature of a regional framework on Health in All Policies therefore needs to be how it addresses the role of good, effective governance for health. Insights from intersectoral experiences, interviews with WHO health programme managers and key informant opinions on the status of intersectoral actions in the region together provide important pieces of information for practically carrying out improved governance and for informing a regional position regarding recommended actions to enhance Health in All Policies.

## Insights from literature and experiences of intersectoral action<sup>3</sup>

### Existing literature on intersectoral action highlights gaps in relation to intersectoral action in the public sector for addressing social and environmental determinants

**of health.** There is a dearth in the literature of examples of this approach being undertaken at a large-scale in the public sector. But there are promising entry points for leveraging off of specific health programmes and concerns.

**Literature has shown that intersectoral actions for addressing social determinants of health have been implemented through various priority public health entry points (infectious diseases and under-nutrition).** The available literature about the health sector's collaboration in the African Region on communicable diseases was mostly about HIV/AIDS. But even beyond HIV/AIDS, other examples were found, such as the case of human helminth infection, its causes and spread. Researchers<sup>4</sup> looked into how intersectoral collaboration and community participation could contribute towards control of the helminthic disease. Some of the key research findings were: the identification of social conditions and culturally-based factors causing the spread of the helminth infection; the association between poverty and health-seeking behaviour; and the evaluation of the impact of water sources and urban development, agriculture and housing. The study showed that the health programme would inform the development of a multisectoral approach towards prevention and control. Others observed that multisectoral approaches in mental health through poverty alleviation in

1 Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010.

2 Kirigia JM, Kirigia DG (2011). *The essence of governance in health development*. *International Archives of Medicine*. 4(11), pp. 1-13.

3 The forthcoming publication by WHO, *Moving towards Health in All policies: a compilation of experiences from Africa, South-East Asia and the Western Pacific*, contains a summary of the case studies that were collected. Stand-alone, in-depth case studies are also being published.

4 Gazzinelli A, Correa-Oliveira R, Yang G, Boakye A, Boatman H (2012) A Research Agenda for Helminth Diseases of Humans: Social Ecology, Environmental Determinants, and Health Systems. *PLoS Neglected Tropical Diseases*. 6(4) pp 1- 11

Ghana, Uganda and Zambia, which was considered to be a prerequisite to mental health illness prevention. Also undernutrition provides a promising link to action with other sectors. The Nutritional Improvement for Children in Urban Chaani in Kenya (NICK) is one a project is guided by the question<sup>5</sup>: “can child malnutrition amongst families living in poverty in informal settlements and slum communities in Mombasa be reduced through broadening community and stakeholder participation to change the social determinants of undernutrition?” The NICK project was informed by the findings of the World Health Organization Commission on Social Determinants in relation to early child development, as well as other considerations that included policy, enabling environments, local capacity and the need to review how different stakeholders view health conditions.

**Literature has shown that access to social services and addressing poverty directly is another intersectoral action entry point for health.** In Rwanda, health strategies adopted in 2005 noted that the country was implementing its health policy through a sector-wide approach that addressed poverty reduction in collaboration with other ministries and partners. Related to the theme of poverty-reduction, the author of a commissioned in-depth case study<sup>6</sup> noted that specific policy interventions provide important entry points:

*“Microfinancing as a vehicle for promoting health and intersectoral action: A case study from Ghana. “This case study focused on the role of two Microfinance institutions (MFIs) in Ghana, the Freedom from Hunger MFI initiated in 2006 and Grameen Ghana MFI initiated in 2003. Both integrated health programmes within*

*MFIs to improve social, economic and health outcomes for women with low income, integrating input from finance, health, agriculture and other economic sectors. Grameen Ghana added the use of mobile phones for community health within a rights-based framework, to provide information. Both schemes in Ghana were initiated by international NGOs working with national partners and implemented through highly decentralized local self-governing credit associations with support from local field agents. While attribution of cause was difficult, an evaluation of one of the MFIs found improved incomes and health behaviours compared with control groups. The MFIs were found to strengthen women’s self-esteem and confidence and to support health care uptake. Positive features included the field agents and community health workers who connected women to local systems, made links to health services, participatory health literacy processes amongst MFI members, and clear agreements on roles and accountability in partnerships. Shortfalls were also identified.”*

**The literature has indicated that social participation is generally seen as important for the success and sustainability of intersectoral programmes.** For example, the authors from on study illustrated a debate on intersectoral actions, using a discussion of qualitative research as an entry point in understanding underlying social determinants in maternal health in Zambia<sup>7</sup>. A semi-structured interview among intersectoral stakeholders from government and nongovernmental development programmes at national and provincial levels was used. The research focused on eliciting different perspectives from which they addressed social cultural and the gender context of maternal and neonatal survival. Intersectoral dialogue happened by convening and facilitating periodic meetings, termed ‘interest group meeting’. This aimed to catalyse increased awareness of, and attendance to the contextual social determinants of maternal health both within and beyond the health sector. Participants included civil society, academia, media, and advocacy and human rights organizations. Over a period of 12 months it was found that engagement in intersectoral ‘interest groups’ was successful at provincial level, leading to attendance from various sectors, as well as empowerment of rural women in maternal health. It was suggested that social participation can serve to identify the social determinants that need to be addressed. Community participation was seen to a large extent as having been a success. But a further challenge was for capacity within community members to deal with complex issues related to health. Civil society action is said to be a big push factor for health action in other sectors. In cases where the local community was not involved, it was noted that implementation is often

5 Amuyunzu-Nyamongo M, Lang’o D. *Intersectoral collaboration on child nutrition in informal settlements in Mombasa: a Kenyan case.* WHO (forthcoming)

6 Loewenson, R. *The Healthy Schools Programme in South Africa* (forthcoming)

7 Manandhar M, Maimbolwa M, Muulu E, Mulenga MM, O’Donovan D. *Intersectoral debate on social research strengthens alliances, advocacy and action for maternal survival in Zambia.* Health Promotion International. 2009;24(1):58-67.





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lacking. In one case, implementation was obstructed by the local community and the ministry of education's view of the programme as a donor-driven initiative. The cultural context was not sufficiently taken into account in the design and implementation of the programme<sup>8</sup>.

## Learnings from key informants in the WHO Regional Office for Africa

### Coordination mechanisms and leadership mandates

The results of interviews conducted with six programme areas at the WHO Regional Office indicated that most programmes had various multisectoral committees at country level. These consisted of programmes for social determinants of health (SDH), alcohol, tobacco, road safety, health and environment. The manager for the tobacco programme stated that, *"Coordinating structures at country level are in place, for example at prime ministerial level. This is made up of members from the health, agriculture, finance,*

*labour, trade and industry sectors.* The programme manager for violence and injury prevention indicated that SDH is not applied per se as a principle and said, *"My experience is that leadership in SDH has not as yet been entrenched in health and other sectors, for example, when health tries to champion road safety activities other sectors feel it is not its mandate."*

On the other hand, interviews conducted with programme managers highlighted wide-ranging views on the strength and effectiveness of the leadership of Health in All Policies. The programme managers indicated that most Member States in the Region led national health policy development through the Ministry of Health; however, sectors outside health should be incorporated in the policy development process to ensure joint planning and resource allocation

<sup>8</sup> Rispel LC, Palha de Sousa CAD, Molomo BG. Can social inclusion policies reduce health inequalities in sub-Saharan Africa? A rapid policy appraisal. *Journal of Health, Population and Nutrition*. 2009;27(4):492-504.



for health. They recommended that *development of national health policies in partnership with Ministries of Finance, Development Planning, Education, and local government should be enhanced to reflect the whole-of-government approach.* In addition, they indicated that the concept of social determinants should focus on addressing broader determinants of health beyond the health sector.

At the AFRO level, the majority of programmes indicated that there is a high level of commitment regarding leadership on social determinants of health. It was stated that it is critically important for the health promotion cluster to take a lead role in setting the agenda among all programmes on mainstreaming social determinants of health in existing vertical programmes. For example, the programme for health and environment mentioned that *“Intersectoral action is not a new concept...we are implementing it in more than 30 countries in the areas of health and environment.”* Only few programmes thought that there was no coordinating mechanism in programmes on intersectoral actions for addressing social determinants of health.

Therefore, an intra-cluster committee would be desirable to coordinate intersectoral actions in the Africa Regional Office. The programme managers have recommended the mainstreaming of social determinants of health in the existing vertical programmes.

### **Training and dialogue**

From interviews held with programme managers in the WHO Regional Office, a number of them indicated that workshops and meetings for various sectors had been held on social determinants of health at the

global, regional and national levels. Technical support was provided by the determinants and risk factors programme to other programmes in the health promotion and disease prevention and control cluster, and to countries in the Region regarding dialogue on intersectoral actions. The end result was the establishment of units and committees on social determinants of health at country level. Managers stated that *“Training other sectors on this concept will offer a splendid opportunity for them to see their role. We have started this process in gender-based violence prevention and road safety. A lot more needs to be done”.* In addition, it was indicated that a series of trainings by way of workshops was held in the programme for substance and alcohol abuse to promote dialogue across stakeholders. *“Eight countries have undertaken this. Participants are drawn from sectors outside health including, tourism, trade, finance, defence and security, local government and NGOs”.* Moreover, it was expressed that experiences in the Libreville Declaration forum on safe water brought various sectors together to discuss filling the gap between health and the environment. Other programme managers said, *“We are beginning to see greater involvement of other sectors in addressing risk factors for noncommunicable diseases (NCDs). This is a good sign of our commitment and engagement in supporting countries to involve sectors other than health to initiate dialogue on a holistic approach towards health promotion and management aspects of NCDs, which are beginning to show results.”* Most programme managers were optimistic that support provided to countries to convene social determinants of health forums on social participation and dialogue would strengthen ownership and sustainable development of programmes for addressing key determinants of health at national, provincial and local levels.

### **Common and specific interests of programmes in good governance for health**

During interviews held with programme managers, one of the main advantages expressed across these programmes was that of having a common interest in the implementation of a strategy to address key determinants of health for providing support to countries for promoting good governance for health. For example, the Regional Directors Office programme indicated that a *“National development plan mechanism is one of the valuable avenues that we can use to factor in SDH if WHO gets involved in providing technical support at initial stages. It will be easier to mainstream SDH and also systematically position WHO at the heart of governance for health”.*

For technical units under the programme for determinants and risk factors for health, it was noted that the allocation

of resources to Ministries of Health based on the Abuja Declaration (2001) (increasing government funding for health to at least 15%) served as an indication of good governance for health. Health financing, specifically for the use of dedicated tax on products such as alcohol, tobacco and road use was also cited as an initiative that showed commitment of governments to put health high on the development agenda. In this regard, the tobacco programme indicated that health took a lead in coordinating government, and civil society tobacco-related prevention and control activities, including addressing the key determinants. The programme for protecting health and environment indicated that it developed strategies and plans that would support good governance for health, including monitoring the effects of climate change on health.

### **Building on existing partnerships, networks and alliances**

High-level forums in different structures of government do exist (cabinet and parliamentary sub-committees) in health that could be used to bridge the health equity gap through use of intersectoral collaboration across sectors.

Various partnership platforms and mechanisms are being utilized in intersectoral actions to tackle social determinants of health at national, regional, and local levels. Examples from the environment include the Inter-Ministerial Conferences on Health and the Environment. Once again, the tobacco and alcohol control programmes in the Region, gave examples of good networks and alliances (involving government, nongovernmental agencies, civil society and wider communities). Some programmes indicated that the Poverty Reduction Strategy chapter on health could serve as a vehicle for fostering alliance and networks with other sectors to address risk factors and key determinants of health. However, inadequate resources in programme implementation continue to be a hindrance in expanding the partnership.



# STATUS OF INTERSECTORAL ACTION IN THE AFRICAN REGION

Implementation of intersectoral actions in the African Region showed a consistent potential for success advancing Health in All policies, although there were varied opportunities, gaps and challenges experienced at the national and local levels. Key findings from the survey of ministries of health using the semi-structured questionnaire (see Annex 1) are discussed below.

## Coordination, leadership and planning mechanisms and tools

The survey showed that the percentage of countries, with units that coordinate and implement social determinants of health (SDH) initiatives in the African Region, was moderate. These were established from 2008 to 2012. During this period, the findings from the situation analysis in 20 Member States have indicated that 55% of the countries have an identifiable coordination and implementation unit for the social determinants of health initiative, 35% have a national coordinating committee, and 30% have carried out seminars or workshops for stakeholders (see Annex 2). Kenya, Mali, Malawi, Mozambique, South Africa and Uganda had conducted national seminars/workshops on initial training of different stakeholders involved in the coordination and implementation of interventions on social determinants of health. These countries, except for South Africa, had published a report, along with Madagascar and Zambia. In one in-depth interview (Mozambique), the

respondent indicated: *“we have benefitted a great deal from training on SDH and this has contributed to a better understanding of our different roles from sectors other than health, such as transport, public works, and local government. We now jointly plan to address SDH, in fact, we are in the process of establishing a commission on SDH”.*

A number of survey respondents representing particular countries mentioned the existence of an national intersectoral plan to address social determinants of health (35%) and 20% of representatives indicated that all ministries were involved (20%). Only 5 % indicated that a budget was made available. A further 35% indicated their intentions to develop national plans in the future (see Annex C).

## Health in policies of other sectors

The inclusion of health aspects in other key sectors ranged between 20 to 55 per cent (see Annex D). Of these ministries, local government (55%) and social welfare (55%) incorporated health issues in their policies in 11 countries in the Region. Common features for including the health aspect in other sectors were: joint planning and implementation of the Millennium Development Goals, Poverty Reduction Strategy Paper interventions, decentralization of health services and climate change. In some countries education (40%), environment/natural resources (40%) and finance (40%) sectors had put health in their policies. Priority interventions driven by governments at the national and local levels included HIV and AIDS prevention among young people and youth, and the prevention of natural disasters and disease outbreaks. The involvement of several ministries, including economic planning (35%) and youth and sports (30%) was moderate. This may have been influenced in part by the low status of health and physical education in the school curriculum. For these countries, mention of the Ministry of Transport’s inclusion of health ranked lowest (15%).

## Social participation, dialogue and platforms

In the Ouagadougou Declaration on Primary Health Care, which is an important document for Health in All Policies

in the Africa region, commitments made by Members of the African Region emphasize the importance of participation and empowerment of health in communities in good governance for health. Moreover, involvement in the development of policies and programmes from the beginning, particularly those who are marginalized is seen as critical for there to be a change in health equity.

Similarly, social participation and dialogue were highlighted for the semi-structured survey with regard to the operations of the health sector programmes in countries. Respondents were questioned with regard to the integration of social participation and dialogue in 11 key priority interventions of health conditions, namely: communicable diseases, disease outbreaks, maternal and child health, nutrition and food safety, immunization violence, injuries and disabilities, water, sanitation and hygiene, ageing and population demography and mental health (see Annex E). Among these priority public health conditions, immunization (80%) was ranked most commonly as included social participation and dialogue (16 countries). This was followed by integration of maternal and child health interventions (75%) in 14 countries in the Region. Many countries had integrated diseases outbreak interventions (70%) into social participation and dialogue, including Botswana, Ethiopia, Gambia, Ghana, Guinea Bissau, Lesotho, Malawi, Mali, Rwanda, Seychelles, South Africa, Swaziland, and Uganda. A few countries had integrated violence, injuries and disabilities (35%) comprising mental health (35%), as well as the ageing population and demography (30%).

Civil society coalition platforms (85%) ranked high among existing platforms for intersectoral partnerships from intersectoral actions. Among these were Botswana, Burundi, Gambia Guinea-Bissau, Kenya, Lesotho, Madagascar, Mali, Mozambique, Niger, Rwanda, South Africa, Tanzania, Uganda and Zambia. Some indicated that working with wider stakeholders outside government could be advantageous in meeting set targets. Others identified a key factor in engaging with civil society, such as improved communication following interaction with community-based groups. This was in line with forums highlighted in the literature review on effectiveness of interest group meetings in Zambia. One of the main advantages expressed across these countries was the establishment of inter-ministerial committees (75%) through an overarching strategy at national and local levels, which gave legitimacy and strengthened sustained partnerships and networking.

Most countries had established community dialogue (70%) forums. For example in Ethiopia more than 30 community

health worker volunteers were responsible for implementation of primary health care at village level. Some of the roles identified by communities included promotion of recommended health-seeking behaviour, efficient and effective management of health services, and provision of essential medicines. It was observed that communities and government played a vital role in improving the status of the population's health. Public-private partnership (65%) platforms for intersectoral actions on social determinants of health existed in some countries. In South Africa assessment of the impact of privatization of a public sector motor vehicle fleet for health service delivery in the Eastern Cape Province, was used to determine whether there was any improvement in the health service delivery system at district and facility level, following a change of transport management from government to a public-private partnership.

## Good governance for health in action

The Ouagadougou Declaration on Primary Health Care emphasizes good governance, as mentioned previously. Accordingly, for the survey of intersectoral actions, good governance was translated into the presence of the following elements: political commitment; policy coherence; legislative frameworks; allocation of resources; promoting participation; health equity for all. Survey responses indicated that a few countries allocated resources in the area of good governance for health (six out of 20 countries allocated resources for good governance for health to address key determinants of health). Furthermore, the translation of this commitment into a practical programme was





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weak and implementation was low in many countries. Only 45% of the 20 countries involved in the survey covered most elements listed for good governance in addressing social determinants of health (Gambia, Mali, Niger and Rwanda).

### Data gathering, impact assessments and evidence

There exists a range of evidence and structured tools for evidence gathering and dissemination on addressing social determinants of health that are important for intersectoral work. Those listed in the semi-structured survey questionnaire included: vital statistics strengthening initiatives, health impact assessment processes, and the existence of equity monitoring. In addition, the availability of institutions dedicated to evidence gathering and dissemination was categorized as academic and research institutions and professional associations (see Annex F). A high numbers of respondents from countries indicated the presence

of vital statistics strengthening (75%) initiatives. Some concrete examples were given by a few countries in the Region on mechanisms that generated data. Planning and statistics units of the Ministry of Health and the Ministry of Economic Development were shown to be the coordinating bodies responsible for documentation and dissemination of evidence in collaboration with social determinants of health focal points.

The number of countries reporting the availability of health impact assessment (70%) appeared high relative to the number of cases in the literature making reference to this tool. Perhaps this was due to the search approach or the fact that impact assessment reports may not be formally published. Also, the intensity of usage of the mechanisms was not reported. About 60% of respondents recorded the presence of research institutions able to produced evidence on social determinants of health for intersectoral work. About 55% of respondents reported the existence of equity monitoring. This high number possibly reflects the well-coordinated activities of civil society in the Region, which support equity monitoring. Respondents in in-depth interviews from Botswana, Madagascar and Seychelles indicated that they undertook health equity analysis to inform policy-makers and decision-makers regarding the equity gap and possible actions. This required participation of other sectors, such as finance, education, social welfare and local government, which were key to the allocation of resources and services for most vulnerable groups in the population.

# LESSONS LEARNED ON INTERSECTORAL ACTIONS AND HEALTH IN ALL POLICIES AND RECOMMENDATIONS FOR THE WAY FORWARD

In the African context, the potential of Health in All Policies has been recognized by commitments and actions undertaken by policy-makers and decision-makers, by providing a way to reduce health inequalities through the use of intersectoral actions. This has been proven by active involvement and participation of many countries in various global and regional forums, and declarations, such as the Rio Political Declaration, Ouagadougou Declaration on Primary Health Care and others. Further, the Region aligns itself with recent developments on the common definition of an HiAP approach, as defined by the WHO Global Health Promotion Conference, Helsinki 2013, indicating that it is, *“An approach to public policies across sectors that systematically takes into account health implications of decisions, seeks synergies, and avoids harmful impacts, in order to improve health and health equity”*. Health in All Policies therefore has an impact on health and equity, by creating benefits and synergies among core sectors and reducing conflicts,

fragmentation and duplication in the development and implementation of public policies.

**Key lessons learnt are the following. Health in All Policies can be successful if governments:**

- **Commit to effective governance for health at all levels:** by adopting Health in All Policies as a central guiding approach to policy management across all levels of government. This will systematically account for the health and health equity implications of decisions made, seeking synergies among sectors and avoiding harmful health impacts, in order to improve





population health and health equity. For example, as stated, there is a need to broaden the health development framework and propose a health development governance index with 10 functions and 42 sub-functions to facilitate inter-country comparisons. This is because weak governance leads to weak leadership in health development in many African countries, which hinders the attainment of the Millennium Development Goals by 2015. Interventions such as training for governance and leadership can help strengthen good governance for health.

- › **Create tangible, flexible and adaptable mechanisms within government:** that will support the necessary cross-sector dialogue and coordination, which are central to Health in All Policies. The health sector must facilitate the engagement of other sectors to achieve a mutual win and help other sectors to achieve their goals in improving good health, as well as provide necessary stewardship and leadership within and across government sectors.
- › **Support the development of technical capacity for Health in All Policies:** by investing in the people, institutions, statutory instruments and processes, which facilitate the implementation of Health in All Policies through the whole-of-government approach.
- › **Support the use of audit tools:** such as health impact assessments, and policy audits, to enable transparency in the examination of health and equity outcomes of policies. There also need to be mechanisms and processes for use of findings with emphasis on Health in All Policies.

- › **Enable independent oversight:** by creating processes or agencies that can undertake an objective oversight and report on Health in All Policies and its impact on health and equity outcomes.
- › **Enable meaningful engagement by civil society:** by supporting the public understanding and advocating active public participation.

### **The following specific actions are recommended for Member States, WHO and development partners.**

#### **Member States:**

1. Expand units that coordinate and implement social determinants of health (SDH) initiatives and deploy full-time human resources, to increase institutional capacity required for the delivery of effective intersectoral actions intervention.
2. Organize and expand training for SDH at national, sub-national or local levels for various stakeholders involved in leadership, coordination and implementation of SDH.
3. Allocate a country-specific budget line and money within national development plans for implementation of SDH activities.
4. Ensure that monitoring and evaluation of intersectoral actions, including the health equity impact, is undertaken to guide policy direction for SDH.
5. Develop evidence gathering, documentation and dissemination of policies as a way of involving academia, research organizations and other key stakeholders to improve reporting on areas of Health in All Policies and health equity.

#### **WHO AFRO and development partners**

1. Provide technical support to strengthen capacity building and training for SDH at national, sub-national or local levels.
2. Support a health promotion cluster to establish a coordination mechanism used to harness technical support from different AFRO programmes for intersectoral actions.
3. Advocate for continued provision of technical guidance for development of tools and standards required to implement SDH interventions.
4. Provide support to countries for catalysing change in Health in All Policies, and building institutional capacity for implementation of SDH.





# ANNEX A.

## THE SEMI-STRUCTURED SURVEY QUESTIONNAIRE: IMPLEMENTATION STATUS OF INTERSECTORAL ACTIONS IN THE AFRICAN REGION

### Introduction

In 2009, the World Health Assembly Resolution 62.14 urges Member States to *reduce health inequities through action on the social determinants of health*. In 2010, Sixtieth session of the Regional Committee of the African Region adopted a Resolution AFR/RC60/R1 and endorsed the *Strategy for Addressing the Key Determinants of Health in the African Region*. The resolution calls upon Member States to *establish sustainable national leadership, policies and structures to coordinate intersectoral action to address the determinants of health across population groups and priority public health conditions*.

A survey is being undertaken to map out the status of intersectoral actions in Member States namely, health in all policies, social participation and dialogue, good governance for health, partnership and networks, and evidence gathering and documentation. The results will be compiled into a report to be disseminated widely among various stakeholders. Therefore, your inputs would assist in identifying issues, challenges and opportunities for strengthening intersectoral action to address social determinants of health in the Region.

The questionnaire should be completed by the National Focal Point for Social Determinants of Health in the Ministry of Health or a Technical Officer from another department or unit responsible for coordination of intersectoral actions or Programme on Social Determinants of Health.

*Thank you.*

Please return completed questionnaire to:

Mr Peter Phori. Email: [phorip@afro.who.int](mailto:phorip@afro.who.int)

cc: Dr Davidson Munodawafa. Email: [munodawafad@afro.who.int](mailto:munodawafad@afro.who.int)

WHO Regional Office for Africa

Determinants and Risk Factors

Health Promotion Cluster,

Brazzaville, CONGO.

## Part 1: Demographic information

No.	Questions	Responses and coding	Skip to
100	Country		
101	Title of Respondent		
102	Number of Years in the Position		
103	Ministry or Institution		
104	Contact Address		
105	E-mail		

## Part 2: Coordination and leadership

No.	Questions	Responses and coding	Skip to
200	Is there a unit that coordinates implementation of programmes on social determinants of health in the country? <i>(Please tick what is applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
201	Is there a national committee or task force that coordinates social determinants of health programmes in the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	→ Part 3

1. Is there a unit that coordinates implementation of programmes on social determinants of health in the country? *(Please tick what is applicable)*

Yes  No  Don't know

2. Is there a national committee or task force that coordinates social determinants of health programmes in the country?

Yes *(continue)*  No *(skip to Part 3: question 5)*

### **If Yes,**

a) Which year was it established? .....

b) Who chairs the committee (designation)? .....

c) How often does the committee meet? .....

d) Which of the following are represented on the committee? *(Please tick what is applicable)*

Ministry of Health

Ministry of Social Services

Ministry of Education

Academic institutions

Private sector

Civil society

Ministry of Finance

UN Agencies

Non-governmental organizations

Any other .....

e) Are any of the following among the *key functions* of the committee? *(Please tick, what is applicable)*

- To set the agenda for addressing health equity across public health conditions.
- To advocate for policy coherence and legislative actions.
- To strengthen partnership and networks and alliances for addressing social determinants of health.
- To mobilise resources.
- To monitor progress in implementation of agreed actions.
- Any other .....

3. Has there been a national workshop/meeting involving key stakeholders on addressing social determinants of health?

- Yes *(please attach report)*  No  Don't know

4. Has any study/survey/assessment on programmes addressing key determinants of health been undertaken in the country?

- Yes *(please attach report)*  No  Don't know

### Part 3: Planning and implementation

No.	Questions	Responses and coding	Skip to
300	Country		
301	Title of Respondent		

5. Is there a National Plan for implementing intersectoral actions to address social determinants of health?

<input type="checkbox"/> Yes <i>(answer all questions "5a to 5i")</i>	<input type="checkbox"/> No <i>(answer only "5d, 5e, 5f and 5h")</i>
5a) What period does the National Plan cover?	5d) Are there any other government-led health in all policies initiatives in other sectors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If <b>Yes</b> , please give details: ..... .....
5b) Which ministries were involved in the development of the Plan? <i>(Please tick what is applicable)</i> <input type="checkbox"/> Ministry of Health <input type="checkbox"/> Ministry of Social Services <input type="checkbox"/> Ministry of Education <input type="checkbox"/> Ministry of Transport <input type="checkbox"/> Ministry of Environment <input type="checkbox"/> Any other .....	5e) What are the factors that have prevented the development of a national plan? <i>(Please tick as many as possible)</i> <input type="checkbox"/> Absence of need <input type="checkbox"/> Other health priorities <input type="checkbox"/> Lack of financial resources <input type="checkbox"/> Lack of human resources in the country <input type="checkbox"/> Lack of political will <input type="checkbox"/> Any other .....
5c) Is there a budget available to implement the National Plan? <input type="checkbox"/> Yes, completely funded by government. <input type="checkbox"/> No, completely funded by other partners. <input type="checkbox"/> It is <b>partly funded</b> by the national government and partly by other partners.	5f) Which are the key Ministries or organizations involved in implementation of intersectoral actions to address social determinants of health in the country? <i>(Please give names)</i> ..... ..... ..... .....

<input type="checkbox"/> <b>Yes</b> (answer all questions "5a to 5i")	<input type="checkbox"/> <b>No</b> (answer only "5d, 5e, 5f and 5h")
<p>5g) Are there gaps in implementation of intersectoral actions to address social determinants of health in the country?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>Yes</b>, please identify 2 main gaps:</p> <p>.....</p> <p>.....</p>	<p>5h) Does the government intend to develop any plans or policies on social determinants of health in the near future?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5i) What are the challenges in scaling up implementation of intersectoral actions to address social determinants of health? (Please identify 2 main challenges)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Please send copies of the national plan or related materials to:  
Mr Peter Phori  
Email: phorip@afro.who.int

#### Part 4: Intersectoral action areas

6. Are health (determinants) issues included in the national policies of the following sectors (Health in all policies)? (Please tick what is applicable)

	High	Medium	Low
a) Health			
b) Education			
c) Local Government			
d) Transport			
e) Gender and women affairs			
f) Agriculture			
g) Environment/ natural resources			
h) Youth and sports			
i) Social welfare			
j) Economic planning			
k) Finance			
l) Other			

7. Is *social participation and dialogue* integrated into interventions that address risk factors and the determinants of the following priority public health conditions?

	High	Medium	Low
a) Communicable diseases			
b) Disease outbreaks			
c) Noncommunicable diseases			
d) Maternal and child health			
e) Nutrition and food safety			
f) Immunization			
g) Violence, injuries and disabilities			
h) Water, sanitation and hygiene			
i) Housing (urbanization)			
j) Ageing and population demography			
k) Mental health			

8. Please indicate if the following components of *good governance for health* are implemented across sectors and programme to address key determinants of health across priority public health conditions.

	Yes	No	Don't know
a) Political commitment			
b) Policy coherence			
c) Legislative frameworks			
d) Allocation of resources			
e) Promoting participation			
f) Health equity for all			

9. Do the following *action platforms for partnership* exist in the country to address social determinants of health? (Please tick what is applicable)

	Yes	No	Don't know
a) Inter-ministerial committees			
b) Inter-departmental committees			
c) Cross-sector action teams			
d) Cross-cutting information systems			
e) Community dialogue			
f) Public-private partnership			
g) Civil society coalitions			

10. **Evidence gathering and documentation**—Do the following mechanisms exist to generate, document and disseminate evidence on addressing social determinants of health? (Please tick what is applicable)

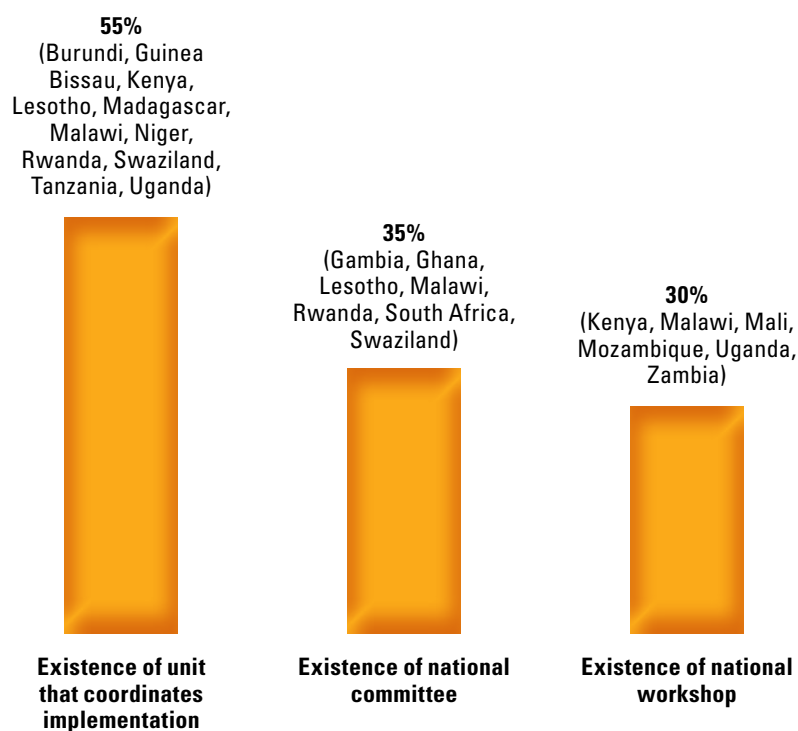
	Yes	No	Don't know
a) Health equity monitoring			
b) Health impact assessment			
c) Vital statistics systems strengthening			
d) Research and academic institutions			
e) Professional Public Health Associations			

11. Is there any other information you would like to add? (Please attach)

# ANNEX B.

## COORDINATION AND LEADERSHIP FOR INTERSECTORAL ACTION

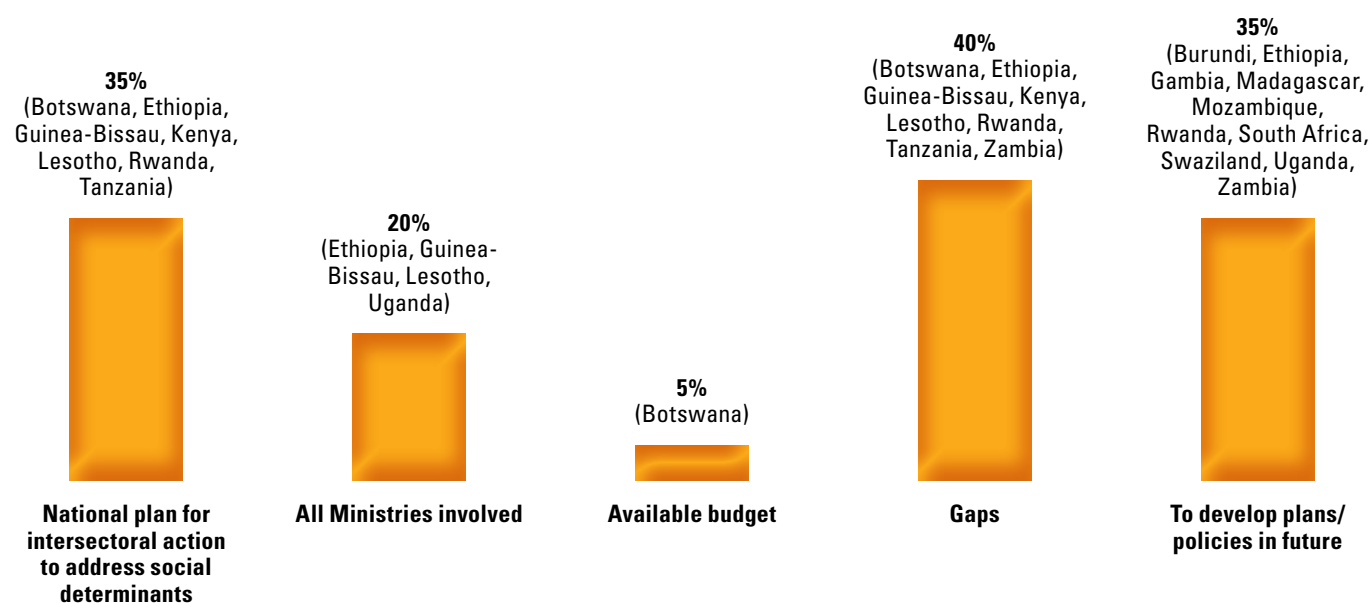
**Figure 1: Percentage of survey respondents who mentioned the existence of various types of intersectoral coordination and leadership mechanisms in their respective countries**



# ANNEX C.

## PLANNING AND IMPLEMENTATION OF INTERSECTORAL OR MULTISECTORAL ACTIONS

Figure 1: Percentage of survey respondents representing particular countries who mentioned the existence of an national intersectoral plan to address social determinants of health, the number of ministries involved, available budget, and intentions to develop national plans in the future



# ANNEX D.

## HEALTH ISSUES INCLUDED IN THE NATIONAL POLICIES OF OTHER SECTORS

**Table 1: Countries where respondents indicated that *health (determinants)* issues are included in the national policies of the different sectors (*"Health in all policies"*)**

Health issues included in the national policies							
	Education	Local government	Transport	Gender and women affairs	Agriculture	Environment/natural resources	Youth and sports
Burundi							
Botswana							
Gambia						●	
Ghana		●		●			
Guinea-Bissau	●	●		●	●	●	
Kenya	●						
Lesotho						●	●
Madagascar	●	●		●	●	●	●
Malawi							
Mali		●	●	●			●
Mozambique							
Niger				●			
Rwanda	●	●		●		●	●
South Africa	●	●	●	●	●	●	●
Swaziland	●	●				●	
Tanzania		●					
Zambia		●					
Seychelles	●			●			
Ethiopia	●	●	●	●	●	●	●
Uganda		●		●			
<b>Percentage</b>	<b>40%</b>	<b>55%</b>	<b>15%</b>	<b>50%</b>	<b>20%</b>	<b>40%</b>	<b>30%</b>



**Health issues included in the national policies**

Social welfare	Economic planning	Finance	Other	All
			●	
	●	●	●	
●	●	●		
●				
●				
●	●	●		
●	●	●	●	●
●		●		
●				
	●	●		
●		●		
●				
●	●			
<b>55%</b>	<b>35%</b>	<b>40%</b>	<b>15%</b>	<b>5%</b>

# ANNEX E.

## SOCIAL PARTICIPATION IN HEALTH PROGRAMMES

**Table 1: Countries where respondents indicated that social participation and dialogue are integrated into interventions that address risk factors and the determinants of the following priority public health conditions**

**Social participation and dialogue integrated into interventions that address risk factors and the determinants of the following priority public health conditions**

	Communicable diseases	Disease outbreaks	Noncommunicable diseases	Maternal and child health	Nutrition and food safety
Burundi					
Botswana		●			
Gambia	●	●	●	●	●
Ghana	●	●		●	●
Guinea-Bissau	●		●	●	●
Kenya		●		●	
Lesotho	●		●	●	
Madagascar					
Malawi	●	●		●	
Mali	●	●	●	●	●
Mozambique					
Niger				●	●
Rwanda	●	●	●	●	●
South Africa	●	●	●	●	●
Swaziland	●	●		●	
Tanzania		●			●
Zambia		●		●	●
Seychelles	●	●	●	●	●
Ethiopia	●	●	●	●	●
Uganda	●	●		●	
<b>Percentage</b>	<b>60%</b>	<b>70%</b>	<b>40%</b>	<b>75%</b>	<b>55%</b>

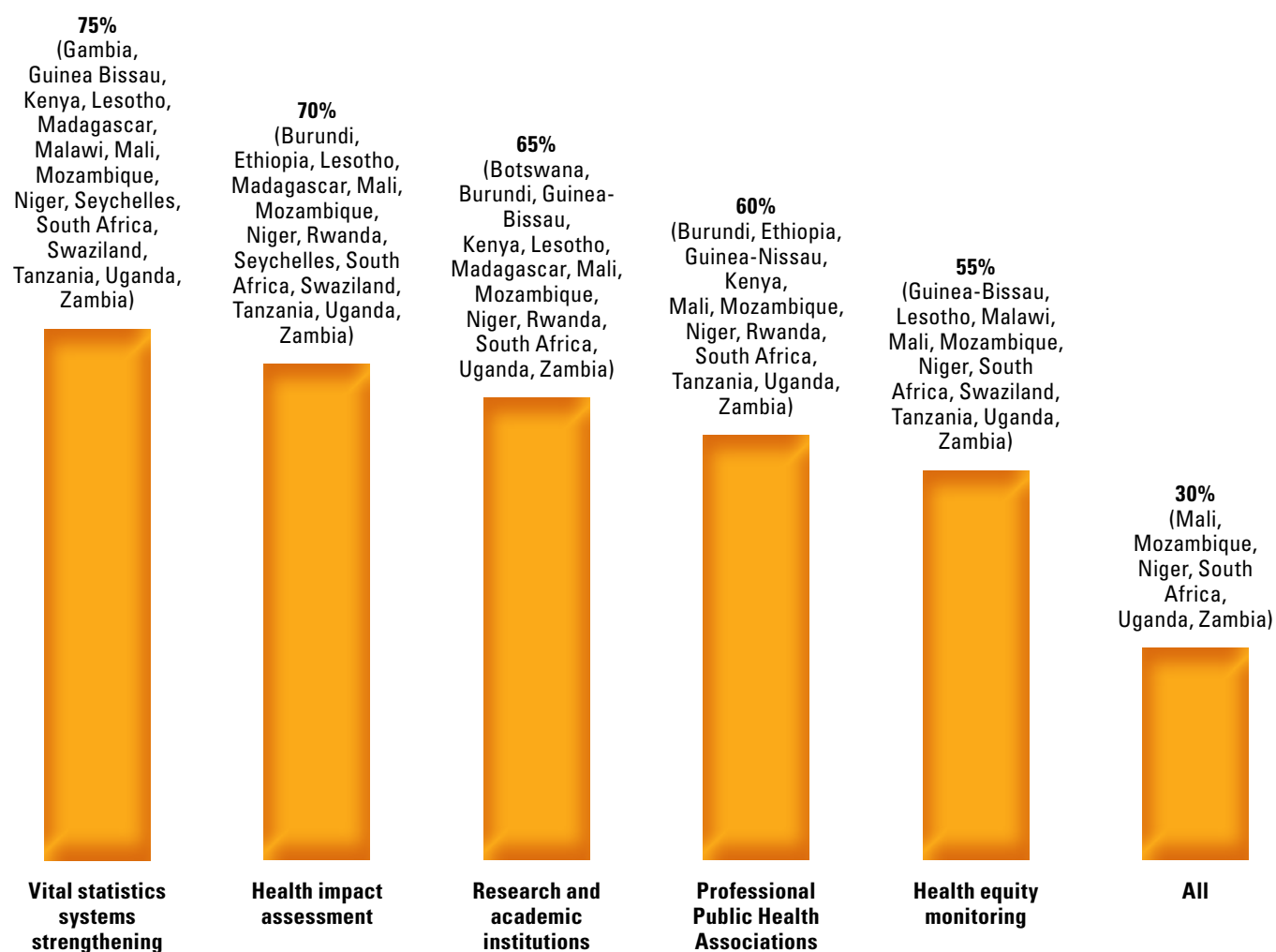
**Social participation and dialogue integrated into interventions that address risk factors and the determinants of the following priority public health conditions**

Immunization	Violence, injuries and disabilities	Water, sanitation and hygiene	Housing (urbanization)	Ageing and population demography	Mental health
●					
●	●	●	●	●	●
●					
●	●	●	●		
●					
				●	
●					
●	●	●		●	●
●					
●	●	●	●	●	●
●	●	●	●	●	●
●					
●		●			
●	●	●			●
●	●	●	●	●	●
●		●			●
●		●			●
<b>80%</b>	<b>35%</b>	<b>50%</b>	<b>25%</b>	<b>30%</b>	<b>35%</b>

# ANNEX F.

## EVIDENCE GATHERING AND DOCUMENTATION FOR ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH INTERSECTORAL ACTION

**Figure 1: Existence and applicability of the following as mechanisms to generate documentation and disseminate evidence on addressing social determinants of health**



# ANNEX G.

## INTERVIEW GUIDE FOR PROGRAMME MANAGERS IN THE WHO REGIONAL OFFICE FOR AFRICA

### I. Introduction

**Social determinants of health defined as** the conditions in which people are born, live, grow, work and age and they create health outcome disparities (inequalities and inequities between and within population groups/countries). These are driven by factors outside the domain of health (Question: *Why send people back to the conditions that made them ill in the first place*).

*The interventions require the involvement of government and other sectors in addressing key determinants leading to disparities. You are working in . . . . . I would like to know what you experience has been regarding the involvement of government and other sectors (intersectoral action).*

### II. Coordination and leadership

1. Is there a coordination mechanism for to facilitate working with other units/programmes or sectors
  - Probe: how is this set up? Is there a committee or task force that coordinates intersectoral action programmes in your unit and which programmes/units are represented?
  - How often does the committee meet?

### III. Intersectoral action areas (likely to apply in your area of work)

- a) Is promotion of social participation and dialogue integrated in interventions addressing disparities in your area? *How is this carried out? What are the challenges? What are the opportunities?*
- b) Is promotion of good governance for health integrated in interventions addressing disparities in your area? *How is this carried out? What are the challenges? What are the opportunities?*
- c) Is promotion of health in all policies (HiAP) integrated in interventions addressing disparities in your area? *How is this carried out? What are the challenges? What are the opportunities?*
- d) Is promotion of partnership, networks and alliances integrated in interventions addressing disparities in your area? *How is this carried out? What are the challenges? What are the opportunities?*
- e) Is promotion of gathering and documentation of evidence integrated in interventions addressing disparities in your area? *How is this carried out? What are the challenges? What are the opportunities?*

Any other contributions on this subject?

*Thank you.*

# ANNEX H.

## POSITION STATEMENT: HEALTH IN ALL POLICIES IN THE WHO AFRICAN REGION

### **Message from the Regional Director, Dr Luis Gomes Sambo**

To date, developing countries, particularly in sub-Saharan Africa, are facing a double burden of communicable and noncommunicable diseases, high infant and maternal mortality and recurring epidemics. This is further aggravated by the prevailing weak health systems. Addressing key determinants of health in the African Region in the 21st century requires a new way of thinking health systems. Health systems are subject to powerful social and economic influences that often pull them from their intended goals. We need sounder health policies underpinned by primary health care values and principles. We need reforms that redesign systems in a more holistic manner, in which public health is a shared responsibility that recognizes the important role of individuals and communities. In the context of the WHO African Region, we require interventions that respond to a broader range of individual and societal issues that contribute to ill-health, disability and premature deaths. These individual and societal conditions are influenced in part by globalization, political and economic reforms, demographic and epidemiological changes, new technologies, open access to information and communication, and relatively high literacy rates among the population. These factors also exist outside the purview of the health sector. Therefore, the need for interventions that are relevant to different contexts and environments is imperative. In the African Region, accelerating response to the determinants of health is one of the key Strategic Directions for achieving sustainable health development. Health in All Policies is an essential instrument for tackling health determinants and risk factors through intersectoral collaboration, multidisciplinary actions, and partnerships. Ultimately, Health in All Policies is an indispensable element for strengthening health systems, which is vital for addressing priority public health conditions in the African Region. Therefore it is time for every sector to protect health through sound public policies.

Excerpts from: G Sambo (2012).  
“Towards global health equity: Opportunities and threats”,  
*Global Health Action*, 5: 18842; pp 1-3.

### **Introduction**

In order to address the widening health inequities within and between countries in the WHO African Region, accelerating the response to the determinants of health is identified as one of the six WHO Strategic Directions for achieving sustainable health development in the African Region between 2010 and 2015. In 2010, the 60th session of the Regional Committee of Health Ministers endorsed a strategy for addressing the key determinants of health in the African Region and also adopted a resolution to support the implementation of the strategy. The strategy presents several priority interventions for reducing inequities through action on social determinants of health aligned to the key recommendations of the Commission on Social Determinants of Health. In 2012, the 62nd session of the Regional Committee discussed and adopted the health promotion: strategy for the African Region and also endorsed a resolution. In both strategies, Health in All Policies is considered a fundamental approach for strengthening leadership and stewardship roles of the Ministry of Health, coordination of multisectoral

actions, community empowerment and innovative financing options of agreed actions on public health conditions.

### **What is Health in All Policies?**

Health in All Policies is an approach to public policies across sectors, which systematically takes into account the health implications of policy decisions on the population, in order to improve health outcomes and to reduce negative health impacts. It is premised on health-related rights and obligations and accountability of policy-makers for health impacts at all levels. It stresses the consequences of public policies on health systems, determinants of health and well-being, as well as sustainable development.

### **Context of Health in All Policies in the WHO African Region**

Countries of the WHO African Region have participated actively in global conferences that have discussed Health in All Policies, including the Alma-Ata Conference on Primary Health Care (1978), Ottawa Conference on Health Promotion (1986), the Adelaide Conference on Health Promotion (1988); Nairobi Conference on Health Promotion (2009); and the World Conference on Social Determinants of Health (2011).

WHO has convened high-level, multisectoral discussions on intersectoral actions for health, including Health in All Policies, health systems strengthening and innovative financing, which have been held in the African Region. These consultations include the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008); the Libreville Declaration on Health and Environment in Africa (2008); Brazzaville Declaration on Non-Communicable Diseases (2011); and the Tunis Declaration on Health Financing (2012); and the Stakeholder's Dialogue on Addressing Risk Factors for Noncommunicable Diseases (2013).

### **Priority actions for Health in All Policies in the WHO African Region**

- Strengthen leadership and stewardship roles for the Ministry of Health to coordinate and advocate for multisectoral and multidisciplinary interventions that advocate for policies, legislation and regulations, which seek to protect the health of the general population from the negative impact of social and economic determinants of health.
- Ensure effective governance for health at all levels as a central guiding approach to policy management across all levels of government in ways that systematically account for the health and health equity implications of decisions, seek synergies, and avoid harmful health impacts, in order to improve population health and health equity.
- Support mechanisms for social dialogue and community participation that will strengthen cross-sector dialogue and community empowerment in health development and allow the health sector to provide the necessary leadership within and across government.
- Strengthen the technical capacity for Health in All Policies by investing in the people, institutions, statutory instruments and processes that facilitate the implementation of Health in All Policies through the whole government, as well as monitor progress and evaluate the impact of policy actions.
- Support the use of audit tools, such as health impact assessments, and policy audits to enable transparency in the examination of health and equity outcomes of policies, and encourage independent oversight by creating processes or agencies that can undertake objective oversight and reporting on Health in All Policies and its impact on health and equity outcomes.
- Enable meaningful engagement by civil society, research and academic institutions and other partners in addressing key determinants of health by supporting public understanding and active public participation throughout policy development.

## Important case studies on intersectoral actions for health in the Region

1. Healthy schools programme in South Africa
2. Mental health in Kenya
3. Microfinance and women's health in Ghana
4. Intersectoral actions in Kenya urban slums
5. Intersectoral actions in environmental management for malaria control in Tanzania
6. Tobacco control in South Africa
7. Intersectoral actions in salt and obesity reduction in South Africa
8. National dialogue on social determinants of health in Mozambique
9. Intersectoral actions for health financing in Rwanda
10. The essence of governance in health development: The Kenya experience

## Important documents

1. Sambo G (2012): Towards global health equity: Opportunities and threats, *Global Health Action*, 5: 18842; pp 1-3.
2. WHO African Region (2010): *Achieving sustainable health development in the African Region: Strategic Directions 2010 -2015*.
3. WHO Commission on the Social Determinants of Health (CSDH) (2008): *Closing the Gap in a Generation: Health equity through action on the social determinants of health*. Final Report of the Commission. Geneva: World Health Organization. [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html).
4. WHO, *Primary Health Care: Now more than ever. The World Health Report, 2008*. Geneva, 2008, World Health Organization. <http://www.who.int/whr/2008/en/index.html>.
5. WHO, (2008): The Algiers Declaration. *Ministerial Conference on Research for Health in the African Region, a declaration by Member States of the WHO African Region*, Algiers, 23–25 June 2008. <http://www.afro.who.int/en/regionaldeclarations.html>.
6. WHO, Libreville Declaration on Health and Environment in Africa. *First Inter-ministerial Conference on Health and Environment in Africa: Health security through healthy environments, a declaration by Member States of the WHO African Region*, Libreville, Gabon, 26–29 August 2008. <http://www.afro.who.int/en/regional-declarations.html>.
7. WHO, (2008): Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: *Achieving Better Health for Africa in the New Millennium. A declaration by the Member States of the WHO African Region. International Conference on Primary Health Care and Health Systems in Africa*, 28-30 April 2008, Ouagadougou, Burkina Faso. <http://www.afro.who.int/en/regional-declarations.html>.
8. WHO, (2009), "The Nairobi Call to Action" - The 7th Global Conference on Health Promotion on Closing the implementation gap", Nairobi, Kenya 27–30 October, 2009. <http://www.who.int/healthpromotion/conferences/7gchp/documents/en/index.html>.
9. WHO (2011). *A strategy for addressing the key determinants of health in the African Region*. Brazzaville, WHO Regional Office for Africa.
10. WHO, (2012): *Health promotion: Strategy for the African Region*. Brazzaville, WHO Regional Office for Africa.



# BIBLIOGRAPHY

Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010.

Adeleye OA, Ofili AN. Strengthening intersectoral collaboration for primary health care in developing countries: Can the health sector play broader roles? *Journal of Environmental and Public Health*. 2010;2010.

Adusi-Poku Y, Edusei AK, Bonney AA, Tagbor H, Nakua E, Otupiri E. Pregnant women and alcohol use in the Bosomtwe district of the Ashanti region-Ghana. *African journal of reproductive health*. 2012;16(1):55-60.

Andrews M, Schroeder L. Sectoral decentralisation and intergovernmental arrangements in Africa. *Public Administration & Development*. 2003;23(1):29-40.

Blas E, Limbambala ME. Building a shared vision among leaders across sectors and professions. *African Journal Of Health Sciences*. 1998;5(2):67-71.

Castro MC, Tsuruta A, Kanamori S, Kannady K, Mkude S. Community-based environmental management for malaria control: evidence from a small-scale intervention in Dar es Salaam, Tanzania. *Malaria Journal*. 2009;8:1-11.

Catley-Carlson M. Implementing family planning programs in developing countries: Lessons and reflections from four decades of Population Council experience. *International Journal of Gynecology and Obstetrics*. 1997;58(1):101-6.

Chatora RR, Tumusime P. Primary health care: a review of its implementation in sub-Saharan Africa. *Primary Health Care Research & Development (Sage Publications, Ltd)*. 2004;5(4):296-306.

d’Cruz-Grote D. Prevention of HIV infection in developing countries. *Lancet*. 1996;348(9034):1071.

DeMaeseneer J. PRIMARY HEALTH CARE IN AFRICA: NOW MORE THAN EVER! *African Journal of Primary Health Care & Family Medicine*. 2010;2(1):132-4.

Dookie S, Singh S. Primary health services at district level in South Africa: a critique of the primary health care approach. *BMC Family Practice*. 2012;13(1):67-70.

Eyob Z, Matshidiso M, Joses K, Takondwa M, Edward K. (2007). Evidence in health and health care in Malawi: Analysis of trends. *BMC Public Health*, 7(8), pp. 1-13.

Frumence G, Killewo J, Kwesigabo G, Nystrom L, Eriksson M, Emmelin M. Social capital and the decline in HIV transmission - A case study in three villages in the Kagera region of Tanzania. *Sahara J*. 2010;7(3):9-20.

Gazzinelli C, Oliveria J, Yang, Boatin, Kloos (2012). A Research Agenda for Helminth Diseases of Humans: Social Ecology, Environmental Determinants, and Health Systems. *PLoS Neglected Tropical Diseases*. 6(4), pp 1-11.

Girard AW, Dzingina C, Akogun O, Mason JB, McFarland DA. Public health interventions, barriers, and opportunities for improving maternal nutrition in Northeast Nigeria. *Food and Nutrition Bulletin*. 2012;33(2 Suppl):S51-70.

- Gonzalez R, Sicuri E. Editorial: Insights into social responsibility in global health. *Wiener Klinische Wochenschrift*. 2010;122(3-4):59-61.
- Gyapong JO, Selby RA, Anakwah KA. Challenges in linking health research to policy: A commentary on developing a multi-stakeholder response to orphans and vulnerable children in Ghana. *Health Research Policy and Systems*. 2011;9(SUPPL. 1).
- Hawkes C, Ruel M. The links between agriculture and health: an intersectoral opportunity to improve the health and livelihoods of the poor. *Bulletin of the World Health Organization*. 2006;84(12):984-90.
- Kaboru BB, Falkenberg T, Ndubani P, Ha jer B, Vongo R, Brugha R, et al. Can biomedical and traditional health care providers work together? Zambian practitioners' experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: a cross-sectional study. *Human Resources for Health*. 2006;4:16-8.
- Kenyon C, Boulle A, Badri M, Asselman V. "I don't use a condom (with my regular partner) because I know that I'm faithful, but with everyone else I do": The cultural and socioeconomic determinants of sexual partner concurrency in young South Africans. *Sahara J*. 2010;7(3):35-43.
- Kibret S, Alemu Y, Boelee E, Tekie H, Alemu D, Petros B. The impact of a small-scale irrigation scheme on malaria transmission in Ziway area, Central Ethiopia. *Tropical Medicine & International Health*. 2010;15(1):41-50.
- Kirigia JM, Kirigia DG (2011). The essence of governance in health development. *International Archives of Medicine*. 4(11), pp. 1-13.
- Kulabako RN, Nalubega M, Wozzi E, Thunvik R. Environmental health practices, constraints and possible interventions in peri-urban settlements in developing countries - A review of Kampala, Uganda. *International Journal of Environmental Health Research*. 2010;20(4):231-57.
- Leatherman S, Dunford C. Linking health to microfinance to reduce poverty. *Bulletin of the World Health Organization*. 2010;88(6):470-1.
- Loewenson R (2013). *Microfinancing as a vehicle for promoting health and intersectoral action on health: A case study from Ghana*.
- London L, Fick N, Tram KH, Stuttford M. Filling the gap: a learning network for health and human rights in the Western Cape, South Africa. *Health and Human Rights*. 2012;14(1):E88-105.
- Lubben M, Mayhew SH, Collins C, Green A. Reproductive health and health sector reform in developing countries: establishing a framework for dialogue. *Bulletin of the World Health Organization*. 2002;80(8):667.
- Manandhar M, Maimbolwa M, Muulu E, Mulenga MM, O'Donovan D. Intersectoral debate on social research strengthens alliances, advocacy and action for maternal survival in Zambia. *Health Promotion International*. 2009;24(1):58-67.
- Manandhar M, Maimbolwa M, Muulu E, Mulenga MM, Mboera LEG, Mayala BK, Kweka EJ, Mazigo HD. Impact of climate change on human health and health systems in Tanzania: A review. *Tanzania Journal of Health Research*. 2011;13(5 SUPPL.ISS):1-23.
- Mudege NN, Zulu EM. Discourses of illegality and exclusion: When water access matters. *Global Public Health*. 2011;6(3):221-33.
- NEPAD (2003). *The new partnership for Africa's development (NEPAD): Health strategy*.

- Ngwena CG. State obligations to implement African abortion laws: Employing human rights in a changing legal landscape. *International Journal of Gynecology and Obstetrics*. 2012;119(2):198-202.
- Nyamongo, Lang'o (2013). *Intersectoral collaboration on child nutrition in informal settlements in Mombasa: a Kenyan case study*.
- O'Donovan. (2008). Intersectoral debate on social research strengthens alliances, advocacy and action for maternal survival in Zambia. *Health Promotion International*, 24 (1), pp. 58-67.
- Ohnishi M, Nakamura K. Capacity building of local governmental and non-governmental organizations on environmental hygiene through a community-based training workshop program. *Journal of Interprofessional Care*. 2009;23(1):4-15.
- Patel L, De Wet T. Urban Poverty in Johannesburg: Implications for Policy, Planning, and Community Development. *Social Development Issues*. 2010;32(2):55-66.
- Pronyk PM, Muniz M, Nemser B, Somers MA, McClellan L, Palm CA, et al. The effect of an integrated multisector model for achieving the Millennium Development Goals and improving child survival in rural sub-Saharan Africa: A non-randomised controlled assessment. *The Lancet*. 2012;379(9832):2179-88.
- Rispel LC, Palha de Sousa CAD, Molomo BG. Can social inclusion policies reduce health inequalities in sub-Saharan Africa?-A rapid policy appraisal. *Journal of Health, Population and Nutrition*. 2009;27(4):492-504.
- Rosenberg A, Hartwig K, Merson M. Government-NGO collaboration and sustainability of orphans and vulnerable children projects in southern Africa. *Evaluation and Program Planning*. 2008;31(1):51-60.
- Sambo LG, Kirigia JM, Ki-Zerbo G (2011). Health financing in Africa: Overview of a dialogue among high-level policy-makers. *BioMed Central Proceedings*. 5 (Suppl.5), pp.1-5.
- Sanders D, Chopra M. Key Challenges to Achieving Health for All in an Inequitable Society: The Case of South Africa. *American Journal of Public Health*. 2006;96(1):73-8.
- Sarah Skeen, Sharon Kleintjes, C. Lund, Inge Petersen, Arvin Bhana, Alan j. Flisher. Mental Health Poverty Research Programme Consortium (2010). Mental health is everybody's business: Roles for intersectoral approach in South Africa. *International Review of Psychiatry*. 22(6), pp. 611 – 623.
- Sember R. The social construction of ARVs in South Africa. *Global Public Health*. 2008;3:58-75.
- Sola Fajana, Akoka Yaba, Oluseyi A. Shadare. (2012). Workplace relations, social dialogue and political milieu in Nigeria. *International Journal of Business administration*, 3(1), pp.75-83.
- Temple NJ, Steyn NP. The cost of a healthy diet: A South African perspective. *Nutrition*. 2011;27(5):505-8.
- WHO (2008). Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium. Brazzaville, Regional Office for Africa.
- WHO (2011a). A strategy for addressing the key determinants of health in the African Region. Brazzaville, WHO Regional Office for Africa.
- WHO (2011b). Rio Political Declaration on Social Determinants of Health. Geneva, Switzerland, World Health Organization.
- WHO (2012). Scoping review on status of implementation of intersectoral actions in the African Region. (unpublished)

WHO (2013a). Position Statement: Health in All Policies in the African Region. Brazzaville, Regional Office for Africa.

WHO (2013b). Status of the implementation of intersectoral actions in the African Region. (unpublished)

WHO. Demonstrating a health in all policies analytic framework for learning from experiences. Based on literature reviews from Africa, South-East Asia and the Western Pacific (forthcoming).

WHO. Moving towards Health in All policies: a compilation of experiences learning from intersectoral actions for implementing Health in All Policies: a compilation of case studies from Africa, South-East Asia and the Western Pacific (forthcoming).

Widmer M, Betran AP, Merialdi M, Requejo J, Karpf T. The role of faith-based organizations in maternal and newborn health care in Africa. *International Journal of Gynecology and Obstetrics*. 2011;114(3):218-22.

Yewhalaw D, Legesse W, Van Bortel W, Gebre-Selassie S, Kloos H, Duchateau L, et al. Malaria and water resource development: the case of Gilgel-Gibe hydroelectric dam in Ethiopia. *Malaria Journal*. 2009;8:1-10.

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ISBN 97 8 929023244 5