



Pan American
Health
Organization



World Health
Organization

REGIONAL OFFICE FOR THE
Americas

Health in All Policies: Progressing the Agenda of The Sustainable Development Goals

| A REGIONAL PERSPECTIVE

By Dr. Kira Fortune

March, 2017

An Overall Panorama of Health Inequity in the Americas

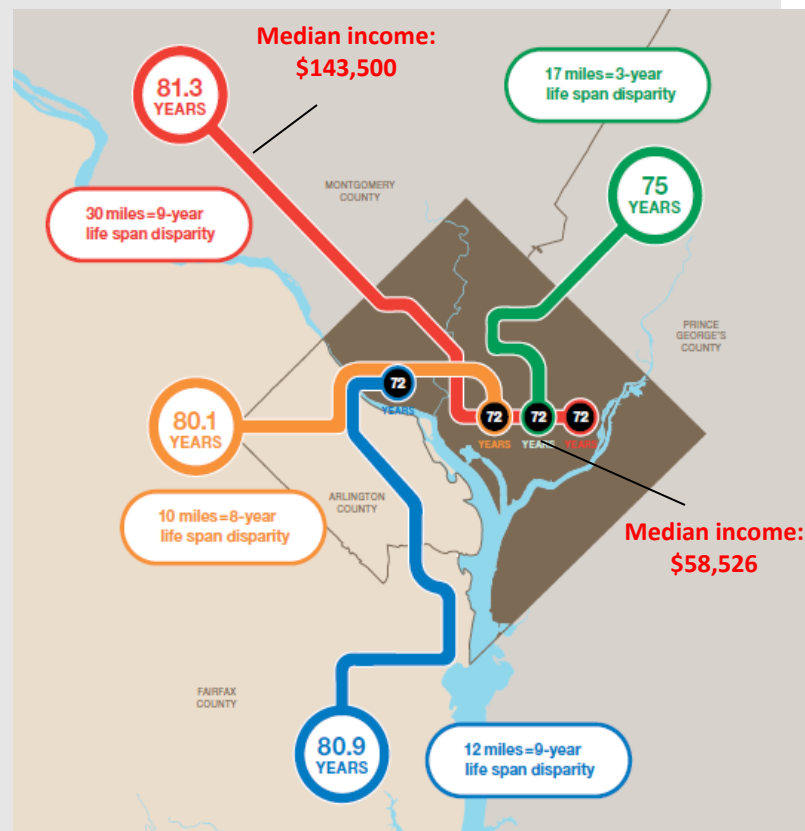
- At the close of the Millennium Development Goals, LAC has made significant progress
- The region has made strides in reducing extreme poverty, undernourishment and child mortality
- Life expectancy in the Region increased from 56 years in 1954 to 75 years in 2014
- The increase in average life expectancy largely reflects a substantial decline in under-five mortality rates
- Data from the Region positively reflect a low rate of child malnutrition at around 4 percent and high immunization rate against measles at 93 percent



Inequity at a Glance

- 2.2 billion people world-wide live on less than \$2 per day
- Stark differences in economic opportunities explain significant health inequities between and within countries
- There is a 32-year-gap in average female life expectancy between Mozambique and Japan
- The LAC regional ratio of maternal mortality per 100,000 live births is nearly ten times that of the European region, and less than one-tenth that of the African region
- Life expectancy in Dominican Republic is 73.5 whereas in Haiti it is 62.2 (a gap of 11.3 years within the same island)

The Red Line between Washington, D.C. and Shady Grove, Md. has 17 metro stops spanning 30 miles and an estimated nine-year difference in life span



Key Regional Challenges in the Americas

**Key Challenges for the Region
of the Americas:
Non-Communicable
Diseases, Climate Change and
Urbanization**

Social
Exclusion

Increased
Urbanization

Health
Systems

Family and
Peer
Influences

Employment

Cultural and
Religious Values
and Traditions

Gender
Norms

Ethnicity

National Legal
and Policy
Environment



Rio Political Declaration Adopted by Member States, September 2011

Through public consultation, Member States identified Five Key Pillars:



HiAP Process in the Americas

- The central theme of 8th Global Conference on Health Promotion called for Health in All Policies
- In February, 2013 a Regional Consultation on Health in All Policies was held in Brazil
- *A total of 26 case studies from 15 countries in the Americas developed to showcase HiAP*
- Five case studies from the Americas developed to provide extensive analysis of successes and challenges addressing health in All Policies
- Regional Analysis of Intersectoral Action conducted by Chile University
- In June 2013 countries committed to Health in All Policies Conference Statement
- WHO Health in All Policies Framework for Country Action launched in January, 2014`



First Regional Plan of Action on HiAP Adopted in September 2014



53rd DIRECTING COUNCIL

66th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 29 September-3 October 2014

Provisional Agenda Item 4.8

CD53/10, Rev. 1
8 September 2014
Original: English

PLAN OF ACTION ON HEALTH IN ALL POLICIES

Introduction

1. The purpose of this document is to define clear steps for implementation of the Health in All Policies (HiAP) approach in the countries of the Region of the Americas. This Plan of Action corresponds to the World Health Organization (WHO) Health in All Policies Framework for Country Action (1), developed in January 2014 in a coordinated effort with countries in the Region of the Americas. The Plan contains strategic lines of action and indicators for the period 2014-2019, in accordance with the objectives outlined in the PAHO Strategic Plan 2014-2019 (2).

Background

2. HiAP is one approach to improving health and promoting well-being. As defined in the 2013 Helsinki Statement on Health in All Policies, it 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" (3). Core features of HiAP include a strong foundation of human rights and social justice with a strong focus on policy-making. Application of HiAP involves identifying opportunities for policy development across sectors with potential implications for health and health equity, assessing potential impacts, and then advocating and negotiating for changes. Long-term vision and sustained efforts are needed.

3. The 2011 Rio Political Declaration on Social Determinants of Health and the 2012 Rio+20 outcome document ("The Future We Want") of the United Nations Conference on Sustainable Development recognize that governments are responsible for the health of their populations (4, 5). The principles developed in the 1978 Declaration of Alma-Ata and in the 1986 Ottawa Charter for Health Promotion reaffirm that health is a fundamental right of all human beings without distinction of race, religion, political

Line of Action 1: Establish the need and priorities for HiAP

Number of countries and territories implementing the Health in All Policies Framework for Country Action Baseline (2014): 6. Target (2019): 18.

Line of Action 2: Frame planned action

Number of countries and territories producing equity profiles that address at least two priority determinants of health at the national and sub-national level Baseline (2014): 1 Target (2019): 18.

Line of Action 3: Identify supportive structures and processes

Number of countries and territories with a specific mechanism, such as intersectoral committees or HIA, by which the health sector can engage within and beyond the public sector. Baseline (2014): 6. Target (2019): 18.

Line of Action 4: Facilitate assessment and engagement

Number of countries and territories with mechanisms to engage communities and civil society in the policy development process across sectors. Baseline (2014): 9. Target (2019): 18.

Line of Action 5: Ensure monitoring, evaluation, and reporting

Number of countries and territories that monitor, evaluate and report on progress towards introducing health and health equity in the development and implementation of government policies Baseline (2014): 0. Target (2019): 12.

Line of Action 6: Build capacity

Number of countries and territories with recognized institutes such as national public health institutes, universities and collaborating centers offering training courses on the implementation and monitoring of HiAP. Baseline (2014): 0. Target (2019): 8.

Putting PAHO's Regional HiAP Plan of Action into Practice



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- White Paper highlighting state-of-the-art knowledge in the Region of the Americas
- Indicator Analysis to facilitate the HiAP agenda at the country-level
- Roadmap to guide implementation of Plan of Action over the next five years
- Rolling out HiAP manual in the region of the Americas
- Task Force and Working Group on HiAP and SDGs established

More than 65 experts involved in this Expert Consultation from the region of the Americas and beyond

The Post-2015 Sustainable Development Goals Establish a Unique Opportunity to promote the Application of Health in All Policies

Equity is the defining principle of the SDGs



Our responsibility is to become more compelling advocates for Health in and beyond SDG 3



Implementing the Vision: Delivery of Key Documents



PAHO's 53rd Directing Council 2014

Compares the targets and indicators of the SDGs with the targets and indicators of PAHO's Strategic Plan 2014-2019, the Health Agenda for the Americas and the current mandates of PAHO.

1

First effort to support implementation of SDGs, especially SDG 3

2

Compares SDG targets with current country health policies and programs

3

Highlights most relevant mandates & relevant partnerships

Implementing the Vision: On-going National Consultations



Collaboration with Partners: FioCruz and Sustainable Development Solution Network

Goal: Strengthen country capacity on the actual implementation of the SDGs



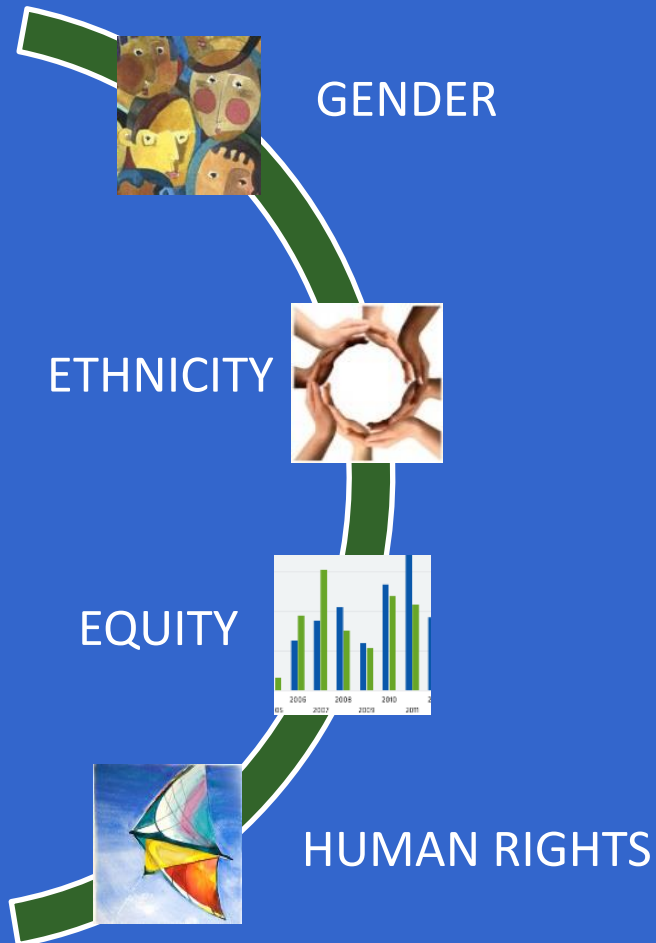
Colombia (November 2015): regional workshop

Goal: Provide an opportunity for dialogue between PAHO and country representatives on programmatic and technical resources, a platform to cross-reference national experiences and a recognition of the need for a multi-sectoral strategy to address health inequities.

Recommendations to support countries in SDG implementation:

Roadmap, Capacity Building and Establishing a Regional network

Implementing the Vision: Regional Review of Health Inequalities



Goal of the Commission:

- Support strategies to promote equity and health equality with high-quality evidence
- Document actions being taken governments, regional and communities to address inequalities
- Make actionable recommendations for action at local, national and regional levels

Partnership with Institute of Health Equity at University College London

Composed of regional leaders in equity, gender, ethnicity and human rights



Implementing the Vision: An Institutional Commitment

A cohesive, Organization-wide roadmap/strategy to optimize the challenges and opportunities presented by the SDGs

The Four Pillars

1 INSTITUTIONAL BODY



Oversee the implementation of all plans and actions contributing to the attainment of the SDG agenda

2 CAPACITY BUILDING



Build Regional capacity in terms of both implementation and monitoring

3 COLLABORATION WITH PARTNERS



Build multi-stakeholder partnerships to help achieve the SDGs

4 MEASUREMENT



Monitor the success of programming regarding health and health related indicators

Implications of PAHO's Approach

The SDGs provide unprecedented opportunities to engage with stakeholders across the spectrum of sustainable human development.

PAHO has taken critical steps to actively participate in this new cycle of global commitment by translating the agenda into practice and develop concrete actions by using an HiAP approach





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| THANK YOU