



UHC2030

Working group on Multisectoral
Action (MSA): building capacity



UNICEF, WHO, World Bank

Tokyo, 12 December work, N Valentine

Overview

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Objectives

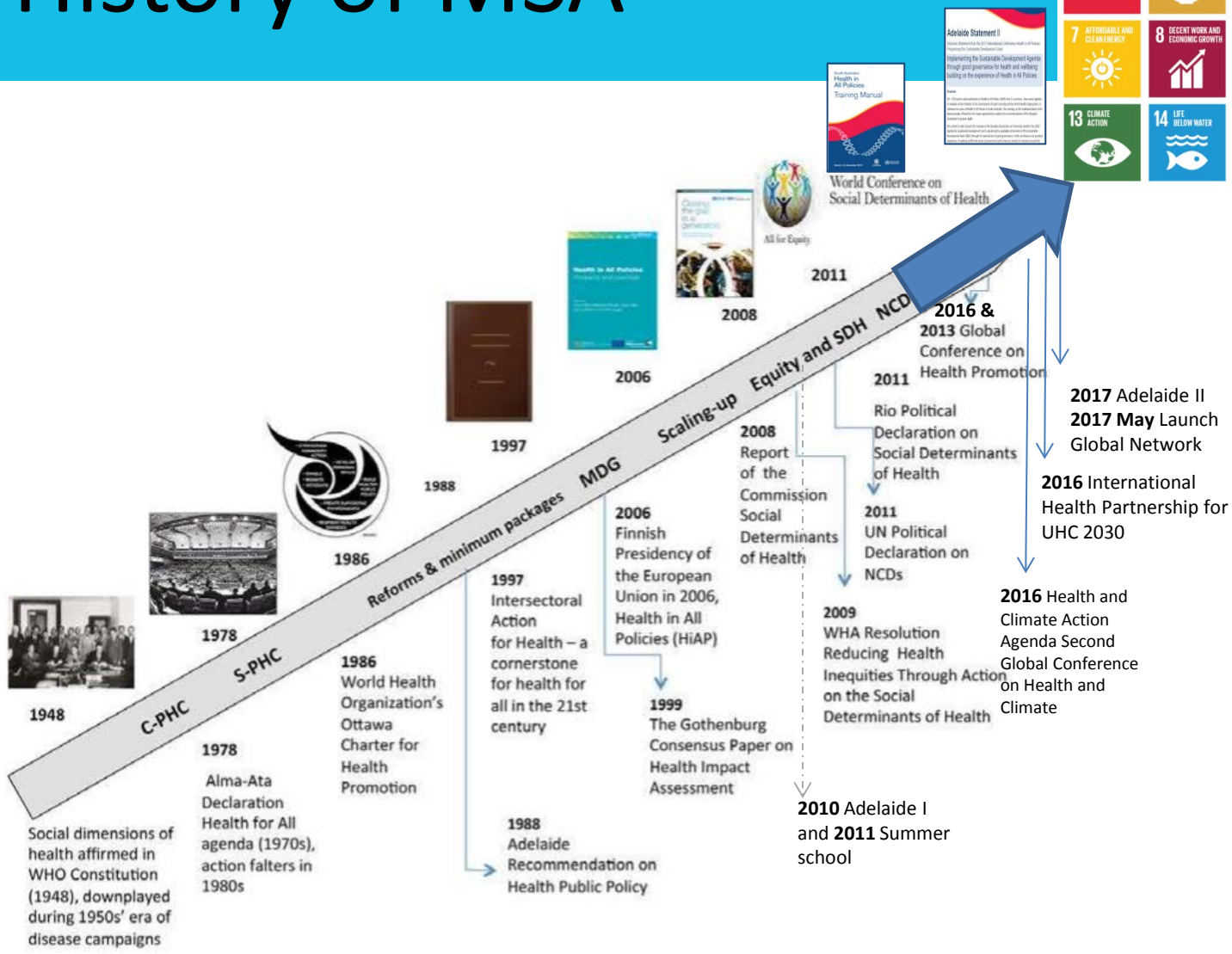


Universal Health Coverage Partnership

A country-level resource for **UHC2030**

- Robust national health policies, strategies, plans
- Technical and institutional capacities and information
- International and national stakeholders alignment and adherence to aid effectiveness principles

History of MSA



Gains from acting on determinants



Mortality reduction in child under-5 mortality between 1990 and 2010

50%

was attributed to non-health sector investments by the Success Factors study

[Read the bulletin](#)

Reducing inequalities in noncommunicable diseases requires substantial non-health sector investments to

50%

of inequalities in major NCDs, especially for cardiovascular diseases and lung cancer, are accounted by social inequalities in risk factors, as reported by The Lancet NCD Action Group Lancet article

[Read the Lancet article](#)

Integrated social and medical services, tailored to disadvantaged families and delivered by nurses in homes, show up to

10-fold

reductions in child mortality between treatment and control groups, as well as educational and employment co-benefits

[Read the article](#)

UHC and Multisectoral Action

Universal health coverage and intersectoral action for health: key messages from *Disease Control Priorities*, 3rd edition

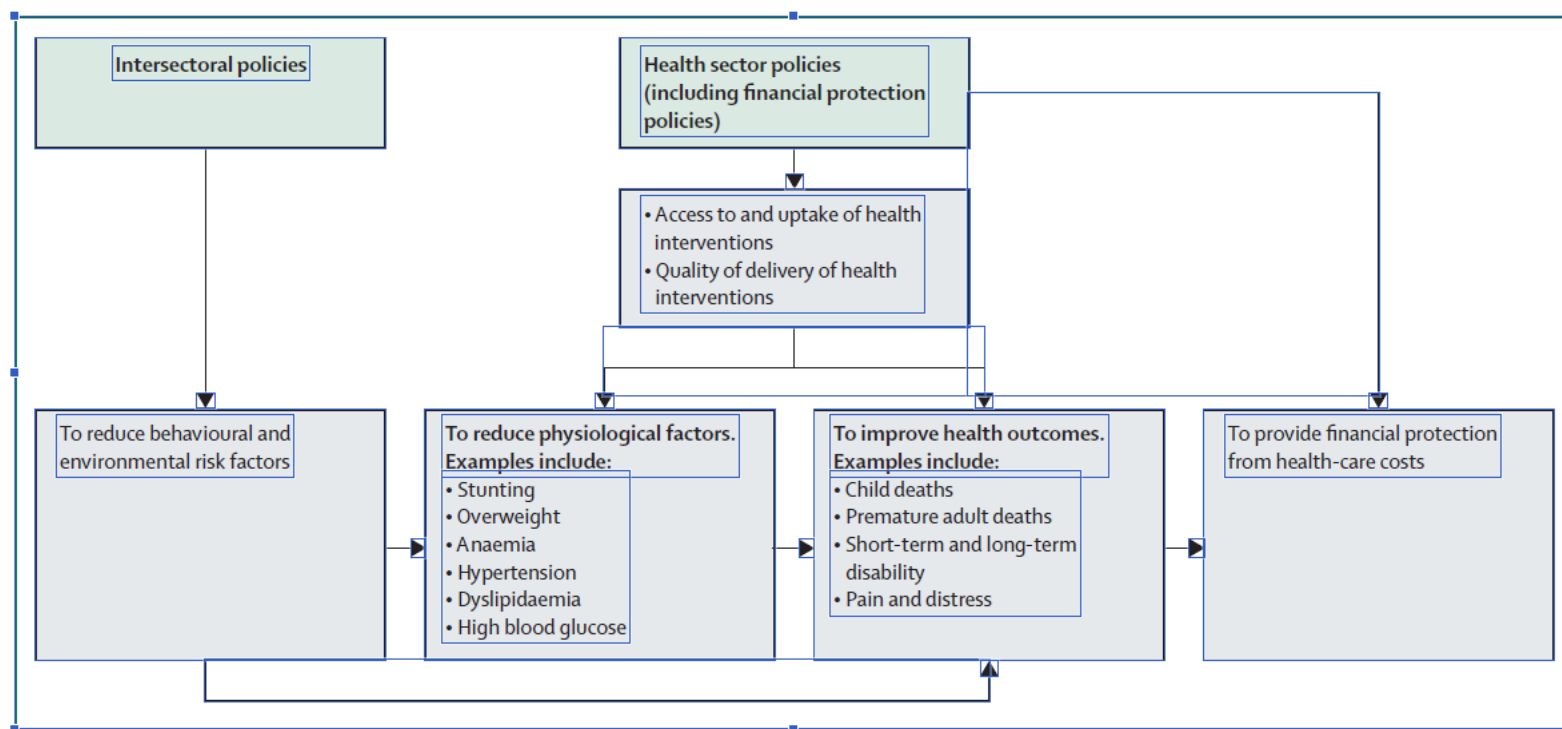


Figure 1: Policies for health

Intersectoral Interventions

- (1) taxes and subsidies (15 of 71 intersectoral policies);
- (2) regulations and related enforcement mechanisms (38 of 71 intersectoral policies);
- (3) built environment (11 of 71 intersectoral policies); and
- (4) informational (seven of 71 intersectoral policies).

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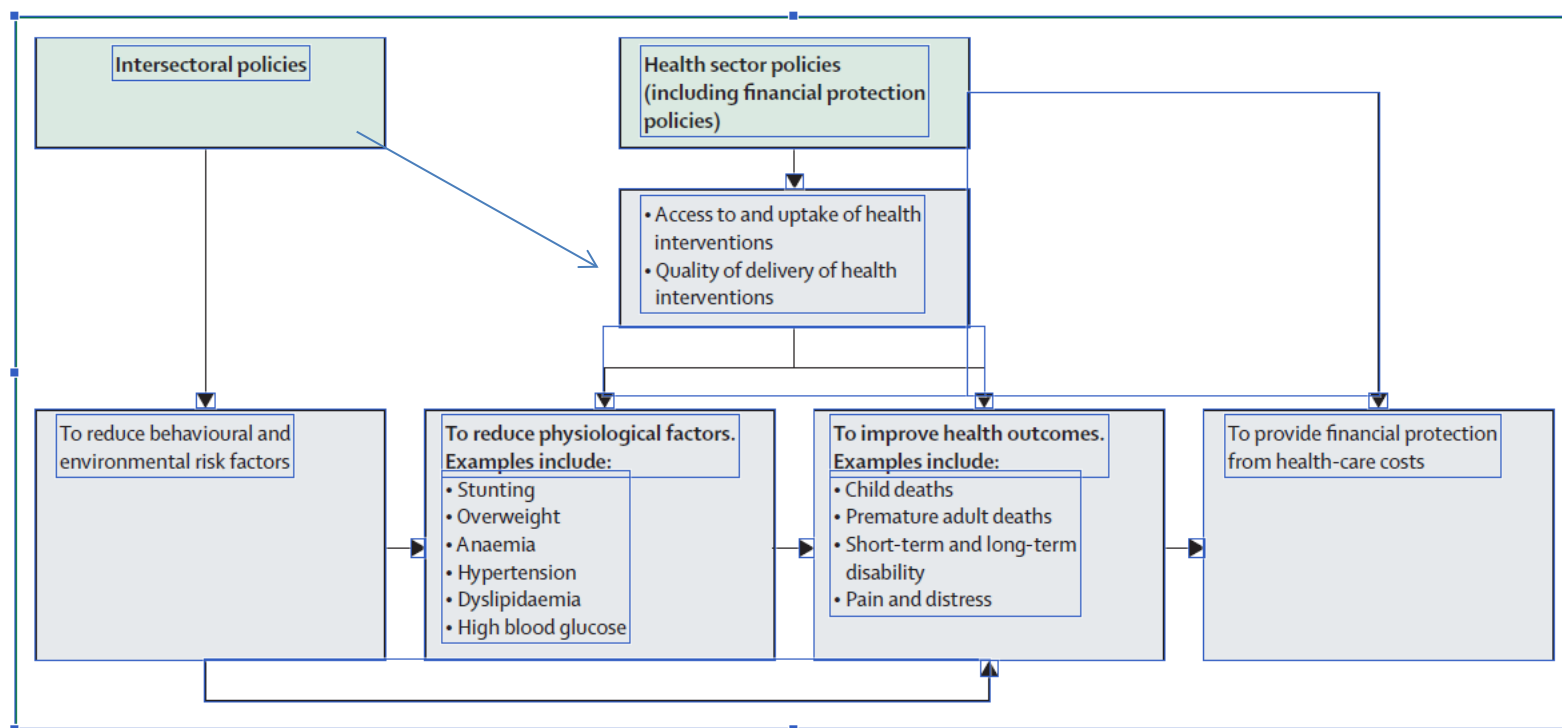
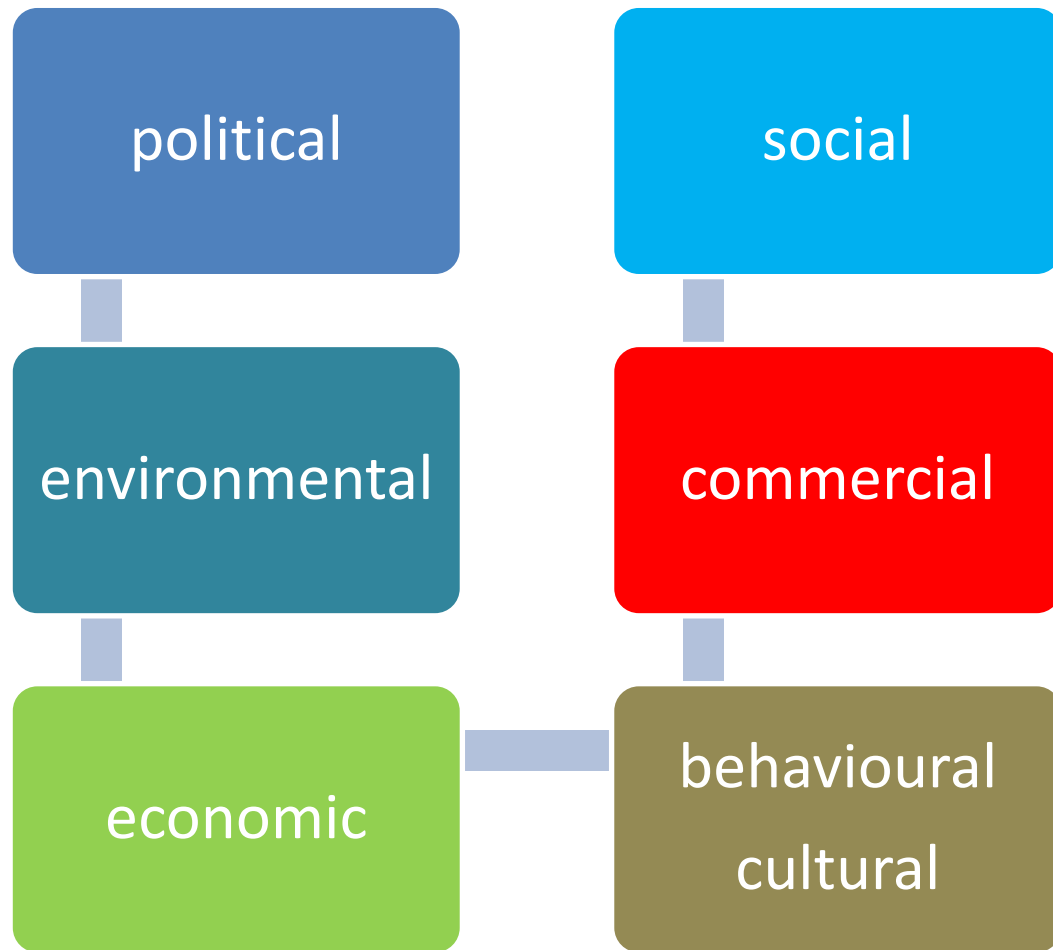
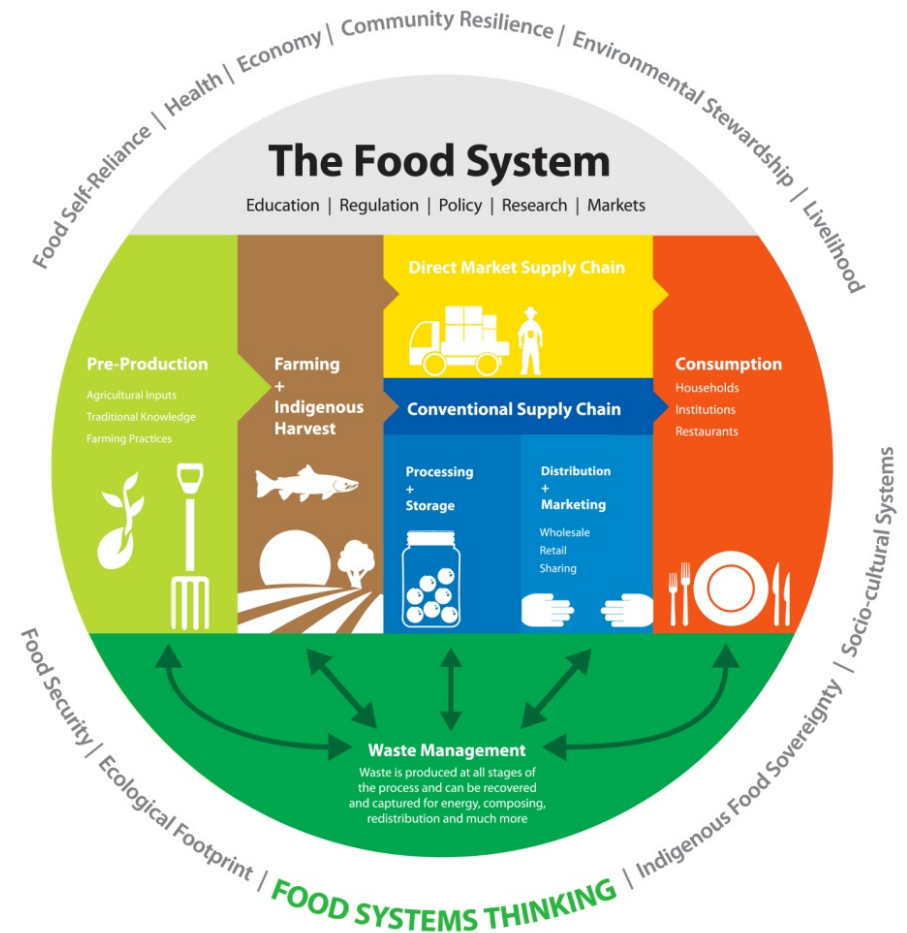


Figure 1: Policies for health

Health Determinants



Complexity: Sustainable production and consumption



Source: Kickbusch ADELAIDE HIAP Conference 2017

One Health

- Multisectoral approach in the monitoring and evaluation of country capacities and in supporting national planning processes and implementation
- Ensuring engagement of relevant sectors, disciplines and partners for the implementation of IHR capacities



Tools and Guidance

- Handbook for the assessment of capacities at the human-animal interface
- Standard procedures for OIE and FAO participation to JEE
- Guide for setting up intersectoral mechanisms for zoonoses



Mortality, greenhouse gas emissions and consumer cost impacts of diet and physical activity scenarios in the UK



	Health benefits (deaths avoided per year)	GHG emissions (MtCO ₂ e per year)	Who benefits most?
All car stages ≤ 5 miles replaced by cycling	5000	- 6	High and medium SES (with greatest cost saving)
Everyone eats +5 portions of F&V per day	5500	+ 6	Low SES (but suffer greatest cost impact)



Leverage international treaties on the environment

Paris Agreement on Climate Change Health and Climate Action Agenda

Estimates are that integrated policies to meet targets for energy use, climate change, air quality and health could result in 40% of total costs savings, amounting to US\$ 80 billion annually.

Source: Johansson et al. (2012), in WHO EB140/32, Dec 2016, Progress in the implementation of the 2030 Agenda for Sustainable Development.

Policies for health systems

Co-benefits, integrated policies

Linked to Development

Linked public health policies and sustained strategic health advice through Health in All Policies

Structural determinants in national settings

Health sector contributions to population-based policies addressing socio-economic problems (e.g. poverty).

Systems and global phenomena

World production, consumption and trade systems, and global phenomena like migration and climate change.

Settings-based focus

Health-promoting physical, economic and social environments in different 'settings' (e.g., Healthy cities)



Health in All Policies

“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”

2013 Helsinki Statement on Health in All Policies

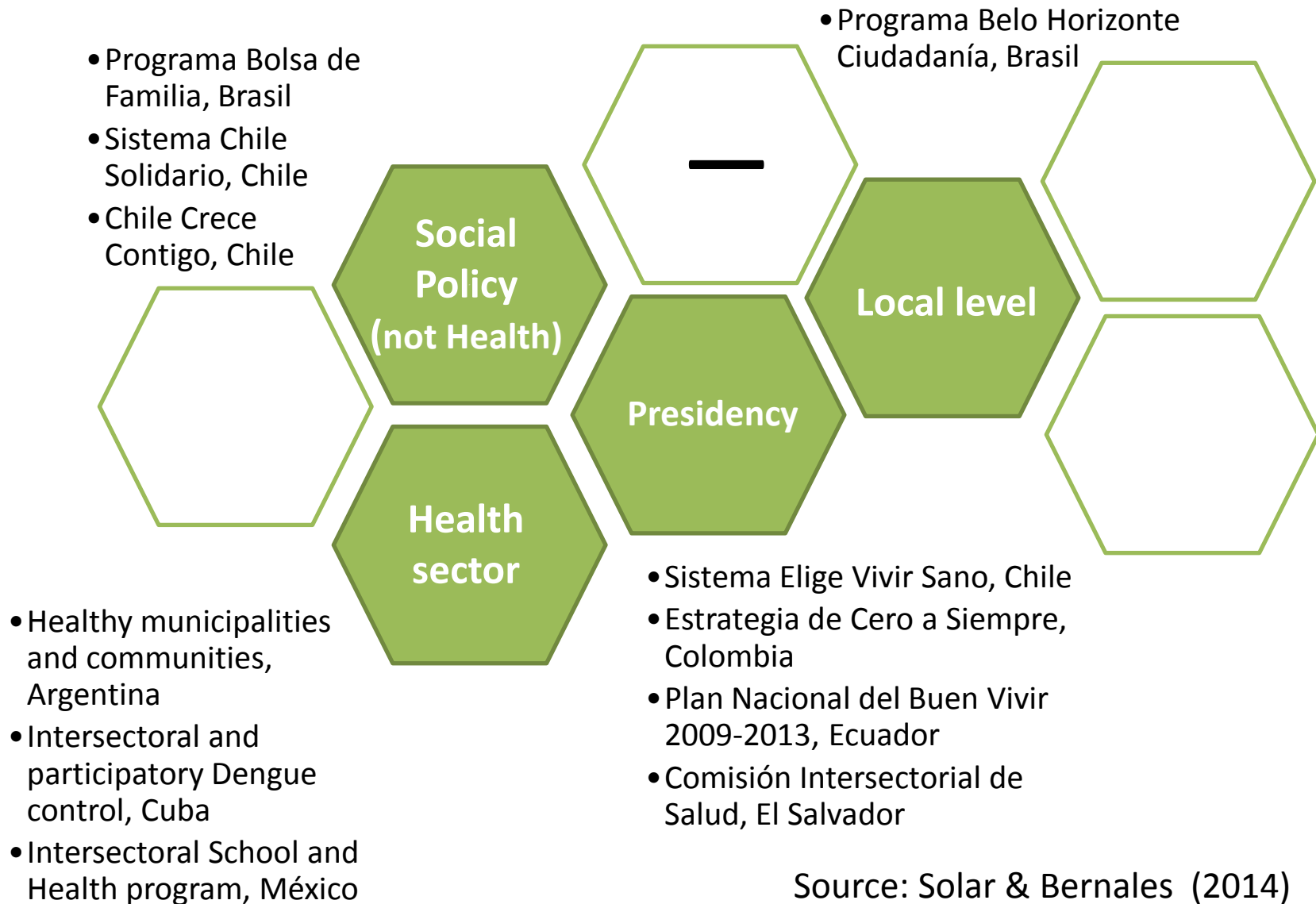
Health equity

- The absence of unfair and avoidable or remediable differences in health among groups defined socially, economically, demographically or geographically

Population health interventions

- Aim to change the social context that influences health (Rose (in Frohlich) 2014)

Leadership in Intersectoral initiatives



Source: Solar & Bernales (2014)

Common Social Objective

- Programa Bolsa de Familia, Brasil
- Sistema Chile Solidario, Chile
- Estrategia de Cero a Siempre, Colombia

Address a prioritized vulnerable group or territory

- Plan Nacional del Buen Vivir 2009-2013, Ecuador
- Programa Belo Horizonte Ciudadanía, Brasil

Address integral social development

Address an environmental problem

Address integral child development

Address a health problem

- Programa Nacional de Municipios y Comunidades Saludables, Argentina
- Estrategia Intersectorial y Participativa de Control del Dengue, Cuba

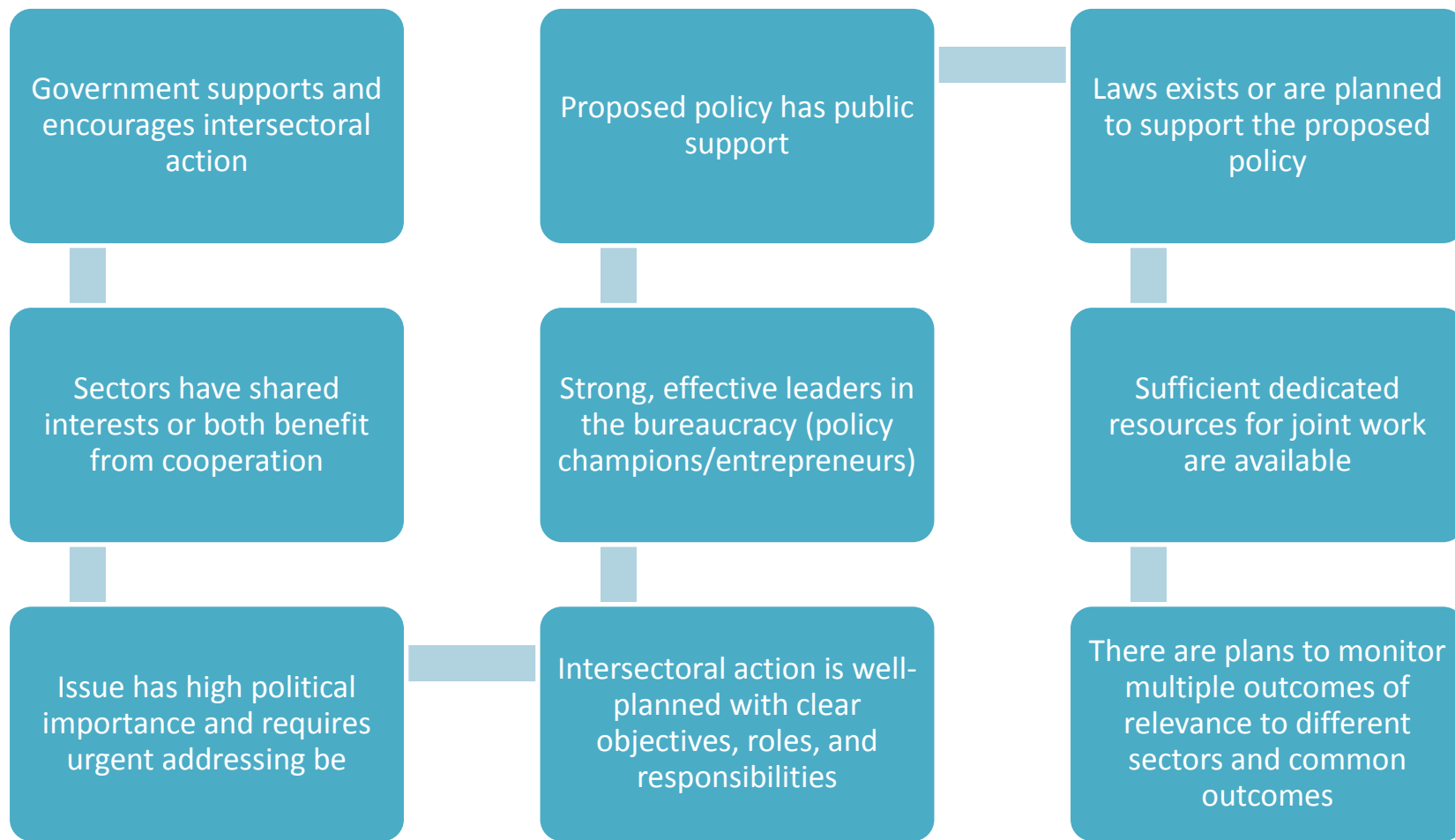
- Chile Crece Contigo: Sistema de Protección Integral de la Infancia, Chile

- Programa Intersectorial Escuela y Salud, México
- Comisión Intersectorial de Salud, El Salvador

Source: Solar & Bernales 2014



Conditions that favour effective intersectoral collaboration





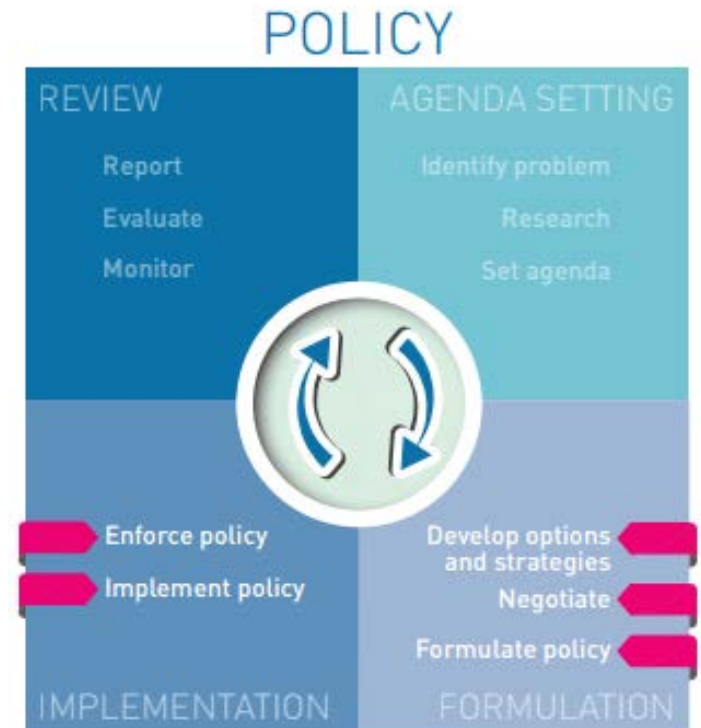
The role of government in MSA

Engaging stakeholders within and beyond government

Assess the impact of intersectoral policies and prioritize

Commission research

Formulate and implement inter-/multi-sectoral policies



Working across sectors: the health sector's role

- Budget and finance understanding supports realization of UHC
- Provide evidence for and raise awareness of determinants of health and UHC, and intersectoral interventions that increase health service coverage and address health determinants
- Promote inclusive intersectoral policies and action for health at local, national and international level
- Contribute generously to:
 - Multisectoral actions and partnerships through pooling resources and reciprocity (e.g. greening health).
 - Building capacity to develop, implement and evaluate policies for health and other impacts

Health in All Policies capacities

Adelaide I Health in All Policies

- understanding the political agendas and administrative imperatives of other sectors;
- building the knowledge and evidence base of policy options and strategies;
- assessing comparative health consequences of options within the policy development process;
- creating regular platforms for dialogue and problem solving with other sectors;
- evaluating the effectiveness of intersectoral work and integrated policy-making;
- building capacity through better mechanisms, resources, agency support and skilled and dedicated staff;
- working with other arms of government to achieve their goals and in so doing advance health and well-being.

Other sectors' roles

- Share information on their approaches and strategies
- Develop joint guidelines and standards
- Jointly evaluate their results
- High-level coordination mechanisms may be required for implementation.
- Importantly, win-win interventions should be identified that consider benefits across sectors rather than only sector-specific benefits (e.g.: transport – air quality – physical activity – social benefits).
- Planning systems need to recognize joint outcome and promote collaboration.

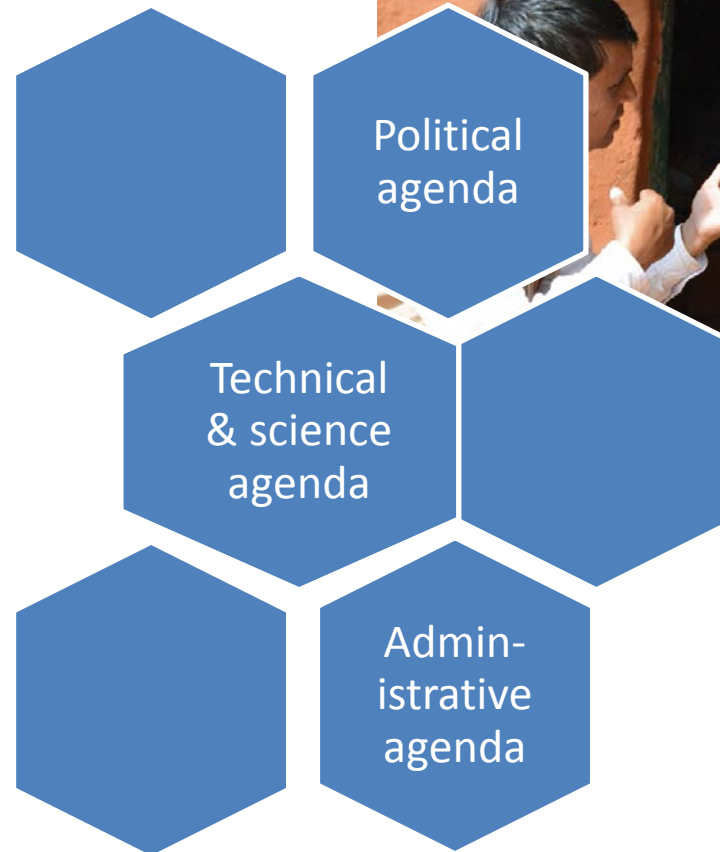
Which MSA capacities in UHC2030 are important to develop?

Interrelated policy areas

Financing

Services

Governance



Healthy systems
for universal health
coverage - a joint vision
for healthy lives

Which capacities?

Political – apply mechanisms to protect health and promote well-being and improve social accountability

Health in All Policies technical support and country-led Global Network on HiAP

Health and climate action agenda

Chemicals Roadmap
Minamata Convention

Reporting on SDGs

Health and pollution

2018

Technical - Healthy Cities – prioritize policies that create co-benefits and support cities to promote equity

Urban health Initiative and Children

- 6 Urban leaders act - changes in policies, air quality, climate & health indicators are tracked
- 5 Communications intensify demands for change
- 4 Alternative scenarios tested – vision for healthy urban future articulated
- 3 Tools for assessing health and economic benefits
- 2 Health policymakers build competencies
- 1 Current policies assessed and mapped

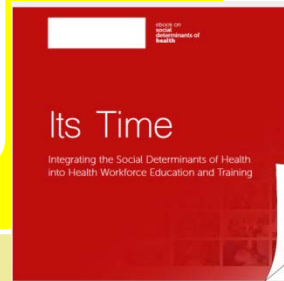
Breathe Life

Housing

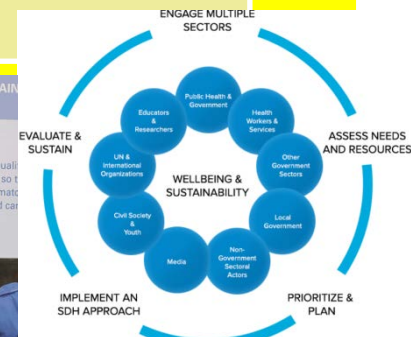


Organizational/administrative – invest in literacy development

Health in All Policies trainings, ebook on SDH, knowledge exchange platforms



Health workforce education standards on Social Determinants of Health and HiAP



Tools to support MSA

Global monitoring of action on the social determinants of health: a proposed framework and basket of core indicators

[CONSULTATION PAPER]



Health in All Policies Toolkit



HEALTH IN ALL POLICIES
TRAINERS NETWORK
Social Determinants of Health

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