



Background

Chapter 6 of the World Public Sector Report 2018 explores how strong linkages between health and other policy areas translate into integrated actions for improving health outcomes and achieving the Sustainable Development Goals (SDGs).

Not only is health itself a dedicated goal of the 2030 Agenda, it is also widely recognised as a prerequisite, contributor and indicator for all other Goals. Conversely, health outcomes are influenced by a multitude of factors that correspond to policy areas outside the health sector. Although the SDGs adopt a broad notion of health and well-being and acknowledge today's burden of disease, the recognition of interlinkages and interdependence of health with other sectors and the call for integrated action are not new. Research reveals, however, that many past and current attempts at policy integration health initiatives have largely remained within the health care sector itself. The potential of integrated approaches to achieve synergies and minimize trade-offs may thus remain relatively untapped in many countries.

The report examines integrated approaches to health through the SDG lens, based on peer-reviewed literature and limited scoping of grey literature in the fields of public administration and public health. To look at integration, the chapter uses the three structuring dimensions introduced in chapter 1: horizontal or cross-sectoral integration, vertical integration across various levels of governments, as well as engagement of non-State actors.

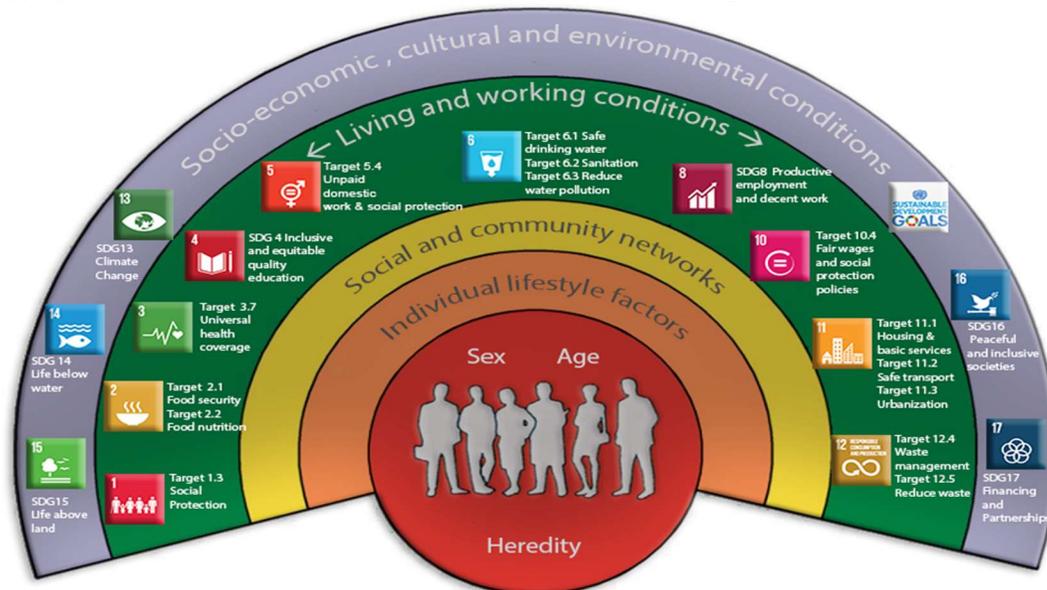
Addressing linkages between health and non-health sectors

Health and health-related development outcomes are affected by a multiplicity of determinants. Evidence shows that the large gains achieved in health over the past two centuries owe more to changes in broad economic and social conditions than to medical advances. The social determinants of health illustrate how health conditions and diseases can be prevented, mitigated or precipitated by the conditions under which people are born, grow, learn, work, play, worship and age. Mapping of the social determinants of health with the SDGs highlights how many different policy areas potentially impact health outcomes.

Health outcomes are also influenced by the strategies and approaches used by the private sector to promote products that impact health- the so-called commercial determinants of health. This includes, for example, tobacco products and unhealthy commodities, but also industrial epidemics, profit-driven diseases, corporate practices harmful to health, and techniques to influence lifestyle choices such as marketing to children. A third dimension is the role of political economy and governments. This illustrates how health outcomes are positively or adversely affected by government policies at both national and local levels.

The policy evidence base for the impact of multisectoral determinants of health has been strengthened considerably in past decades. Such determinants, separately or collectively, are increasingly seen as a rationale for integrated actions to achieve not just the health Goal but also other related SDG targets, for

Figure 6.1 – Mapping of social determinants of health with relevant SDGs and targets



Source: Authors, based on by Göran Dahlgren & Margaret Whitehead (1991)

example, on education, employment, environment, security, transport, urban planning, youth and social protection policies.

For integrated approaches to be effective, an intricate and contextual understanding of the multisectoral determinants of health is required, including the historical context and how these determinants impact people's needs and influence different stakeholders' interests.

Governments across the world have put in place institutional and administrative initiatives that address specific linkages between health and other SDGs. A snapshot of those is provided by initiatives submitted each year by Governments for the United Nations Public Service Awards. For the period 2003-2017, 57 of the winning cases were related to health. More than half (one-third) of the cases exhibited at least one linkage (two linkages) with other sectoral Goals. The linkages were more frequent with food and nutrition (SDG 2), inequality (SDG 10), education (SDG 4), gender equality (SDG 5) and cities (SDG11).

Horizontal integration in health

There exist many examples of practical approaches to policy integration for health. One of them is Health in All Policies (HiAP) - an approach adopted in both developed and developing countries, including Australia, Brazil, Cuba, Finland, Iran, Malaysia, New Zealand, Norway, Sri Lanka, Sweden, Thailand and the United Kingdom. Such approaches systematically consider the health implications of policy decisions across sectors, seek synergies and aim to avoid harmful impacts in aiming to achieve common goals.

The implementation of integrated health policies needs to be supported by adequate institutional settings to establish rules of engagement and set the stage for ongoing interactions and strategy development across ministries and agencies. In practice, different forms of institutional arrangements are found to support intersectoral health approaches in public administration, ranging from informal to formal networks, from light-touch coordination mechanisms across sectors to collaborative problem-solving for deeply rooted social problems, and from high-level inter-ministerial bodies to parliamentary deliberation.

Vertical integration and engagement

Because health service provision is inherently local, integration and coordination among actors operating at both national and local levels of governments is a critical element of successful integrated policies for health.

Health inequalities in urban areas and slums are a continuing concern. The issue of inadequate health services for the urban poor is acute in many countries. The slum upgrading target under Goal 11 on sustainable human settlements (Target 11.1) will directly contribute to reducing health inequalities. More efforts are needed, however, to integrate multi-sectoral determinants of health as criteria in the design and evaluation of slum upgrading projects.

Engaging people and communities in planning and implementing policies that are about their own health and well-being can lead to sustainable change and increased public trust. Local authorities and communities are known to have unique ground knowledge and opportunity to address the multi-

sectoral determinants of health. Community participation in health will benefit if marginalised groups including women, youth and older people are included, as social exclusion is in itself a contributor to health inequalities. Genuine engagement is essential to ensure that policies are responsive to community needs, and can enhance public trust in government.

Key enablers of integrated approaches to health

The chapter explores four enablers of integrated approaches to health: financing; capacity development; data, information systems and science-policy interface; and technology and innovation.

Innovative financing initiatives such as establishing joint budgets from different public sources of financing and establishing joint accountability can facilitate effective implementation of health-related activities. Cross-sectoral financial allocation systems can help to promote the integration of policies, for example, in providing budget for research and policy activities, and in deploying public funds gained through taxes on alcohol and tobacco to promote universal health coverage programmes. Capacity building programmes are needed not just to develop skills in the health workforce, but also to foster a broader mind-set and enhanced knowledge of various SDG areas among health professionals, in order to support integrated, multi-sectoral approaches.

The collection and use of timely, high quality health data is critical to inform policy decisions. This needs to be supported by appropriate legal and regulatory frameworks. Effective multi-sectoral health information systems are an enabler for decision-making and monitoring, and for collective actions by various stakeholders. Various data and analytical tools can facilitate integration, such as health lens analysis, foresight mechanisms, health equity impact assessments, health technology assessments, health analytics and learning analytics, and health decision support systems.

Innovation and the use of information and communication technologies can help address challenges such as reconceptualising how universal health coverage can work in resource limited settings and exploring how to design cross-sectoral policies to tackle the causes of non-communicable diseases. One example is the "aging in place" initiative, which aims to move the point of care for older people from costly health facilities to the home and the community through digital health measures, integrating social and transport policies with the urban environment through sensors and technologies.

Conclusion

The report shows that there already exist many examples of practical approaches to policy integration for health, which cover different linkages with the SDGs, both horizontally across sectors and vertically across levels of governments. This is valid both in terms of policies that address the multiple determinants of health, and in terms of institutions.

More information

The World Public Sector Report 2018, its executive summary and other materials are available on the following website: <https://publicadministration.un.org/en/Research/World-Public-Sector-Reports>