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A. PLAN OF ACTION ON HEALTH IN ALL POLICIES: PROGRESS REPORT

Background

1. Health in All Policies (HiAP) is both an enabler of health equity and a collaborative strategy to incorporate health considerations into decision making across sectors and policy areas in a more decisive and effective way. The regional plan of action is in line with the spirit of the 1978 Alma-Ata Declaration (1), the 1986 Ottawa Charter for Health Promotion (2), the 2011 Rio Political Declaration on Social Determinants of Health (3), and the interdependent and multisectoral framing of the 2030 Agenda for Sustainable Development. The HiAP approach promotes comprehensive, intersectoral action to address underlying social, economic, environmental, and political determinants of population health.

2. The Plan of Action on Health in All Policies, adopted in September 2014 by PAHO's 53rd Directing Council (Resolution CD53.R2 and Document CD53/10) (4, 5), sets specific goals and targets for a five-year period, 2014-2019, and corresponds to the World Health Organization's (WHO) Health in All Policies Framework for Country Action (6). This report summarizes progress in the implementation of the regional Plan of Action on HiAP. The report is based on regional evidence and best practices documented by Member States, and draws from training workshops and stakeholder consultations within and beyond the Region of the Americas.

Update on Progress Achieved

3. The Region of the Americas is the first WHO Region to adopt a regional Plan of Action on HiAP. Drafted by PAHO with significant input from Member States and from regional and global experts, the Plan of Action marks a significant milestone in the global acceptance of the HiAP approach as a means to encourage collective and coordinated action for health. The Plan of Action identifies six strategic lines of action: *a*) establish the need and priorities for HiAP; *b*) frame planned action; *c*) identify supportive structures and processes; *d*) facilitate assessment and engagement; *e*) ensure monitoring, evaluation, and reporting; and *f*) build capacity.

4. As requested by Member States, PAHO convened an Expert Consultation in Washington, D.C., in March 2015 to define concrete steps to operationalize HiAP in the Americas. The primary outputs of the consultation were a road map for HiAP implementation, in line with the regional Plan of Action on HiAP (7); the white paper “Health in All Policies: From the Local to the Global” (8), which provides evidence-based options and opportunities for local governments to develop and implement HiAP; and the document “Plan of Action on Health in All Policies: Validation of Implementation Indicators” (9), which presents an analysis of the 12 indicators of the regional Plan of Action with a view to facilitating their application.

5. The PAHO Task Force and Working Group on Health in All Policies and the Sustainable Development Goals was established in May 2015 to identify and optimize strategic priorities for engaging with other sectors in the context of the Sustainable Development Goals (SDGs). The group has produced a series of guiding documents on harmonizing the HiAP and SDGs agendas, including a Concept Note (10) and a Reference Note (11). Effective multisectoral practices have been documented in “Advancing the Health in All Policies Approach in the Americas: What Is the Health Sector’s Role?” (12) and “Health in All Policies: Case Studies from the Region of the Americas” (13), as well as an online platform (14), to which 16 countries have submitted experiences.

6. Using the WHO HiAP Training Manual as a guide, four HiAP training courses were offered in Brazil, Chile, Mexico, and Suriname to participants from the entire Region during 2015 and 2016. A total of 16 countries participated in these trainings. Having carried out the initial stage of capacity building at the regional level, the Strategic Evaluation of Capacity Building for HiAP in the Region of the Americas was held in February 2017, where a two-year work plan was developed (15).

7. The status of the progress made on indicators and targets are presented in the table below.

Progress Toward the Objectives and Targets of the Plan of Action

Objective	Indicator and target	Progress
1.1 Assess the potential impacts of public policies on people’s health, health equity, and health systems, ensuring that those responsible for policy-making are aware of and	1.1.1 Number of countries with established national/regional networks of multisectoral working groups and stakeholders to evaluate the impact of government policies on health and health equity. Baseline (2014): 6 Target (2019): 18	PAHO’s Expert Consultation provided the foundation for the formation of national and regional networks to share experiences in HiAP implementation. Moreover, networks were formally established by 16 countries during the sub-regional HiAP training courses and these are now fully functional.

Objective	Indicator and target	Progress
understand these potential policy impacts on health.	<p>1.1.2 Number of countries and territories implementing the Health in All Policies Framework for Country Action.</p> <p>Baseline (2014): 6 Target (2019): 18</p>	In 2015, 6 countries were implementing the HiAP Framework for Country Action. It is expected that an additional 16 countries will be implementing the Framework by the end of 2017.
2.1 Promote policy dialogue and implement national policies based on data, analysis and evidence required to implement, monitor and evaluate HiAP.	<p>2.1.1 Number of countries and territories that have implemented policies to address at least two priority determinants of health among target populations.</p> <p>Baseline (2014): 6 Target (2019): 27</p>	In 2015, 9 countries had implemented policies to address at least two priority determinants of health among target populations. It is expected that an additional 18 countries will have implemented such policies by the end of 2017.
	<p>2.1.2 Number of countries that formally exchange information and best practices at least once every two years on policies addressing health inequities and HiAP.</p> <p>Baseline (2014): 6 Target (2019): 27</p>	30 experiences and <i>Good Practices</i> related to HiAP from 16 countries have been documented on PAHO's online HiAP platform (14), which aims to provide guidance and support by sharing experiences across the Region demonstrating that HiAP is very context-specific.
2.2 Produce a national health equity profile with an emphasis on the evaluation of the determinants of health.	<p>2.2.1 Number of countries and territories producing equity profiles that address at least two priority determinants of health at the national or subnational level.</p> <p>Baseline (2014): 1 Target (2019): 18</p>	In 2015, 9 countries had developed equity profiles. It is expected that an additional 18 countries will have equity profiles by the end of 2017. Those are being developed using a specific methodology based on WHO's guidelines on monitoring health inequalities as well as the third recommendation from the Commission on the Social Determinants of Health.
3.1 Identify a specific mechanism by which the health sector can engage within and beyond the public sector in policy dialogue and in the implementation of HiAP.	<p>3.1.1 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.</p> <p>Baseline (2014): 6 Target (2019): 18</p>	Five additional countries have reported that specific mechanisms were in place to engage with other sectors and as such it is expected that the target will be met by 2019. Moreover, the PAHO Task Force and Working Group on HiAP and the SDGs have produced several tools in order to be able to develop and monitor formal mechanisms and intersectoral committees at the national level. These tools are expected to obtain results for this objective during

Objective	Indicator and target	Progress
		the remaining lifespan of the Plan of Action.
<p>3.2 Identify supportive structures and processes in the implementation of HiAP, as appropriate, at the national and subnational governments through the inclusion of HiAP in development plans.</p>	<p>3.2.1 Number of countries that have identified supportive structures and processes in the implementation of HiAP, as appropriate, at the national and subnational governments through the inclusion of HiAP in development plans, as appropriate.</p> <p>Baseline (2014): 6 Target (2019): 18</p>	<p>In 2014, 6 countries had identified supportive structures and processes in the implementation of HiAP at both the national and the local level. An additional 5 countries have since achieved the indicator.</p>
<p>3.3 Strengthen accountability mechanisms so that they can be applied to different sectors.</p>	<p>3.3.1 Number of countries with accountability mechanisms, which support civil society engagement and open access to information.</p> <p>Baseline (2014): 4 Target (2019): 12</p>	<p>There is no information available on progress beyond the baseline countries (BOL, BRA, ELS, PRY), as there are no reports on accountability mechanisms at the country level at this time. This is an area that should be strengthened in coming years.</p>
<p>4.1 Increase participation of civil society and communities in the policymaking and evaluation process involving HiAP to reduce health inequities.</p>	<p>4.1.1 Number of countries and territories with mechanisms to engage communities and civil society in the policy development process across sectors.</p> <p>Baseline (2014): 9 Target (2019): 18</p>	<p>Using the Healthy Municipalities, Cities and Communities approach, 12 countries have committed and established mechanisms to engage communities and civil society in the policy development process across sectors, as evidenced by the signing of the Declaration of Santiago, Chile (16).</p>
	<p>4.1.2 Number of countries and territories with specific strategies to engage those experiencing inequities in policy discussions at the local, subnational, and national levels.</p> <p>Baseline (2014): 10 Target (2019): 22</p>	<p>The development of equity profiles has provided 18 countries with the opportunity to address inequities in policy discussions and further draw upon the HiAP approach.</p>
<p>5.1 Develop a system for measuring the</p>	<p>5.1.1 Number of countries and territories that monitor, evaluate, and report on</p>	<p>Six countries have published case studies and country experiences highlighting progress toward introducing health and</p>

Objective	Indicator and target	Progress
<p>impact and outcomes of HiAP with respect to health and health equity in order to assess policies and identify and share best practices.</p>	<p>progress towards introducing health and health equity in the development and implementation of government policies.</p> <p>Baseline (2014): 0 Target (2019): 12</p>	<p>health equity in the development and implementation of government policies (13, 14).</p>
<p>6.1 Build capacity in the workforce in the health sector and other sectors on the HiAP approach, and encourage the implementation of HiAP among these groups.</p>	<p>6.1.1 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 and related concepts.</p> <p>Baseline (2014): 0 Target (2019): 8</p>	<p>Three countries have institutes that offer capacity training courses for HiAP, including the Oswaldo Cruz Foundation (FIOCRUZ, BRA), the Latin American School of Social Sciences (FLACSO, CHL), and the National Institute of Public Health (INSP, MEX). These institutional partners conducted four HiAP trainings throughout the Region during 2015 and 2016. A total of 180 participants from 16 countries participated.</p>

Action Needed to Improve the Situation

- a) Further strengthen monitoring systems in order to capture the impact of HiAP particularly with regard to distributional changes in the social determinants of health as well as health inequalities in line with the WHO recommendation.
- b) Member States to increase capacity for the integration of HiAP networks and institutions, as well as other preexisting regional networks, to expand the channels through which information on HiAP is disseminated and exchanged.
- c) Strengthen network coordination, particularly with regard to effective network management, virtual communication, and online education.
- d) Continue PAHO support for HiAP-focused practitioners and advocates, and scale up capacity building. In addition to creating opportunities to develop skills, share expertise, exchange ideas, and build networks to scale up systematic work across sectors, capacity building encourages regional ownership of the HiAP framework and advances health in the context of the 2030 Agenda for Sustainable Development.

Action by the Executive Committee

8. The Executive Committee is invited to take note of this progress report and offer any recommendations it deems relevant.

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