Health in All Policies (HiAP)

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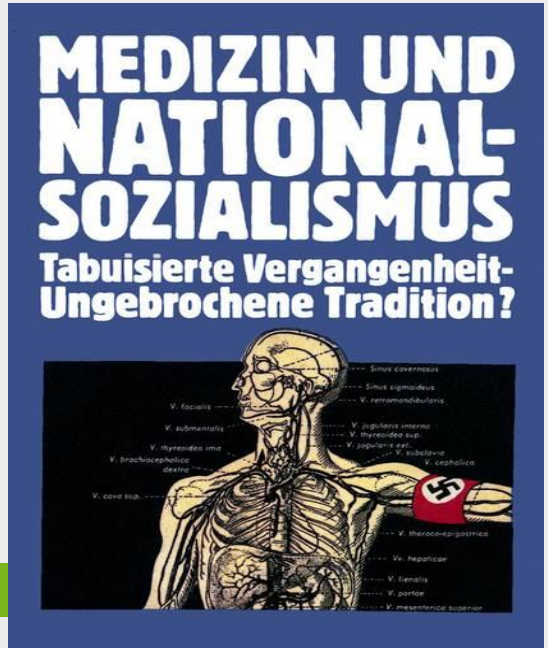
„ Politics is medicine on a large scale“ Rudolf Virchow
„Health is a political decision“ Ilona Kickbusch

HiAP = Health first?

- Health as a human right / health as a child right
- Social Determination of Health and Disease
- "New morbidity" - Dominance of chronic degenerative diseases Demographic change
- Disease compression / "Compression of Morbidity" as a central goal
- Individualisation processes with universal demands on health and well-being
- Improvements in overemphasis of individual and neglect of collective health opportunities
- The special alliance ability of the concept of healthals Kinderrecht

Limitations & Objections:

- Strategic: other policies do not want to "subordinate"
- Problem Healthismus
- Admonitory past!



WHO - Helsinki-Statement 2013

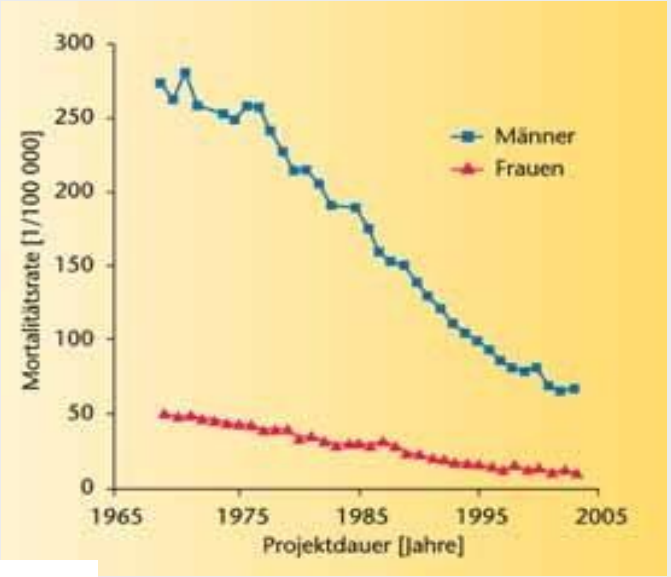
- Healthy Settings (2. Action field of Ottawa-Charta) through
- Healthy overall policy / HiAP (1. Action field)

Double Strategy / Change Ratio of

- „Whole of Government-Approach

and

- „Whole of Society-Approach".



- Nordkarelien-Projekt

Norwegian Public Health Act 2011

Based on five fundamental principles

1. Health equity: a fair distribution of societal resources is good public health policy
2. Health in all policies (HiAP): joined-up governance and intersectoral action are key to reducing health inequities
3. Sustainable development: public health work needs to be based on a long-term perspective
4. Precautionary principle: the absence of scientific consensus of harm cannot justify postponing action to prevent harm
5. Participation: key to good public health development

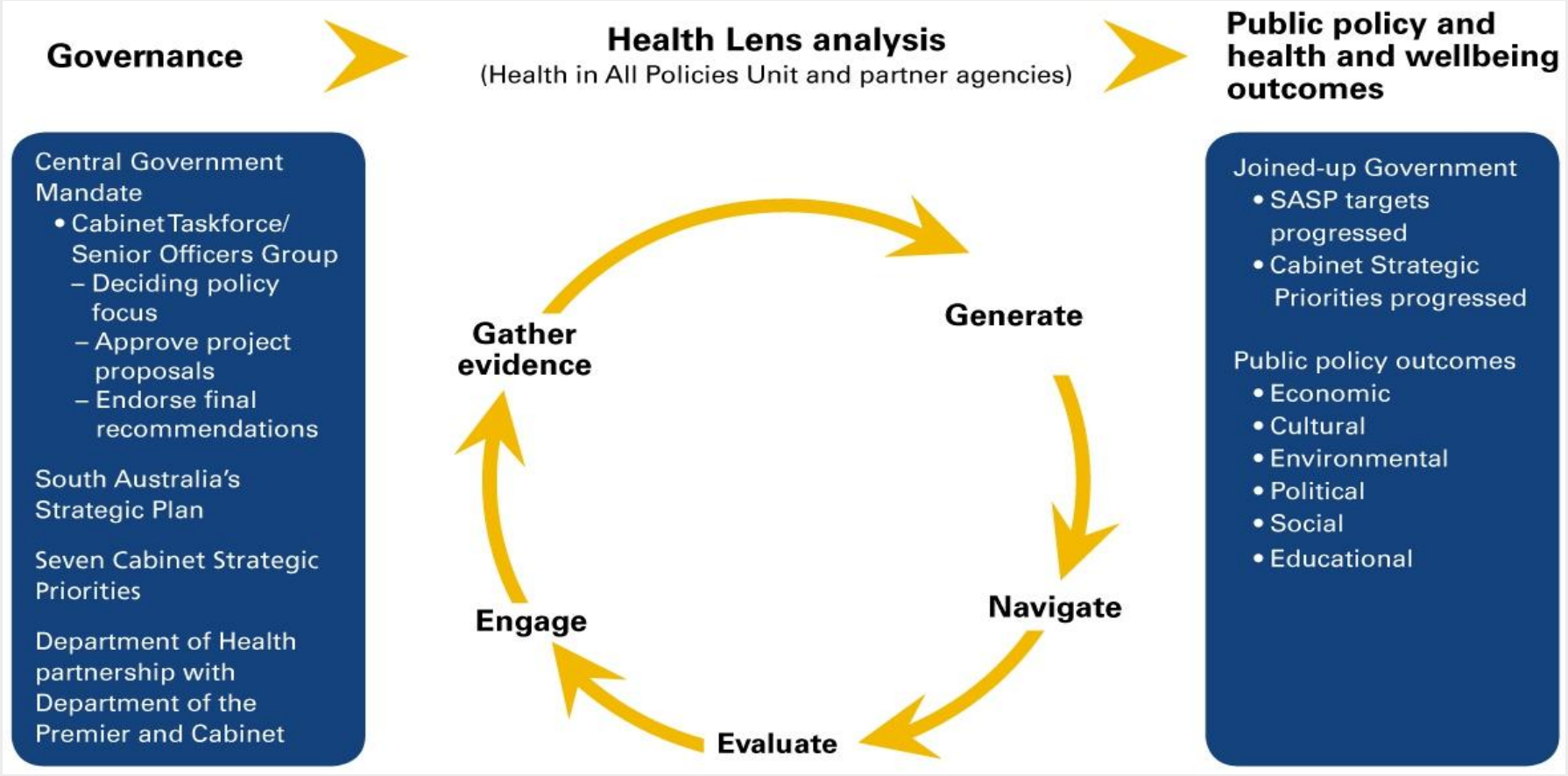
HiAP South Australia - Modell

In the Australian state of South Australia, WHO has been closely monitored and evaluated since 2008 HiAP-Programme (Kickbusch 2010), as „***cross-government and community strategic plan***") with six action fields and 98 health targets (Wismar & Ernst 2010).

- The focus is on
  - the social determinants of health,
  - participation / participation issues, mechanisms, responsibilities and transparency,
  - as well as process monitoring and funding (Kickbusch 2010: 20).

  Basic is an
  - *explicit mandate of political leadership*,
  - flanked by monitoring and mediation mechanisms (Department of Health South Australia 2011: 39f.).

HiAP South Australia - Modell



HiAP South Australia - Modell

Evaluations on HiAP in South Australia (u.a. Baum et al. 2014) shows instruments such as:

- Interministerial bodies and intersectoral working groups as well as exchange and cooperation platforms
- Common budgets Cross-sector information and evaluation systems
- Coordinated development of the supply of skilled workers
- citizen participation
- Health Lens Analysis Tools (Werkzeuge zur Gesundheitsprozessanalyse)
- Health Impact Assessments (Gesundheitsverträglichkeitsprüfungen)

HiAP Modell „Marmot Cities"

Six model municipalities in the UK are working based on the HiAP principles of Michael Marmot, called the „**Marmot-Prinziples**":

- Give all children the best start in life
- Enable children, adolescents and adults to maximize their abilities and control their lives
- create good working conditions for all
- ensure healthy living standards
- create healthy and sustainable places and communities
- strengthen the role and influence of prevention

„Marmot City" Coventry

Results from „Marmot-City" Coventry:

There is a report of a successful HiAP-Strategie in the City of Coventry, with Activities such as

- Promotion of bicycle traffic
- Involvement of mental health professionals in caring for the homeless
- Involvement of the fire department in recognizing dementia or neglect
- Focus on the development opportunities of children and adolescents.

→ In November 2018, UK Health and Social Affairs Minister Matt Hancock announced that he would strengthen the overarching approach as a whole and launch a nationwide initiative on prevention, including the environment, economic and food sectors

Bedingungen und Phasen gesundheitlicher Innovationen

„**Windows of Opportunities**" – (sudden) Possibility for changes that were considered unrealistic at other times.

An outstanding example is the discussion about the emerging disease in the 1980s **AIDS**, which has led to a former unknown social alliance of stakeholders with governments and parties, social movements and civic engagement, with the positive result that not only morbidity rates were reduced, but stigmatization was also tackled and social solidarity mobilized for patients.

„Side-effects" in the shadow of AIDS-Crisis:

- Reforms in the Public Health Service (ÖGD)
- Establishment of Public Health-Sciences (including teaching and research networks, DAAD posting program)
- Strengthening self-help and civic engagement
- Strengthening social movements (esp. Gay movement)
  - early Diversity-Discussion
- New drug-policies

Bedingungen und Phasen gesundheitlicher Innovationen

„**Windows of Opportunities**"

Example: **Early Helps**.

- New programmes
- New family groups, consulting services …
- Strengthening a preventive understanding
- modernization concept for child and youth welfare *(also in Public Health?)*

→ But also:

- → Tension between support & control,
- → between Old Public Health und New Public Health

Organizational, political and legal framework for HiAP in Germany

Framework for Whole-of-Government- & Society-Approach:

Federalism and corporatism

☺

- Broad actor landscape
- high civic engagement
- Broad municipal anchorage

☹

- No coordination on the federal level
- Who does Public Health-Advocacy?

Implementation Strategies
HiAP in Germany: Roadmap to EPHOs

Health promotion by Families –
not the families themselves, but the conditions of family settings should be health-promoting

Concept „User-orientation"

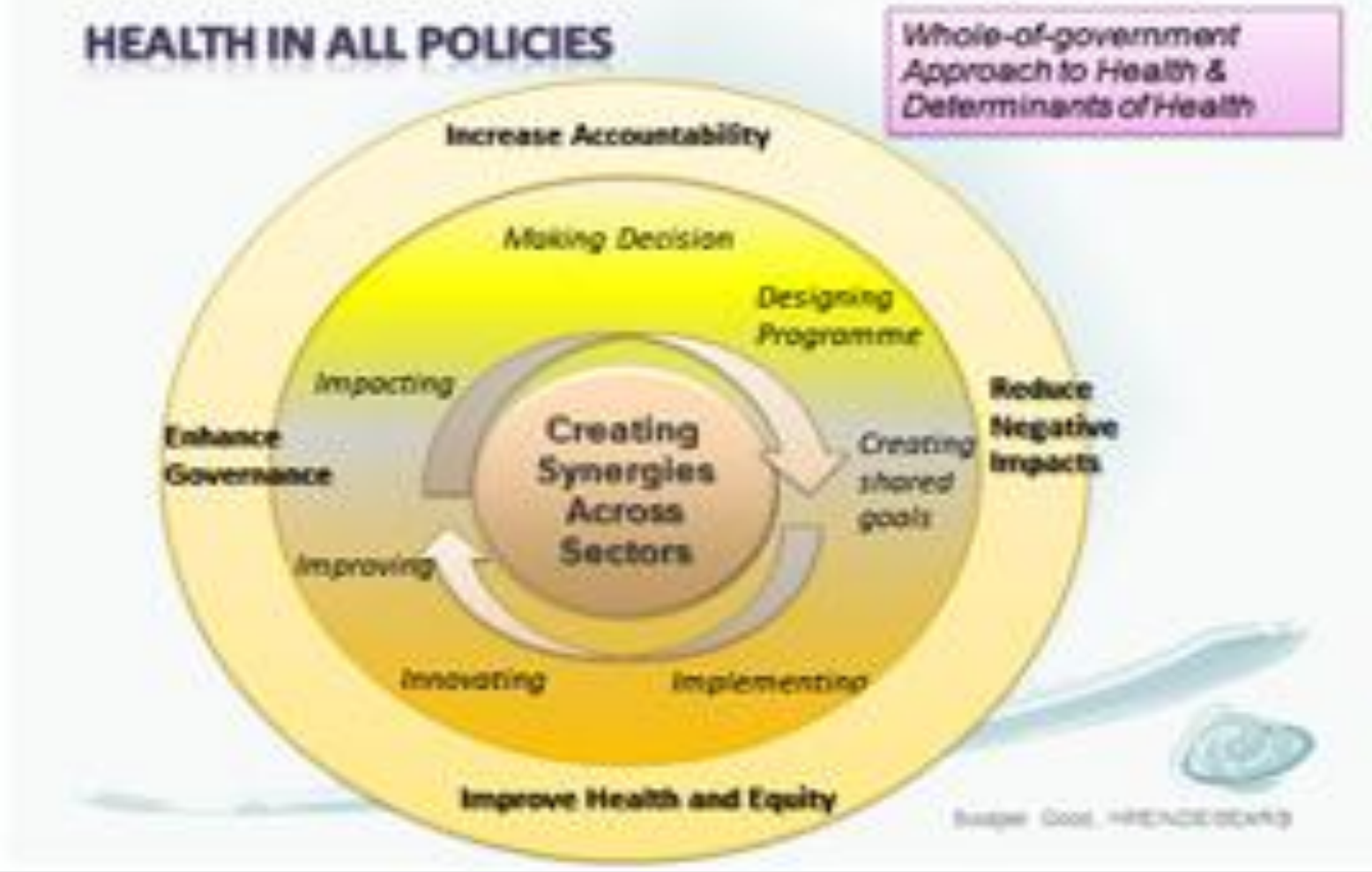
→ *core strategies:*

- Advocate
- Mediate
- Enabling

Rainbow model as a prevention chain

Vor der Geburt → „Familie" → Kinder-tages-betreuung → Grund-schule → Weiter-führende Schule → Ausbildung, Betrieb

Instruments of the HiAP-Concept



Thanx for your Attention!

Prof. Dr. Raimund Geene **MPH**