

# INTERSECTORAL GOVERNANCE FOR HEALTH IN ALL POLICIES

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**Summary:** Many policies with important consequences for the health of the population are outside the health sector and the remit of ministries of health. If we want to address the health consequences of these policies we need to reach out. To this end, intersectoral governance can help to build bridges and facilitate dialogue and collaboration between other ministries, sectors and stakeholders. This article presents key intersectoral structures used by governments, parliaments and the civil service. It also presents intersectoral structures for managing funding arrangements and engagement beyond government. In addition, we summarise some key conditions for the successful implementation of intersectoral governance.

**Keywords:** *Intersectoral Governance, Health in All Policies, Intersectoral Structures, Governance Actions, Health2020*

## Introduction

Intersectoral governance for health in all policies (HiAP) is a policy practice in many European countries that aims to tackle major health issues by aligning health and non-health objectives and policies. These may include housing, consumer protection, environment, land use, transport, taxes, waste management and working conditions.<sup>1</sup> A great deal of scientific progress has been made to understand the social causes of ill health and health inequities and the relationships between policies in these areas and population health, and also with regard to effective interventions.<sup>2</sup> But without a particular focus on intersectoral governance structures, actions and contexts, implementation will remain sluggish and HiAP will fall short of its potential. This is not a marginal issue, it is central to the implementation of public health strategies.

A current example of the importance of intersectoral governance in the implementation of public health strategies comes from England. The Department of Health announced in November 2012 that the cabinet sub-committee on public health (known as the Public Health sub-Committee) will be abolished after only two years in existence. According to Whitehall sources, it had proven difficult to get ministers from departments other than health to attend the sub-committee meetings and it had met only a few times.<sup>3</sup> The aim of the cabinet sub-committee was to have an important and leading role in the implementation of the public health strategy in England. The central government was aiming to establish a framework so that local action in public health and on the social determinants of health could be most effective, and to do nationally only the things that need to be done at that level. To this end, the cabinet sub-committee was meant to work

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**Table 1:** Overview of how intersectoral governance structures may address governance action to support Health in All Policies

Governance actions			Evidence support	Setting goals & targets	Coordination	Advocacy	Monitoring & evaluation	Policy guidance	Financial support	Providing legal mandate	Implementation & management
Intersectoral governance structures	Government level	Cabinet committees and secretariats		✓	✓	✓					
	Parliament level	Parliamentary committees	✓			✓	✓	✓		✓	
	Bureaucratic level/(civil service)	Interdepartmental committees and units	✓		✓	✓	✓	✓			✓
		Mega-ministries and mergers			✓						✓
	Managing funding arrangements	Joint budgeting			✓				✓		✓
		Delegated financing			✓	✓			✓	✓	✓
	Engagement beyond government	Public engagement	✓	✓		✓		✓			
		Stakeholder engagement				✓		✓	✓	✓	
		Industry engagement			✓				✓		

Source: <sup>4</sup>

across multiple departments to address the wider determinants of health. The issues to be tackled were laid out in the public health strategy and included mental health, tobacco control, obesity, sexual health, pandemic flu preparedness, health protection and emergency preparedness.<sup>5</sup> In order to fulfil its role, the membership of the cabinet sub-committee was composed in a truly intersectoral manner. It was chaired by the then Secretary of State for Health and composed of nineteen cabinet ministers and junior ministers, including those for Employment, Energy and Climate Change, Families, Decentralisation, Agriculture and Food, the Treasury, Home Office, Equalities, Transport, Sport and the Olympics. The chief medical officer could also be invited as required.

Public health doctors, practitioners and activists have expressed their dismay at the scrapping of the cabinet sub-committee. Concerns have been voiced that this could be a U-turn in the government's pledge to make public health a priority. Unless the sub-committee is replaced by another well or better functioning intersectoral governance structure, a devoted high-level mechanism for cross-departmental dialogue and collaboration will be absent.

### The governance challenges of HiAP

The centrality of dialogue and cooperation across departments to the success of HiAP can be illustrated by the example of alcohol control policy. There are many policies, other than health sector ones, linked to the social determinants of alcohol consumption, and as such they provide multiple entry points for an alcohol control policy. However, most of the entry points are within the remit of the ministries responsible for taxes, retail, transport, education, economic development, criminal justice and social welfare. These ministries may pursue different objectives: they want to stimulate economic activity; enhance mobility; or provide security. Some of these objectives may be conducive to the aim of curbing alcohol consumption, whereas others are indifferent or even detrimental. Without a strong intersectoral governance structure ensuring common orientation and implementation across departments, public health strategies will make limited progress.

Despite occasional political fluctuations, there is a high level of sustained interest in tackling the social determinants of health. In September 2012, the Member States of the World Health Organization (WHO)

European Region adopted a new European health policy, *Health2020*<sup>\*</sup>. The policy posits public health as a major societal asset and pursues two strategic objectives: stronger equity and better governance. At the heart of these intertwined objectives is a firm commitment to intersectoral governance using a variety of structures.<sup>6</sup>

What are those intersectoral structures? What intersectoral action can they facilitate and under what circumstances and for what issues do they work best? These questions are raised in the four case studies included in this issue of *Eurohealth*. They deal with parliamentary committees, inter-departmental units and committees, joint budgeting and industry engagement. These case studies are abridged versions of longer chapters developed for a recently published study, which has dealt with nine intersectoral governance structures.<sup>7</sup> As in the study, here we use a matrix as a conceptual framework to understand which

<sup>\*</sup> Moreover, the 8th Global Conference on Health Promotion, to be held in Helsinki in 2013, and co-organised by WHO and the Finnish Ministry of Social Affairs and Health, will focus on HiAP. In support of this event and under the leadership of the Finnish Ministry, a new study on implementing HiAP will be published. See: <http://www.hiap2013.com/> for details.

governance structures can trigger different governance actions (see Table 1). We discuss each structure in turn.

“Without strong intersectoral governance, public health strategies will make limited progress

**Cabinet sub-committees**, such as the aforementioned cabinet sub-committee on public health, either standing or ad hoc, are an intersectoral structure that facilitates dialogue and collaboration at government level. Health or certain aspects of health may be pursued by cabinet sub-committees that do not bear health in their name – for instance ‘sustainability sub-committees’. While it is difficult to trace the work of these cabinet committees due to confidentiality issues, emerging evidence underscores their importance in setting the context for policy change by developing a common understanding of issues and solutions.<sup>[1]</sup>

The **role of parliamentary committees** is analysed in this issue of *Eurohealth* through a case study on the United Kingdom’s House of Commons Health Select Committee inquiry into health inequalities. It shows that parliament can be an important advocate for intersectoral governance and HiAP. As the example illustrates, a clear assessment of policy development and the results of policy-making can inform better governance. This parliamentary committee’s work also went beyond partisan boundaries and prepared the ground for cross-party consensus and policy.

**Intersectoral committees** are one of the most commonly used intersectoral governance structures. There is plenty

of literature on how these committees may be run, including appropriate terms of reference, the adequate level of seniority and the suitable frequency for meetings. While this technical view is indispensable when running intersectoral committees, it only tells part of the story. Intersectoral committees are often derided and unpopular among their members, and they can be ineffective or even used as a mechanism for delay or sabotage. They are only operative under very specific circumstances; while useful on bureaucratic issues, they cannot resolve political ones. They work best for important issues with wide consensus, and worst when this consensus is absent or when the issue is not considered a priority (see case study article in this issue).

**Mega-ministries and ministerial mergers** are often introduced to enhance the efficiency and coherence of political and administrative work in government and administration. One example is the Hungarian Ministry for National Resources which comprises six ministries that may be found in other countries as individual ministries. Theoretically, the argument seems to be striking, but putting theory into practice is more problematic, and the evidence on increasing intersectoral coherence is somewhat unclear. Positive effects, if they take place, seem to be very modest and temporary, making it difficult to assure returns on the investment that these mergers represent.<sup>[2]</sup>

**Joint budgets** are an intersectoral structure that can facilitate the funding of health-related activities. The pooling takes place within the government and the funds come from different sources for joint projects. England has utilised this tool, and Sweden is piloting several projects as well. A particularly difficult hurdle is assigning accountability, which can prevent ministries developing joint budgets (see case article in this issue).

**Delegated finance** is an intersectoral governance structure that pools monies outside the ministry and therefore allows for input sources outside of government. Examples include the health promotion foundations operating in Switzerland, Austria, Australia and Thailand. However, plans for a similar health promotion

foundation in Germany were scrapped, after it failed twice to secure support in parliament. Some of the active foundations are co-financed from tax revenues, sin taxes or health insurance contributions, and they can operate as matching-fund financing projects to a certain percentage. Often criticised as institutional duplications that undermine the established health promotion agencies, these foundations have in fact been shown to raise the amount of health promotion spending.<sup>[3]</sup>

**Public consultation** is utilised to reach out and engage with wider civil society. There are different ways of doing this. For instance, Austria used a public consultation process to communicate and discuss its new intersectoral public health policy. With inputs from almost 4500 citizens, NGOs and stakeholders,<sup>[4]</sup> it was considered a relatively well-populated consultation. In addition, the European Commission, as part of its general decision making process, submits all legislative and major proposals to a public consultation process.<sup>[5]</sup>

The analysis of **stakeholder engagement** in the study<sup>[6]</sup> focuses on health conferences organised by national, federal or regional governments. Health conferences help to reach out to a range of stakeholders. Examples can be found in Austria, Germany and France. The best analysed system is in North Rhine Westphalia, where the state health conference is mirrored by health conferences in the municipalities. Evaluation has been favourable, confirming its relevance in agenda setting, coordination and joint implementation.<sup>[7]</sup>

The last form of intersectoral structure is **industry engagement**. In the case study included in this issue, the authors have analysed the EU Platform on Diet, Physical Activity and Health that was set up to facilitate joint action between the European Commission, industry and a large number of NGOs. Some countries have mirrored the EU-based activities by similar national Private-Public Partnerships. The structure is a relatively new one and while evaluations are rather limited, current experiences highlight the challenges of this type of governance

structure, particularly with regard to dealing with asymmetries in the resource capacities of the participating stakeholders, managing potential conflicts of interest and reputational risks and engendering mutual trust and real cooperation across the sectors represented (see case study in this issue).

“HiAP needs to be firmly embedded within general policy imperatives

This list of intersectoral governance structures is not exhaustive. Some countries, for example, have employed public health ministers to improve dialogue and collaboration at the cabinet table and between different departments. Other countries have introduced strong ministerial linkages that lead to more policy consistency and alignment of policy objectives. There are examples where health ministries post some staff in other ministries to ensure that the health perspective is always taken into account and that policy developments are monitored early. In addition, there is health impact assessment, a decision support tool that helps to assess the health consequences of pending decisions and

made with regard to the conditions under which these intersectoral governance structures work best. Apart from the considerations outlined below, policy-makers can ask themselves a series of questions to help them assess which intersectoral structure suits their needs and has the best chance of working well (see Box 1).

- **Political will** plays an important role in the effectiveness of many intersectoral structures. Cabinet committees, intersectoral committees and many other structures do not work or work only with serious limitations if the bureaucracy is left alone without political backing.
- Most intersectoral governance structures rely on the consideration and integration of **partnerships' and constituents' interests**. If the chemistry between stakeholders does not work, or if stakeholders cannot manage to mutually align their interest, the chances of achieving effective intersectoral governance are slim. The quality of partnerships is essential for effective governance; this is equally true with regard to partnerships beyond government where the composition of the partners plays an important role. For example, industry engagement works better if there is also community engagement and participation from civil society. Functioning partnerships need to deal with power asymmetries, conflicts of interest and the hidden agendas that come with it. If these asymmetries prevent some partners from making a vital contribution

#### Box 1: Questions that can help policy-makers to choose or improve the use of intersectoral governance structures

- What is the general political context for policy change? What has been tried previously? What other external factors are at play (i.e. growing public interest, landmark report released, policy disaster/event)?
- Who is driving the desire for HiAP?
- Is there political will? Or, who else is “on board”?
- Is there strong leadership? By whom?
- Which stakeholders are engaged?
- What are the resourcing requirements? How much money, if any, is there to contribute?
- What is the timeframe? Is this a long-term solution, or a one-off?
- Is the timing appropriate – for the political climate, phase of the political cycle and constituency interest?

in cabinet committees. Similarly, mergers and mega-ministries require the strong leadership of a minister who can facilitate change. For stakeholder engagement strong leadership is the single most important condition to

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