



HiAP at the Local Level : Experiences from the WHO-PAHO Special Initiative for Action on SDH

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Towards Sustainable Societies - Health in All Policies and
Social Determinants of Health as Building Blocks.

Finland, Tampere , September 2023

PAHO

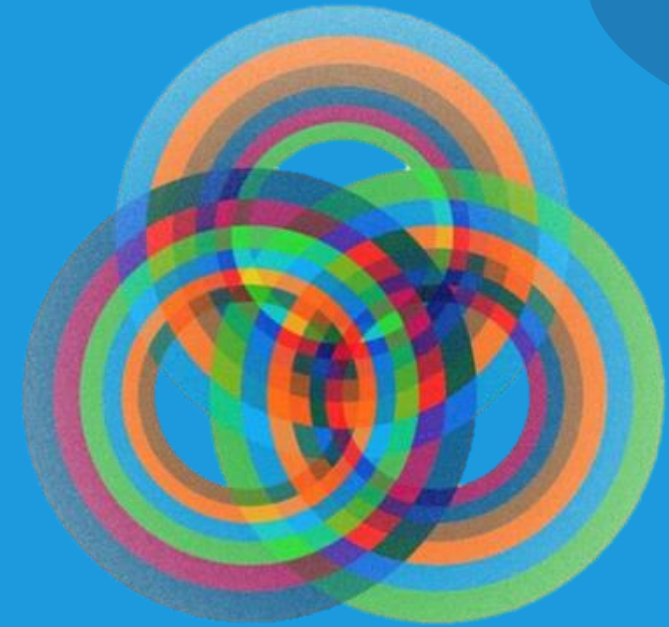


Pan American
Health
Organization



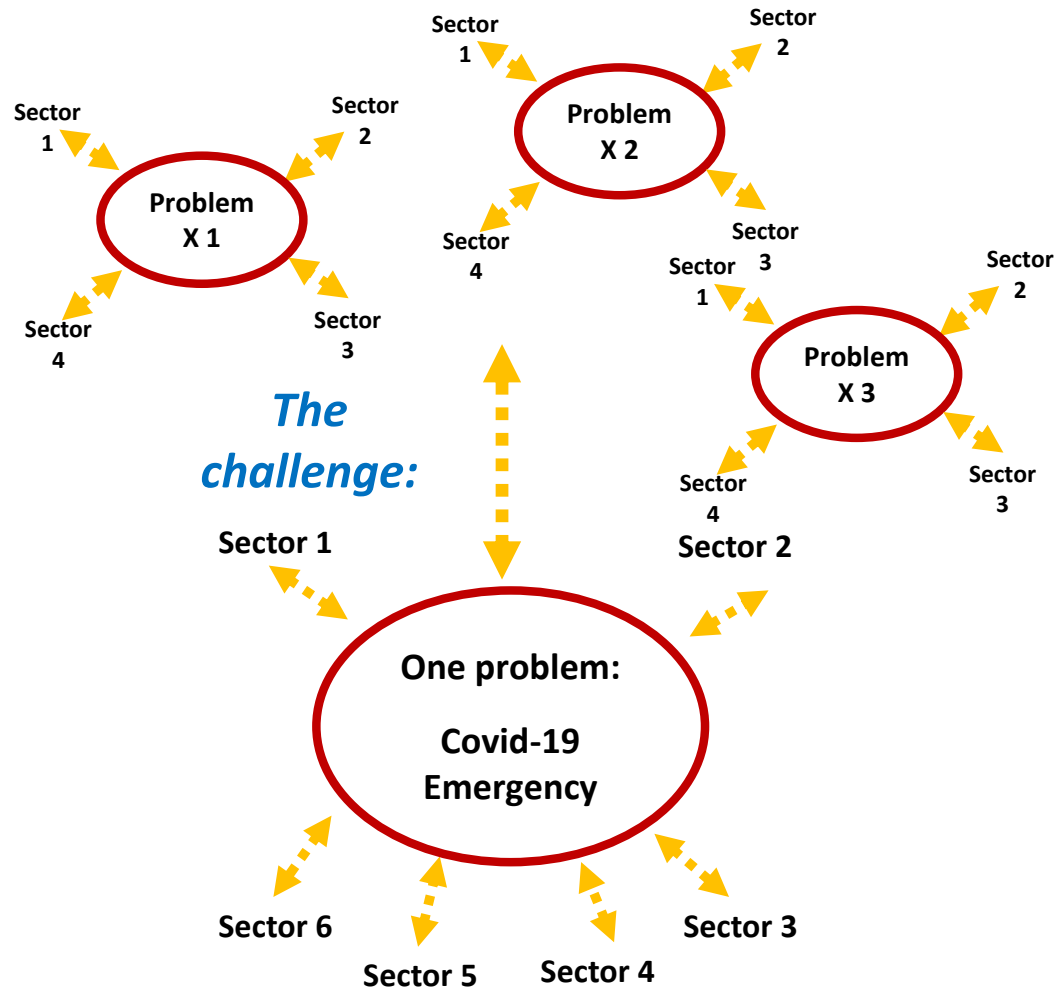
World Health
Organization
REGIONAL OFFICE FOR THE
Americas

What we've learned in recent years

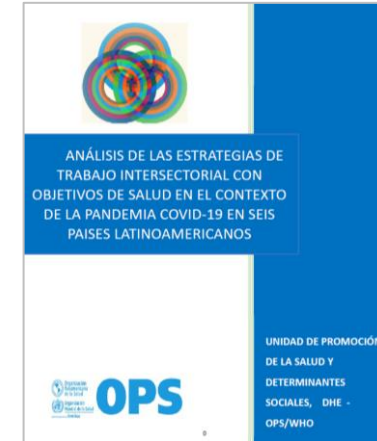


IA in the context of health emergencies

The COVID-19 pandemic showed dramatically that complex problems cannot be solved without **cross-sector collaboration** and **civil society involvement**.



Guideline for the systematization of IA in LA countries in the context of the covid-19 pandemic



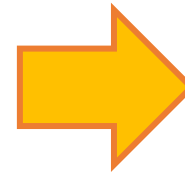
Seven Case studies at the national and local level

Some practical lessons:

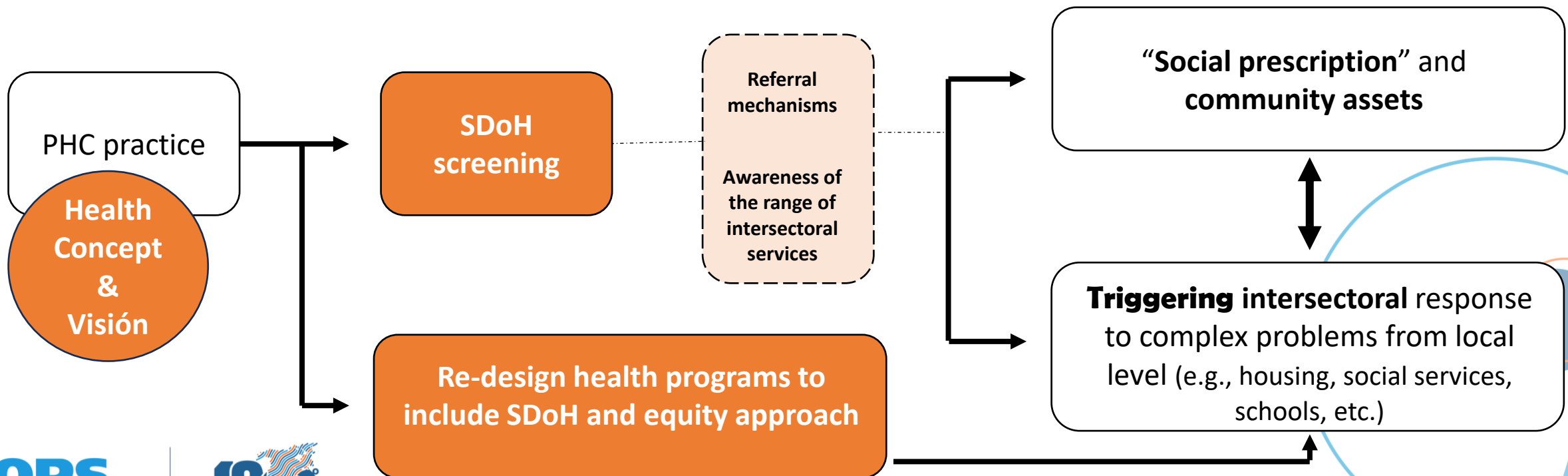
- The crucial role of **informal ties** built upon previous experiences of collaboration or teamwork;
- New **technologies** and **social networks** help to keep people in touch;
- A model based on **PHC** has important strengths in facilitating IA and community participation.
- National IA requires a mirror at the local level to **adapt the actions**.

Intersectoral action from PHC

Usually, addressing SDoH is considered a task that goes beyond health services, so health care teams might feel that they do not have too much things to do

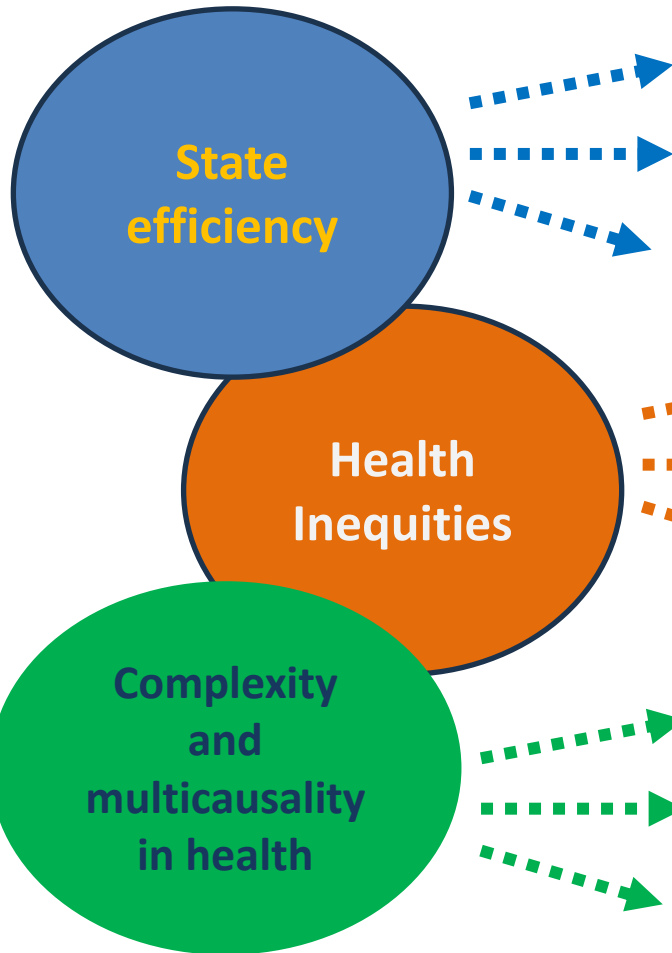


That's not completely true!



Intersectoral action for Equity

Not all forms of IA allow (or aim) to address health inequities !



- Do not duplicate actions.
- Optimize resources.
- increase efficiency.

- It implies addressing SDH not only intermediaries, but also those that are the root causes of health inequities.
- Requires joint goals.
- IA of a higher degree: Integration.

Multicausality of complex situations requires the involvement and collaboration of multiple sectors and actors.

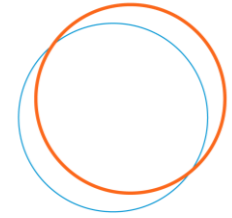
Trabajo intersectorial y equidad: ¿qué tipo de trabajo intersectorial contribuye a la equidad en salud?

Orlando Soler Hernández** y Gonzalo Soto Brandt**
 *Unidad de Promoción de la Salud y Determinantes Sociales, Organización Panamericana de la Salud, Oficina de Salud Pública, División de Promoción de la Salud, Oficina de Asesoría Técnica, Centro de Estudios y Desarrollo, Organización Panamericana de la Salud
 **Unidad de Promoción de la Salud y Determinantes Sociales, Organización Panamericana de la Salud, Oficina de Salud Pública, División de Promoción de la Salud, Oficina de Asesoría Técnica, Centro de Estudios y Desarrollo, Organización Panamericana de la Salud

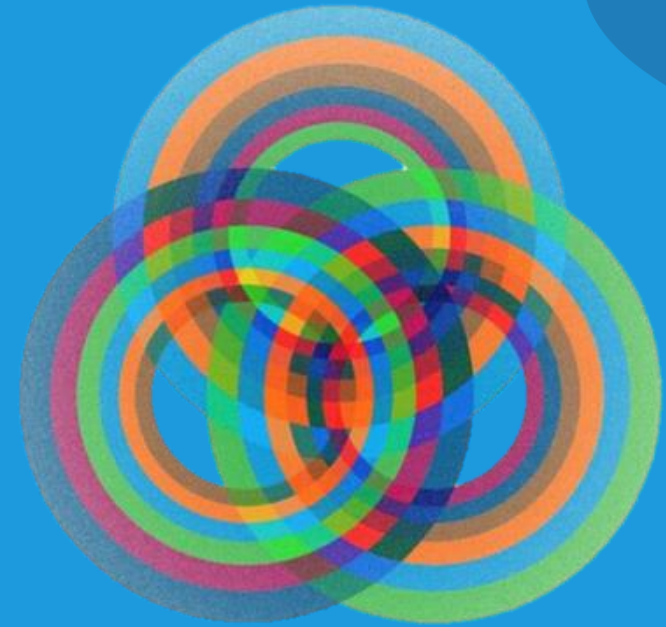
Este artículo editorial expone a discusión qué tipo de modelo de trabajo intersectorial más contribuye a reducir las inequidades en la reducción de las inequidades en salud y, por ende, a mejorar la equidad en salud. Se hace un llamado a la acción y se discuten las posibilidades de abordar las inequidades en salud a través de un enfoque intersectorial.

FMC. 2022;29(6):283-6

| Área o instancia | Intervención | Descripción | Impactos | Objetivos |
|------------------------------|---|---|---------------------------------|----------------------------------|
| Ministerio de Salud | Elaboración de políticas y planes nacionales de salud pública | Elaboración de políticas y planes nacionales de salud pública | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Educación | Implementación de programas de salud en escuelas | Implementación de programas de salud en escuelas | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Trabajo | Implementación de programas de salud en el lugar de trabajo | Implementación de programas de salud en el lugar de trabajo | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Justicia | Implementación de programas de salud en prisiones | Implementación de programas de salud en prisiones | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Vivienda | Implementación de programas de salud en viviendas | Implementación de programas de salud en viviendas | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Transporte | Implementación de programas de salud en transporte público | Implementación de programas de salud en transporte público | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Cultura | Implementación de programas de salud en actividades culturales | Implementación de programas de salud en actividades culturales | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Deportes | Implementación de programas de salud en actividades deportivas | Implementación de programas de salud en actividades deportivas | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Turismo | Implementación de programas de salud en actividades turísticas | Implementación de programas de salud en actividades turísticas | Impactos en la equidad en salud | Reducir las inequidades en salud |
| Ministerio de Medio Ambiente | Implementación de programas de salud en actividades ambientales | Implementación de programas de salud en actividades ambientales | Impactos en la equidad en salud | Reducir las inequidades en salud |



**What is the rationality
to prioritize IA at the
local level ?**



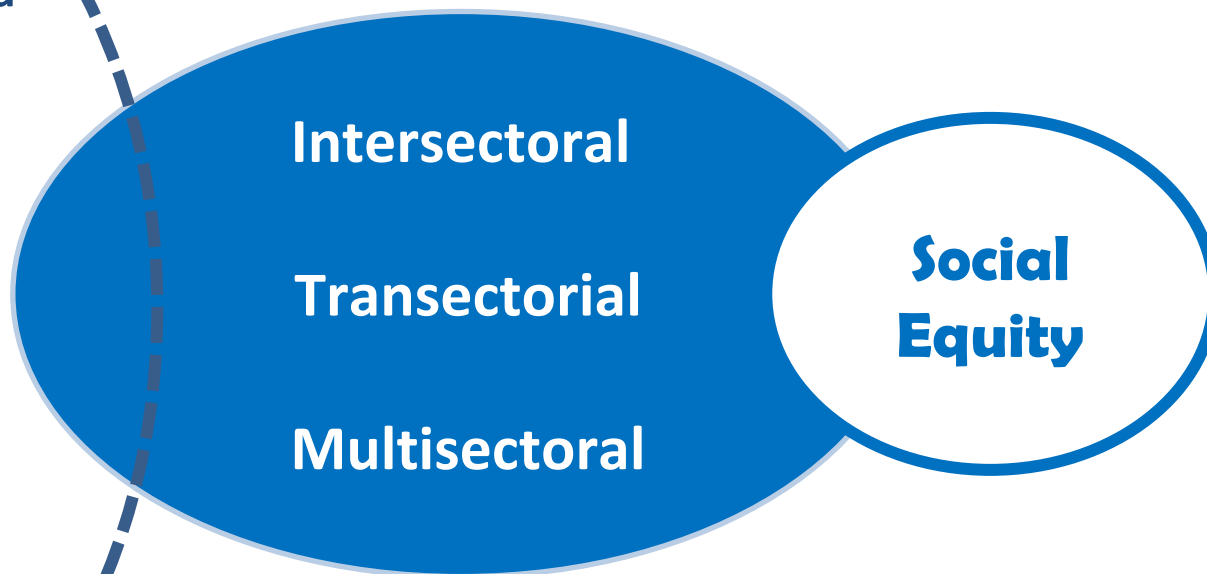


Origins of AI in health in LAyC

Declaration of Alma Ata
1978 / Health for all.

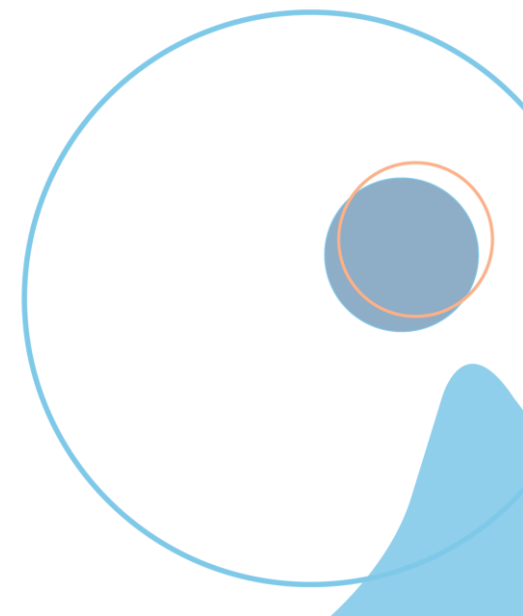
Ottawa Charter in
1986/ Health
Promotion.

Local Health Systems
(SILOS) / response to
democratization /
decentralization and
local development.



→ **Social protection**

→ **Local government**



Long-term sustainability

- **National and local levels:**

- frequent political shifts in our region tend to impact on the stability of institutional arrangements at the national level which usually change rapidly.
- IA are more likely to persist at the local level due to more stability of local actors in the policies decision and social control (Local council) .
- But to address equity on the local government has limitations (attributions, national context, others)

- **Enablers:**

- sustainability at the local level is also supported by social participation and community engagement, which is quite dense at the local level in the region.
- IA sustainability is also strengthened when national-level policies supports them to align strategies with the specific circumstances of each locality.

Costa Rica : Entry point from cantonal council in the local level .
Promote by **local government**

Colombia : Entry point the Municipal Development Plan –linking with Ministry of planning in the context of health reform, .
Promote by **Ministry of health.**

Chile :
Entry point was the integration of database of social and health services offer and Health reform design.
Promote by **Ministry of SD and MOH.**

Costa Rica: IA from local governments

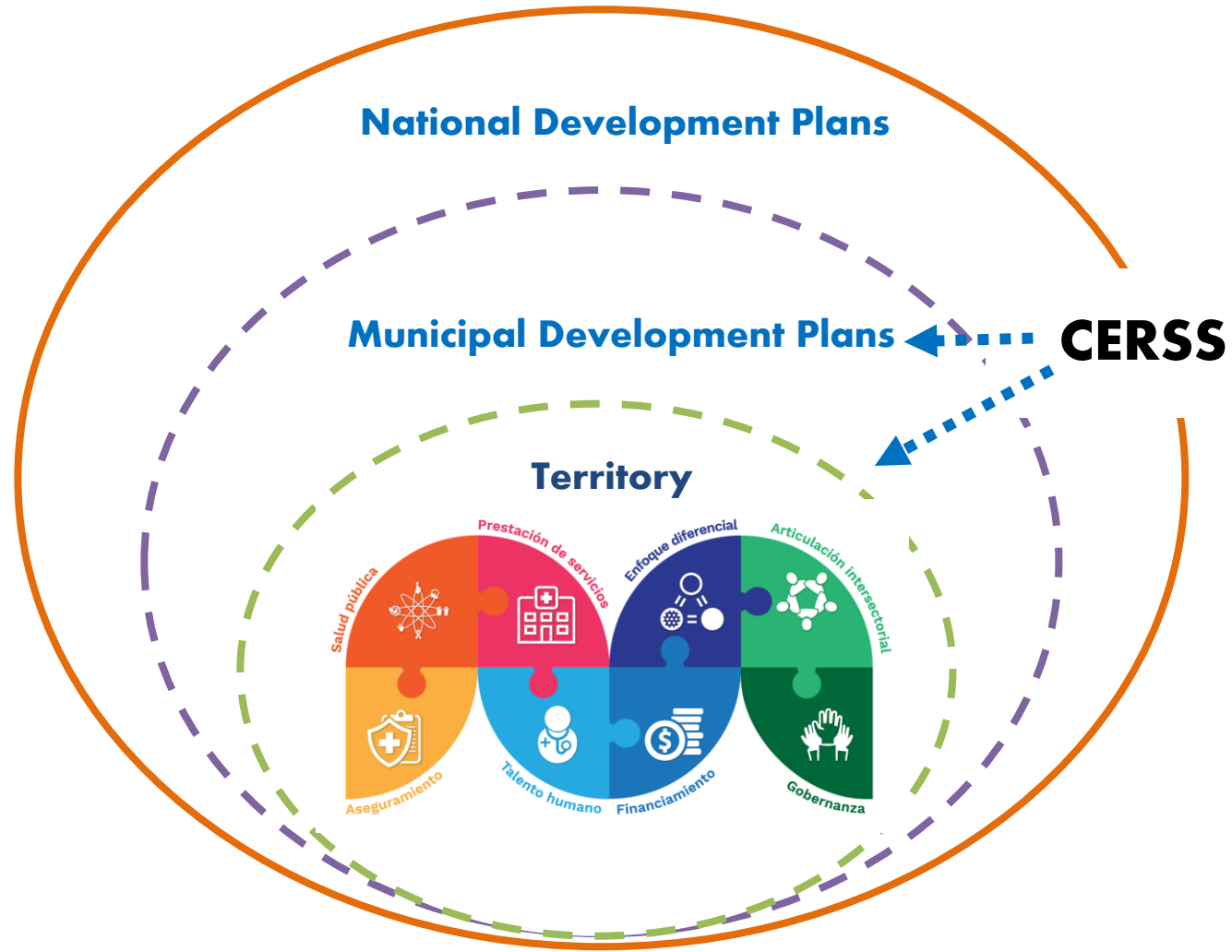
- Local governments do not have competencies over health care provision (structure centralized by Caja Costarricense del Seguro Social -CCSS).
- IA to address SDoH and health inequities emerge from already existing structures – local council.



- The Cantonal Councils for Institutional Coordination (CCCI) are a space for inter-institutional technical and political coordination based on each canton and chaired by the respective Mayor. It is integrated by all public bodies that carry out activities in each region of Costa Rica.



Colombia: IA grounded upon the local development plans



Healthy Cities, Environments and Rural Areas (CERSS) Strategy is promoted by the Health and Social Protection Ministry.

CERSS aims at enabling territorially oriented policies to solve health problems through joint planning and action among all sectors of government and civil society.

To achieve CERSS:

- ✓ Identifies entry points in the Municipal Development Plans.
- ✓ Works to make visible the health needs and the impact on health that local policies may have through the SDoH.
- ✓ Promote joint actions to address these SDoH keeping the focus on the territory.

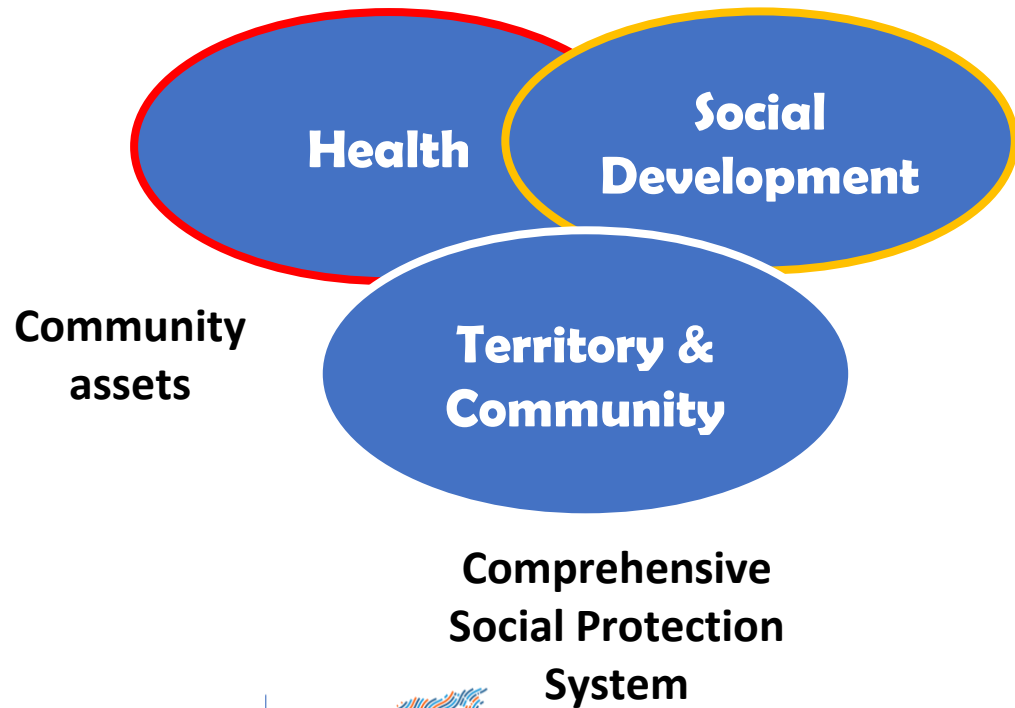
The Chilean experience on the road to integrating data and social services

Health Reform

Local Social – Health Managements (GSL)



- Data availability from other sectors contributes to better decisions for IA for health.
- Integrating a Module on Health in the data system to better identify the population's health needs.



Community assets

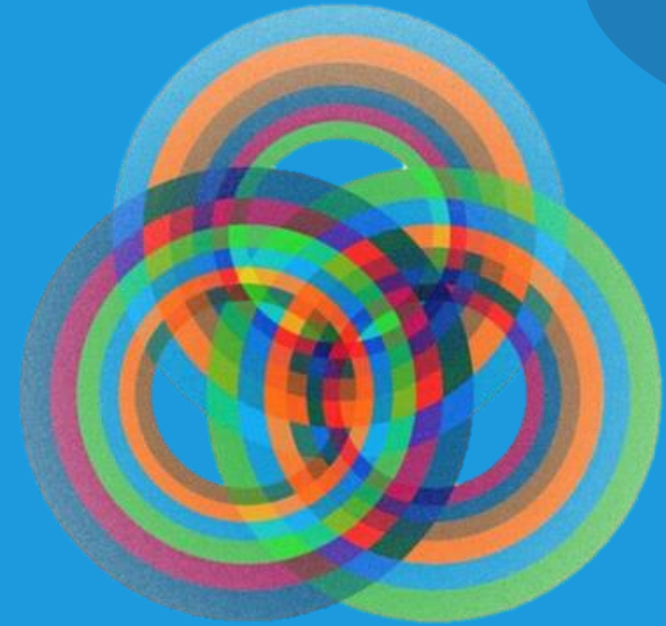


Monitor GSL



Dashboard platform by module with relevant monitoring information for PHC managers in health services and at the Health ministry level.

What are we doing ?



2023

Baseline

①

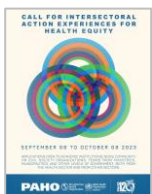
Case Studies

Guideline for the systematization of IA experiences at the local level

To know in greater depth the different initiatives and experiences of intersectoral work that exist in the local level, to know what has worked and what has not, and to determine how to advance in better coordination, avoiding the fragmentation of intersectoral work.

③

Regional call for intersectoral experiences



②

Questionnaire filled out online intersectoral at the end of the course

Intersectoral course in virtual field for local governments (2023)



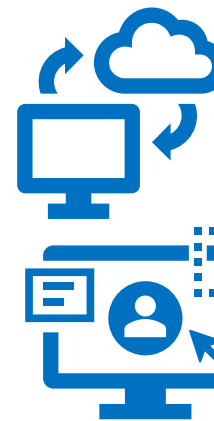
Regional intersectoral meeting Cuba from 21 to 23 November 2023

2024

Monitoring

④

Plan for strengthening municipal IA



Dashboard Platform

⑤

Guideline of Indicators for monitoring IA

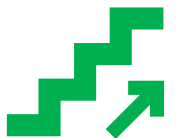
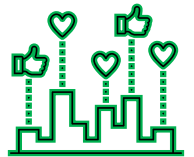


**Network of the Americas for Intersectoral Work with Equity
Community of Practice**

⑥

2024 - 2025

Evaluation



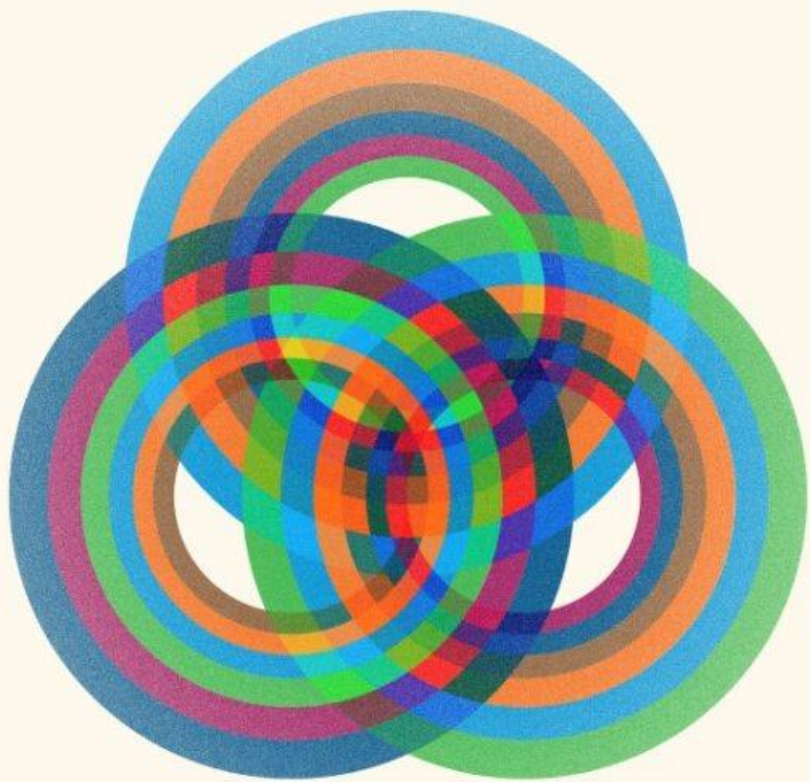
Areas of analysis considered in the baseline of intersectoral work:

17. ¿Qué se comparte? Marque con una cruz las que se presentan en la mesa, puede marcar *más de una* y calificar a través del nivel de predominancia.

| | SI | NO | Poco predominante | Predominante | Muy Predominante |
|--------------------------------------|----|----|-------------------|--------------|------------------|
| Comparten e Intercambian información | | | | | |
| Comparten actividades y recursos | | | | | |
| Comparten poder y capacidades | | | | | |
| Comparten autoridad | | | | | |

1. Objective or purpose of the intersectoral work,
2. Participants/Actors,
3. Institutionality used,
4. Type of intersectoral work carried out,
5. Degree of integration of equity and social determination
6. Relationship of the health sector with the other sectors,
7. Type of social participation that is developed and promoted associated,
8. Sustainability mechanisms,
9. Type or modality of financing,
10. Facilitators and barriers for intersectoral work.

**CALL FOR INTERSECTORAL
ACTION EXPERIENCES FOR
HEALTH EQUITY**



SEPTEMBER 08 TO OCTOBER 08 2023

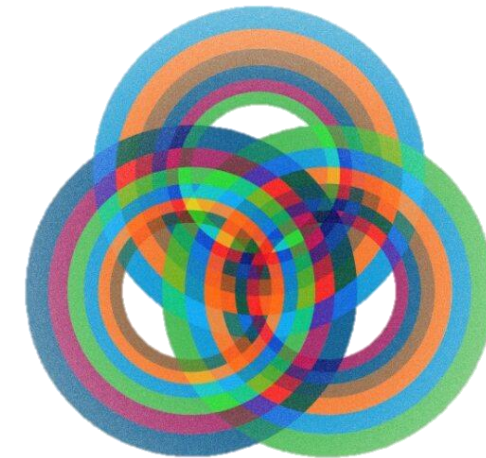
APPLICATIONS OPEN TO ACADEMIC INSTITUTIONS; NGOS; COMMUNITY OR CIVIL SOCIETY ORGANIZATIONS; TEAMS FROM MINISTRIES, MUNICIPALITIES, AND OTHER LEVELS OF GOVERNMENT, BOTH FROM THE HEALTH SECTOR AND FROM OTHER SECTORS.

PAHO



**Regional
intersectoral
meeting**

**Cuba, Havana
21 to 23 November
2023**



We invite you to participate, share experiences and build together with the region of the America !!

