

Intersectoral Action on Health

A path for policy-makers
to implement effective and
sustainable action on health



World Health
Organization

What is this document about?

The need to involve many other sectors of society in addition to health in the struggle for a healthier society has been a long-held conviction of WHO. WHO's recommendations to address specific issues usually emphasize the role of a wide range of players beyond the health sector, in recognition of the complex network of determinants of health. After a series of consultations, including a review of experiences worldwide, this document summarizes a set of recommendations, lessons and approaches to intersectoral action on health as an overall strategy for public policy. The document presents a series of steps which policy-makers can take to promote multi-sector health initiatives, illustrated by six real-life examples.

This is by no means a "one size fits all" approach, but a sharing of lessons and an encouragement to policy-makers and advocates at all levels of government to move towards intersectoral action to positively impact on population health and health equity.





Background

Health and quality of life of individuals and populations are determined by a complex net of interrelated factors. These factors cover the broader determinants of health including social, environmental, and economic determinants. Such complexity means that measures to promote and protect health and well-being cannot be confined to the health sector alone. Designing and implementing public policies that improve quality of life require the active involvement and engagement of other sectors of society in all steps of the process. In most countries of the world new health challenges are constantly arising. Combined with the added complexity of rapidly growing urban settings, the need for the engagement of other sectors is ever-growing. This generates a need for relevant tools and practical examples of how the health sector can successfully engage with other sectors.



Working together across sectors to improve health and influence its determinants is often referred to as intersectoral action on health. The objective is to achieve greater awareness of the health and health equity consequences of policy decisions and

organizational practice in different sectors and thereby move in the direction of healthy public policy and practice across sectors. Although the health sector can be the central player, this is not always necessary. For instance, the police and transport sectors might combine to take action to reduce road transport injuries, a public health objective, without direct involvement from the health sector.

Despite a wealth of literature on intersectoral action, from the well-known Alma Ata Declaration (1978) to the Adelaide Declaration (2010), successful and sustainable initiatives in this area remain a challenge for cities and countries. Based on analysis of international experiences and a series of expert consultations hosted by WHO (Kobe, June 2009; Helsinki, September 2010; and Global Forum on Urbanization and Health in Kobe, November 2010) with academics and policy-makers, this document aims to present in plain language some simple steps which policy-makers can take to more systematically work across sectors to improve the health and health equity of their citizens.





Approaches to intersectoral action on health

Many approaches to implementing intersectoral action on health exist – context will determine the most appropriate scale and method. However, two overall strategies for intersectoral action can be described.

- One general strategy is to aim to integrate a systematic consideration of health concerns into all other sectors' routine policy processes, and identify approaches and opportunities to promote better quality of life. This approach has been disseminated by the Finnish government as "Health in All Policies" based on its well-documented experience.
- An alternative approach to the ambitious goal of formally including health in all national policies is a narrower and more issue-centred strategy. Here the goal is to integrate a specific health concern into other relevant sectors' policies, programmes and activities. Widespread adoption of the WHO Framework Convention of Tobacco Control has made tobacco control an excellent example of this strategy (see Box #2).

Regardless of the approach, all strategies to implement intersectoral action should consider three cross-cutting issues fundamental to any public policy.

- First, intersectoral action depends highly on the context — political, economic, and cultural — and it is also affected by the characteristics of the targeted issue.
- Second, political will and commitment from all levels of government and all sectors is required to allow a shared policy framework for concrete actions and policies to be established and applied.
- Third, the establishment and reinforcement of accountability mechanisms which can be used to evaluate the overall health-related performance of the sector policy.

Moreover, the political context, including moments of political and economic opportunity, transition and crisis can provide opportunities for promoting ISA as an effective way to address problems. This includes the role of the media as an effective tool for gaining the attention of political leaders as well as the public, as well as taking advantage of internationally-adopted social and developmental goals that can promote cross-sector action at the national level. The Millennium Development Goals (MDGs) are an outstanding opportunity in that sense.



Steps to implement intersectoral action on health

There are a series of steps that can be taken to initiate and succeed with intersectoral action on health. The ten steps described below are relevant to both an issue-centred approach to implementing intersectoral action on health and to a general strategy of achieving health in all policies. The steps should not be seen as linear, but form part of a continuous cycle of learning for improvement, and need to be adapted to every different context.

The roadmap proposed is primarily directed towards national level but may also be applied at regional and municipal level. The uniqueness of each level of government must however be taken into consideration and the steps adapted to the specific opportunities and barriers of the setting. The role of the mayor, for example, may be a key opportunity for intersectoral action which should be taken into account. In all circumstances it is essential to consider the role of each level of government with regards to jurisdiction and the establishment of responsibilities, based on the capacity of each level.



1. Self-assessment

Assess the health sector's capabilities, readiness, existing relationships with relevant sectors and participation in relevant intergovernmental bodies.

Strengthen the institution by improving staff capacity to interact with other sectors (e.g. public health expertise, overall understanding of public policies, politics, economics, human rights expertise), to effectively address and communicate potential co-benefits and to contribute to the debate with other sectors on health issues associated with policies not specifically targeting health.

2. Assessment and engagement of other sectors

Achieve a better understanding of other sectors, their policies, goals, language, values, and priorities, and establish links and means of communication with them and assess their relevance to the established health priorities.

Use Health Impact Assessment (HIA) as a tool to identify:

- potential (positive and negative) health impacts of other sectors' policies;
- actions that can enhance positive impacts and reduce risks; and
- the roles and responsibilities of other sectors in achieving healthy policies.

Conduct a stakeholder and sector analysis. Identify opportunities and potential governance structures to engage other sectors, and acknowledge the complexity of the policy environment and health determinants. Explain to other sectors the health sector's interest in their involvement and vice versa.

Identify existing intersectoral bodies, laws, mandates for intersectoral action and public health, executive orders, constitutional mandates, and human rights instruments that can support intersectoral actions.

Set a regular/periodic mechanism to maintain and strengthen the intersectoral engagement.

Participate in activities led by other sectors or at least take advantage of them. Be responsive to other sector-led opportunities, since they could provide potential windows of opportunities for cross-sectoral activity.

Be alert to moments of political and economic change, transition, and crisis that can provide opportunities for promoting intersectoral actions as an effective way to address problems.

Establish a common information system with sector-specific data accessible to multiple sectors which can be a tool to shed light on opportunities for intersectoral action and increase accountability by enabling analysis of policies and monitoring of outcomes. Existing data and information systems should be used and built on if available.

3. Analyse the area of concern

Define the area of concern and the intervention needed in terms of determinants of health and a cross-sectoral approach, and analyse the context with regards to available mechanisms, opportunities, interests, and politics.

Present sector-specific disaggregated data focusing on the impact on other sectors and analyse the feasibility of the intervention.

Build your case using disaggregated data to describe how policies in the sector of interest affect health, making clear the mechanisms that lead to health impacts (e.g. occupational risks, pollution, employment, health care costs, and transportation time) including health equity. Establish a systematic way to review the implications of specific policies and actions, and propose ways these can be changed to promote health co-benefits. Use data to highlight potential co-benefits.

4. Select an engagement approach

Gauge the intensity of engagement with other sectors in terms of health impact, health priorities, overall public policy priorities, common interests, and the strategic relevance of the relationship with the sector. There are three general approaches:

- Issue approach: identify sector policies that have a major impact on public health priorities (e.g. policies that can reduce cardiovascular diseases).
- Sector approach: Identify the sectors with policies that are most likely to impact health (and contribute to public health gain).
- Opportunistic approach: Select issues, policies or sectoral alliances based on the objective of early impact on health and early success for all involved parties.

5. Develop an engagement strategy and policy

After defining and analysing the problem and selecting an engagement approach, develop a strategy to involve the relevant sectors. The strategy should consider adequate long-term commitment, time allocation, supporting champions with tools and guidance, establishing common points of interest and concern with the other sector, and identifying strategies that are agreeable to all parties.

6. Use a framework to foster common understanding between sectors

A key factor for successful intersectoral action is the ability to identify a common understanding of the key issues and required actions to address them. This can be aided through the use of a common framework to facilitate a shared understanding of the causal pathways and key intervention points (e.g. the Commission on Social Determinants of Health conceptual framework emphasizing the production of health inequities, or the Dahlgren and Whitehead framework which is widely used in Health Impact Assessments). An essential aspect of such a framework is that it takes a broad view of health and the various health determinants and includes specific reference to health inequities. A framework helps facilitate discussions with other sectors, inform the selection of interventions and ensure a common plan of action that has measurable ways of assessing the intervention's design, implementation and evaluation.

7. Strengthen governance structures, political will and accountability mechanisms

Based on an analysis of the political context, and expected support and opposition from different stakeholders, assess the political route required to adopt the policy. The strategies and actions depend on the context for the specific issue that is being promoted; therefore the political alternatives are very diverse (e.g. partisan agreement, grassroots involvement, media campaign, involvement of expert bodies, etc.).

Existing or new governance structures are tools to ensure successful intersectoral action. Examples from different places illustrate the wide scope of such structures: a) national constitutions (Brazil, Ecuador); b) presidential mandate (Philippines); c) adoption of new laws (see Finnish law for advisory board on public health); d) planning mechanisms (Finland, Denmark); e) compulsory reporting (Finnish law); f) human rights accountability (Brazil, right to food); g) shared budgets; and international agreements (such as the WHO Framework Convention on Tobacco Control).

Develop accountability mechanisms using mechanisms such as access to information, public participation, disclosure, grievance and ombudsperson functions, such as those used in existing accountability frameworks, including those developed for corruption and environmental justice.

Take advantage of the human rights treaties and reporting mechanisms mandated by international agreements to integrate health determinants across sectors, e.g. intersectoral reporting by relevant committees (usually led by foreign ministries). It can also provide insight into the selection of priorities. Examples of relevant treaties are: the right to adequate food, Art. 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR); freedom of information, Art. 19 of the International Covenant on Civil and Political Rights (ICCPR); and children's rights, in particular Art. 17 and 36 of the Convention of the Rights of the Child (CRC).

8. Enhance community participation

Enhance community participation in the policy development and implementation process through:

- Public consultation/hearings processes, citizen juries
- Disseminating information using mass media
- Web-based tools
- Facilitating the involvement of NGOs from different sectors in the policy-making process.

Effective public engagement requires more than a one-off effort during the policy design phase. Adequate and continuous disclosure of information and the creation of feedback channels to convey concerns and potential grievances once the policy has been implemented are essential to sustaining community participation and ensuring accountability for actions taken.

9. Choose other good practices to foster intersectoral action

Join other sectors in establishing common policies/programmes/initiatives with joint reporting on implementation (e.g. compliance with human rights standards), explicit principles to be followed such as transparency, stakeholder participation, and with common targets.

Be an agent in other sectors' policies/programmes/initiatives, and invite other sectors to be an agent in yours, preferably with involvement at the earliest stages of the policy development process.

Provide expertise required by other sectors (e.g. policies on indigenous people, migration, health care, health economics, health determinants or social inequalities).

Provide tools and techniques to include health in the policies of other sectors and to address health inequalities/ inequities (e.g. Health Impact Assessment, Urban HEART, economic analysis, data disaggregated by gender, class, ethnicity, participatory research, and qualitative analysis).

Allocate available resources to contribute to other sectors' policy implementation and share lessons in terms of successful implementation of policies in similar contexts.

Use each sector's regulatory capabilities to have an impact on health or to accomplish other common or public objectives.

10. Monitor and evaluate

Follow closely the implementation of intersectoral action through monitoring and evaluation processes to determine the progress in achieving planned outcomes. This is a process that requires continuous learning for reinforcement of good practices and learning from failures. Report regularly on the development of policies that protect and promote health, and on the health impacts of policies in key sectors.



Examples of intersectoral action on health

Viet Nam's national mandatory helmet law – success of a multisectoral approach

BOX 1

Motorcycle helmets are a well-documented public health and road safety intervention. With its multisectoral approach, Viet Nam provides an excellent example of how intersectoral action can help save lives and improve health.

Road traffic injury in Viet Nam is a leading cause of death and disability, with more than 14 000 deaths and 140 000 injuries reported by the Ministry of Health in 2009. Statistics from 2001 show that an estimated 60% of all road traffic fatalities were in motorcycle riders and passengers. Some degree of motorcycle helmet legislation has been in place since 1995, but low penalties and limited enforcement coverage made it largely ineffective.

In 1997, a multidisciplinary coordination mechanism, the National Traffic Safety Committee (NTSC) with representatives from 15 ministries and agencies including transport, police, health and education was established as an advisory body to the Prime Minister on all transportation safety initiatives. The terms of reference of the NTSC include promotion of international

cooperation for road safety, to which end the NTSC has established several effective partnerships with international bilateral and multilateral agencies, NGOs and private companies to streamline international assistance into achieving national road safety objectives. Each of Viet Nam's 63 provinces has replicated the national model in the form of a provincial traffic safety committee (TSC).

As part of their mandate, the NTSC led the development and implementation of the national helmet law, including obtaining the clearance of the Government on the details of the helmet law and associated implementation action plan, collaborating and consulting with the provincial TSC network to ensure nationwide implementation and for reporting on implementation progress and any barriers to the Prime Minister.

In June 2007, a strategy to dramatically strengthen the helmet wearing provisions was passed into law, requiring from December 2007 all riders and passengers to wear helmets on all roads at all times. In December 2008, the NTSC reported that 1557 lives had been saved and 2495 serious injuries prevented since the helmet law took effect, compared to the same time the previous year.

The successful implementation of Viet Nam's mandatory helmet legislation is tribute to the intersectoral collaboration of the NTSC and serves as an important example of multisectoral collaboration to other countries with a high burden of road traffic injury and death and where motorcycles are a major form of personal transport.

Source: WHO country office in Hanoi, Viet Nam, 2010

Intersectoral action mechanisms in tobacco control – the experience of the WHO Framework Convention on Tobacco Control

BOX 2

Tobacco control requires intersectoral action as it affects several sectors including trade, labour, social welfare, education and health. The WHO experience in promoting the Framework Convention on Tobacco Control shows the importance of intersectoral action in many different arenas. Below are three examples.

WHO took part in a process that brought together several UN organizations toward a common objective through the United Nations Ad Hoc Inter–Agency Task Force on Tobacco Control. The Task Force is chaired by WHO and is joined by 22 UN and non–UN agencies. It accomplished increased research and knowledge in tobacco economics–related issues through studies commissioned by the FAO on tobacco agricultural issues, by the ILO on tobacco employment, and by the World Bank on issues related to tobacco industry privatization and illicit trade. The Task Force also led to the adoption of a Resolution by the UN Economic and Social Council recognizing the contribution of tobacco control to poverty alleviation.

The link between tobacco control and agriculture is another source of successful experience for an intersectoral approach. Conflicts arise between agriculture, the tobacco industry and the health sector when efforts are launched to reduce tobacco consumption. The main concern for tobacco–growing countries is job security for tobacco farmers. In response, the Conference of the Parties to the WHO FCTC established a Working group on economically sustainable alternatives to tobacco growing, which aims for the pursuit of alternative livelihoods, from long-term sustainability and development perspective. The working group takes into account the fact that it involves health, social, environmental and economic aspects beyond the issue of substitution of

one economic activity for another. Alternative livelihoods for tobacco workers should be sought and supported by the government for the time when the demand for tobacco goes down in the long term.

Illicit trade in tobacco products is a problem requiring a domestic and global multisectoral response and also illustrates the success of the approach. In this case it was a conjunction of sectoral interests that converged. Finance ministries and customs were concerned about decreased government revenue; the higher costs of combating organized crime and corruption also required national budget allocations. And, of course, illicit trade led to higher direct health costs from higher consumption (especially among the poor and the young), increasing the health burden. Further cooperation between the different concerned ministries (particularly, customs, finance and health) has been a good example of multisectoral work in the context of the current negotiation of the Protocol of the WHO FCTC on Illicit Trade in Tobacco Products.

Source: TFI, 2010

Intersectoral collaboration for mental health in South Africa

Mental health constitutes an important public health and development issue in South Africa. Neuropsychiatric conditions rank third in their contribution to the burden of disease in South Africa and 16.5% of South Africans report having suffered from mental disorders in the last year.

To address the issue, the Mental Health and Poverty Project (MHaPP) led by the University of Cape Town was established. The aim of the project was to examine mental health policy and systems in South Africa, with a view to identifying key barriers to mental health policy development and implementation, and steps that can be taken to strengthen the mental health system.

A key finding of the MHaPP was that in order to address mental health issues and to implement mental health policy and legislation, sectors other than health need to be involved, with clearly identified roles and responsibilities. The sectors include the South African Police Service, Correctional Services, Labour, Social Development, Housing, Local Government, Public Works, Sport and Recreation, Transport, Treasury, Agriculture, Justice and Constitutional, Development, and Education.

Based on a situation analysis, one of the key recommendations from the MHaPP for intersectoral collaboration was to set up a Mental Health Directorate within the national Department of Health to take the lead in collaborating with other sectors regarding the following:

- Establishment of a national intersectoral forum on mental health in South Africa.
- Identification of relevant mental health issues that need to be addressed in the policies and programmes of various sectors.
- Research to provide evidence on the nature and scope of relevant issues.
- Delineation of departmental responsibilities for different aspects of a service to people with mental and intellectual disability.
- Technical expertise to improve the inclusion of relevant mental health issues in other sectors' policies.
- Support in the development of guidelines and protocols for the implementation of mental health legislation and policy.

In addition to these general recommendations, respondents identified a number of sector-specific suggestions for intersectoral collaboration.

Source: Mental Health and Poverty Project, WHO, 2008

Liverpool Active City – an intersectoral approach to improve health and well-being by boosting levels of physical activity

BOX 4

Nationally, most people in the United Kingdom are not active enough to benefit their health. In Liverpool, fewer people are active than the national average. Within disadvantaged parts of the city, activity levels and broader health indicators are particularly poor. In this context, the Liverpool Active City strategy was developed in 2005 to increase levels of physical activity within the city and improve the health and well-being of its population.

The strategy developed by the Liverpool Strategic Partnership – a formal intersectoral partnership of public, private, voluntary and community-sector organizations – aimed to make more people, more active, more often.

Four key strands have underpinned the Active City agenda. Together these have shaped a series of integrated actions and involved a wide range of public, private, voluntary and other civil society partners. The strategy and actions have focused on:

- Increasing the profile of active living in Liverpool.
- Improving the coordination of existing services.
- Ensuring access to appropriate activities for all.
- Ensuring structural support for physical activity and integrating with wider urban agendas.

Findings from the *Sport England Active People Survey* and the national survey *PE and Sports Strategy for Young People* provide some evidence that physical activity levels in Liverpool have increased since the onset of the Liverpool Active City programme – particularly amongst children and within areas with the worst health outcomes. Programme output data also paints a compelling picture to suggest that the programme has resulted in more people being more active more often.

Source: Jon Dawson Associates, 2010

Intersectoral collaboration for health in the extractive industries – the oil and gas sector in Ghana

BOX 5

The Ghana Health Service (GHS), with technical support from WHO, is leading the development of a sector-based health management system for the oil and gas industry that is rapidly developing in Ghana. As a first step, the GHS, in partnership with the Environmental Protection Agency/Ministry of Environment and the Petroleum Directorate of the Ministry of Energy, is conducting a strategic level health impact assessment (HIA) of their national oil and gas development plans. The aims of this strategic HIA are to: 1) identify the full range of potential environment and health impacts that could result from the rapid growth of Ghana's oil and gas industry; 2) establish a comprehensive health baseline against which to monitor and report changes in population health status and for use in measuring future development outcomes associated with investments in this sector; 3) define core health systems capacities (and related resources) needed to anticipate and respond to health issues (e.g. chemical incident and emergency preparedness and response, occupational health and safety, outbreak response) should they arise; and 4) establish a public health action plan for the oil and gas sector which clearly defines different roles, inputs and responsibilities of relevant sector and industry stakeholders, and 5) establish a process for continuous engagement and communication with potentially affected communities.

The health sector on its own cannot address all of the potential drivers of health impacts associated with the oil and gas sector development plans for Ghana. It has neither the remit nor the resources to do so. What it can do, however, is to take a

lead in identifying both health threats and opportunities. It can articulate a clear vision, and plan and define what each player, be they government agencies or private sector actors, can do to address the health issues, and it can provide the tools and the technical capacity needed to support that process. Results have not only the potential to address the root causes of ill health in the sector's activities but also contribute to greater transparency and social accountability of the oil industry activities.

As a result of the above process and efforts, the Government of Ghana is revising its environmental assessment requirements for oil and gas projects to include a more explicit requirement for health impact assessment. This will result in more systematic consideration of health as part of all investments made in Ghana's petroleum industry.

Source: Dora C and Pfeiffer M (2011) WHO Interventions for Healthy Environments Unit – on their ongoing technical support to the Ghana Health Service and Environmental Protection Agency.

Experience in governance from the South Australian model on Health in All Policies

Following a series of relationship-building steps and catalytic events that made the case for greater integration of health considerations for development and well-being, the South Australia Government endorsed the application of a Health in All Policies (HiAP) approach to the South Australian Strategic Plan (a development plan). The Department of Health and the Department of the Premier (head of government) then worked together to develop an approach to support the implementation of HiAP. It provides an example of a type of central governance structure that supports intersectoral action.

It is widely acknowledged that an important feature of successful intersectoral work is to establish clear governance arrangements and accountability structures that cut across all sectors of government and create joint responsibility. In South Australia four critical elements have helped HiAP's early success, of which two relate to governance initiatives.

Firstly, the Strategic Plan provided an important cross-government mandate. Development frameworks are important for all South Australia Government departments, as they are required to achieve and report on the targets relating to their portfolio and department. Chief Executives are responsible to the Premier for achievement of the targets. By linking HiAP to the plan, HiAP benefits from the cross-government commitment already established to deliver on its targets and provide the legitimacy or mandate for HiAP.

A second critical governance area is leadership. The Strategic Plan is overseen by the Executive Committee of Cabinet (ExComm), which is chaired by the Premier and includes the Treasurer, three other Ministers and the chairs of the government's two most powerful advisory bodies – the Economic Development Board and the Social Inclusion Board. ExComm serves as a strategic policy committee of Cabinet and, among other things, undertakes annual appraisals of Chief Executives' performance against the plan and other whole-of-government objectives.

ExComm charged its Executive Committee of Cabinet's Chief Executive Group (ExComm CEG) with overseeing the development, implementation and evaluation of HiAP across government. This group also oversees the implementation of the plan on behalf of ExComm. A small but dedicated strategic HiAP Unit within the Department of Health supported the actual operational work. Together with the other governance structures, the health sector outlined a clear priority-setting process to identify which areas of the Strategic Plan would undertake a Health in All Policies approach. In this way, an incremental process that was reasonable within resource envelopes was achieved. For more information on the implementation process and the overall model, please refer to the detailed case study at the reference provided below.

Source: The South Australian approach to Health in All Policies: background and practical guide, Government of South Australia, 2010.



Key lessons learnt on intersectoral action on health

1. Use **already identified and prioritized public health issues**, generated through analysis of determinants of health and policy trends, to create political opportunities for promoting ISA.
2. A supportive governance structure with the concurrence of multiple levels of government and a shared policy framework **will help to sustain efforts and ensure integration of strategies and actions towards a common end.**
3. A **capable and accountable health sector** is vital to promote and support intersectoral action. The health sector should facilitate the process as appropriate, ensure the early involvement of other policy sectors in the policy-making process and be flexible to adapt its role at various stages in the implementation of ISA.
4. Establishing **a common information system with sector-specific data** can shed light on opportunities for intersectoral action and increase accountability by enabling analysis of policies and monitoring of outcomes. Existing data and information systems should be used and built on if available.

5. **Policies selected for implementation through intersectoral mechanisms need to be robust,** feasible, based on the evidence, oriented towards outcomes, applied systematically, sustainable, and appropriately resourced.
6. **Community participation and empowerment** in the process of policy-making, from the initial stage of assessment to evaluation of the intervention and monitoring of outcomes, are critical to focus attention on the needs of the people.
7. **MDGs as a mechanism to promote intersectoral action** with a special focus on the impact of determinants of health and health equity can be useful tool in increasing the accountability of other sectors for health outcomes.
8. **Context-appropriate application of Health Impact Assessment** can help to promote intersectoral action for health. The potential of integrated impact assessments should be considered.
9. A **human rights-based approach** can help address the underlying social and environmental determinants of health and the need for multi-sector involvement.
10. **Assessment, monitoring, evaluation, and reporting are required throughout the whole process.** Proper assessment of the problem, its determinants and social, political and cultural context are crucial to frame the issue and benefits to various sectors. Regular monitoring and evaluation of health impacts is required to maintain focus on outcomes and identify the strengths and weaknesses of interventions.



References and further reading

WHO Health Impact Assessment website - www.who.int/hia/en

WHO. Managing the public health impacts of natural resource extraction activities – a framework for national and local health authorities. World Health Organization (forthcoming in spring 2011)

WHO. Community health and development finance - Six key entry points to identify and address community health and safety issues within bank environmental and social safeguard systems. World Health Organization (forthcoming in spring 2011)

Co-Benefits Hub Asia. Synthesis of co-benefits discussions at the Better Air Quality Conference. 2006.

WHO Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. Geneva: World Health Organization, 2008.

European Observatory on Health Systems and Policies. Health in All Policies. Prospects and potentials. Finland Ministry of Social Affairs and Welfare, 2006

Public Health Agency of Canada (PHAC) & WHO. Health equity through intersectoral action: an analysis of 18 country case studies. Ottawa: PHAC & WHO, 2008.

WHO. Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.

WHO. Intersectoral Action for Health: A Conference for Health-for-All in the Twenty-First Century. Halifax, Nova Scotia, Canada, 22-23 April 1997.

WHO. Health Equity in All Urban Policies: A report on the Expert Consultation on Intersectoral Action (ISA) in the Prevention of noncommunicable Conditions, 22–24 June 2009, Kobe, Japan.

WHO. The World Health Report 2008. Primary health care: Now more than ever. World Health Organization, 2009.

WHO. Intersectoral Action on Health: Impact on noncommunicable diseases through diet and physical activity Report of an Expert Consultation, 6–7 September 2010 Helsinki, Finland.

WHO. Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being. World Health Organization, 2010

WHO & UN-Habitat. Hidden cities. Unmasking and overcoming health inequities in urban settings. World Health Organization, 2010.

Working across sectors to improve health and its social determinants is often referred to as *intersectoral action on health*. WHO, recognizing the complex network of determinants of health, recommends that a wide range of actors beyond the health sector participates in the designing and implementing of health-related policies.

Intersectoral Action on Health, a path for policy-makers to implement effective and sustainable action on health summarizes a set of recommendations, lessons and approaches to intersectoral action on health as an overall strategy for public policy. The booklet presents a series of steps for policy-makers to promote effective and sustainable multi-sector health initiatives, illustrated by six examples. It does not present a “one size fits all” approach, rather it is a sharing of lessons and an encouragement to policy-makers and advocates at all levels of government to move towards intersectoral action to improve population health and health equity.



**World Health
Organization**