Lessons learnt to move forward Health in All Policies approach: Experiences from the Basque Country

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Health in All Policies

Health in All Policies (HiAP) is a collaborative approach that recognizes health is created beyond the health sector and integrates health considerations into policymaking across sectors to improve health for all. HiAP was defined at WHO's 8th Global Conference on Health Promotion in Helsinki, as an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity[1]. As HiAP provides a way to implement policy coherence for sustainable development, it is aligned with the 2030 Sustainable Development Goals (SDGs) Agenda, which challenges to move towards an intersectoral action for health that leave no one behind[2]. In fact, over the last decades, HiAP strategy came into mainstream especially in view of SDG implementation [3], but too often it remained more rhetoric than action.

Health Impact Assessment (HIA) and Health Lens Analysis (HLA) can make a contribution to improve public decision-making and effective public health actions, contributing to implement HiAP[4]. In the last years, HIA and HLA were used to advance HiAP implementation at regional and local level in the Basque Country. The objective of this research is to appraise the HiAP progress concerning the use of HIA and HLA and to extract the main lessons learnt.

Can health's decision-support tools help to move forward HiAP?

During the past decades, several tools have been developed to help policy-makers to make informed decisions. The use of tools reduces the personal bias and offers a structured approach to incorporate evidence into policy making, however some tools, as economic evaluations, have ethical and methodological assumptions which can conflict with values relevant for public health [5].

With regard to HiAP, specific decision-support tools have been developed to help decision makers from all government policy sectors to take into account the determinants of health and equity when developing, implementing or evaluating their

policies and programs [6]. Health's decision-support tools, as Health Impact Assessment, Health Matrix, Healthy Development Measurement Tool, Healthy Development Checklist, Health Background Study Framework, Health Economic Assessment Tool, and Health Lens Analysis, have an intersectoral scope that aims to facilitate the integration and consideration of health concerns in decisions made by other sectors. From those, the Health Impact Assessment and the Health Lens Analysis were used in the Basque Country context.

Health Impact Assessment (HIA) is a tool that systematically assesses the potential, and sometimes unintended, effects of a policy, plan, program or project on population health and its distribution within the population, identifying at the same time appropriate actions to manage those effects [7]. HIA is structured in six steps; screening, scoping, identification, assessment, decision-making and recommendations, and evaluation and follow-up[8].

Meanwhile, the Health Lens Analysis (HLA) is also a systematic tool to embed health in decision-making, used to review policies and programs in terms of its positive or negative health impacts. The HLA develops over five stages; engage, gather evidence, generate, navigation and evaluation. It is most commonly used in reference to the South Australian HiAP model [9].

HIA and HLA experiences in the Basque Country

The Basque Country is an autonomous community in northern Spain. Its 2002-2010 Health Plan included for the first time a social model of health approach, which actively encouraged the inclusion of health in non-health sector policies. Since then, two health's decision-support tools were used at regional and local level; Health Impact Assessment and Health Lens Analysis, both as part of the Basque Government's Department of Health policy that promotes a HiAP approach[10].

The HIA and HLA experiences that are presented below are those taking a broad view of health and considering the social determinants of health, therefore epidemiological or environmental risk assessments are not included in this review.

- Health Impact Assessment at local level

The first HIA guidelines in Spanish were published in 2005 by the Basque Government[11], and shortly after, the first HIA was carried out. This first comprehensive HIA was commissioned by the Health Department of the Basque Government and specifically aimed to asses a local regeneration intervention in the city of Bilbao to improve accessibility and urban infrastructures in peripheral neighborhoods. The HIA recommendations proposed aimed to modify specific parts of the intervention and other relevant aspects of neighbors' daily life with a potential impact on health and health equity, and some of them were implemented[12]. This was the first experience in

Spain to explicitly use HIA to assess the potential impact on health and health inequalities in a local non-health project. Its appraisal showed that even if HIA has the potential to effectively include health in the design of public policies and to develop participative models of policy-making, HIA is a political context-dependent tool, and the social, political and administrative contexts can shape its impact[12].

Another local experience was the comprehensive HIA was held in the Bay of Pasaia, a port area in the province of Gipuzkoa. During the 1980s, the decreased port activity led to a social, economic, and urban deterioration of the bay. In 2010, a regeneration Master Plan was presented, then from 2012 to 2013 a HIA focusing on equity was conducted and issued public health recommendations to foster informed decision-making. By the end of 2015, some of the HIA recommendations were taken into account [13]. Beyond the effectiveness in terms of implementing recommendations, the HIA in the Bay of Pasaia helped to incorporate health and equity into the political discourse and placed value on intersectoral partnership. Moreover, HIA functioned as a tool to improve citizen participation, transparency and accountability[14].

It is worth to also recall the HIA performed in the city of Vitoria-Gasteiz in 2008. At that time, Vitoria-Gasteiz had recently been integrated the WHO European project of Healthy Cities of in its IV Phase. At this juncture, a HIA was proposed in order to evaluate the health and health equity impacts of the construction of underground stretch of rail line. However, the project was ultimately withdrawn due to financial unfeasibility in the context of the economic crisis. Although the HIA recommendations became void, an incipient intersectoral collaboration emerged from the HIA[15].

- Health Lens Analysis and Health Impact Assessment at regional level

At regional level, it should be highlighted the screening process of regional policies performed in 2009. At that time, within a research study, a selected number of governmental policies planned by the Basque Government in its eighth term of office (2005-2009) were screened for HIA. As previously mentioned, the screening is the first phase of a HIA, and the purpose of this step is to determine whether HIA is appropriate and required. Given the resources limitation that make not possible to perform a full HIA to all governmental policies, this prioritization is critical, as it allows a sensible selection of interventions that can benefit from a full HIA. In order to prioritize governmental policies a screening checklist based on the WHO Social Determinants of Health Model was elaborated and validated, stating as the first validation of a systematic screening tool for HIA in Spain[16]. On one hand, the screening tool was useful to set priorities for HIA and as a rapid HIA and, on the other hand, this initial experience allowed the planning of non-health policies to be determined in detail to move forward in incorporating impact on HiAP. Furthermore the perceptions of the participating technical staff were positive and acknowledged a raised awareness about the social determinants of health within the organization[16].

An example of the HIA at regional level is a rapid HIA performed on the Third Basque Plan for social inclusion 2011-2015, the Basque Active Inclusion Plan, which was at the formulation stage. Prior to the approval of this policy, a rapid HIA issued recommendations and indicated potential changes in order to maximize its positive effects.

Most recently, the HLA adapted from South Australia was used to analyze the potential impact on population health and health equity of the Fourth Environmental Framework Program 2020 and the Employment Plan 2014-2016. In this case, the HLA was completely embedded within the HiAP approach. Actually, as its main governance tool, the HLA process boasts an HiAP Technical Committee made up of senior executives from the departments responsible for sectoral policies and the General Secretariat for Coordination of the Presidency of the Basque Government [17].

How to make further progress in HiAP implementation?

Since 2006, HIA and HLA have been used to facilitate the integration of health and health equity concerns into the decision-making processes in the Basque Country. Despite this relatively short trajectory, it can be noticed some degree of effectiveness to move forward HiAP implementation. However, health's decision-support tools demonstrated a limited capacity to move forward HiAP by its own, requiring the necessary skills, resources and political commitment to do so. Health's decision-support tools are not enough to ensure the integration of health concerns in decisions made by other sectors. Therefore, HIA and HLA should be considered as a part of a broader institutional arrangement set up to promote intersectoral work[18].

Looking at the main challenges for HiAP implementation in the Basque Country, it can be stated, at strategic level, a lack of awareness and recognition of the social model of health, a lack of a clear political will, and a lack of implementation of good governance values for health. At operational level, it can be identified barriers such as a traditional silos model of governance, or a lack of institutional capacity and resources to develop the technical knowledge, skills, and abilities needed to successful advance HiAP[15]. On the other hand, enabling and facilitating factors can also be highlighted, such as the individual motivation, proactivity and commitment of the technical staff and the informal networks and connections that they developed[15].

A multifaceted and multilevel strategy is required in order to effectively move forward HiAP and ensure its development, implementation and sustainability, because, at the end of the day, the HiAP approach cannot rely exclusively on individual agency and informal networks build through the use of HIA and HLA. In the Basque Country context, this strategy should include institutional changes and mechanisms to enhance technical, social and political support in order to overcome the lack of formal intersectoral structures and weak political support perceived. Comprehensive efforts to build conducive conditions for HiAP development also require improving health literacy, increasing accountability and participation and boosting the political commitment.

The use of health's decision-support tools can effectively facilitate the HiAP progress, but further HiAP deployment is unforeseen without tackling other levels issues. As the experiences in the Basque Country accrue, even though health's decision-support tools are used, formal and sustained intersectoral governance structures are required to move forward HiAP implementation.

Bibliography

1. WHO. *The Helsinki Statement on Health in All Policies*.; 2013. http://www.who.int/healthpromotion/conferences/8gchp. Accessed December 28, 2019.
2. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development .:. Sustainable Development Knowledge Platform. https://sustainabledevelopment.un.org/post2015/transformingourworld. Published 2015. Accessed December 21, 2019.
3. Lin V, Ilona Kickbusch P. *Progressing the Sustainable Development Goals through Health in All Policies: Case Studies from around the World*.; 2017.
4. Mattig T, Cantoreggi N, Simos J, Kruit CF, Christie DPTH. HIA in Switzerland: Strategies for achieving Health in All Policies. *Health Promot Int*. 2017;32(1):149-156. doi:10.1093/heapro/dav087
5. Rozworski, M. & Bellefleur O. An Introduction to the Ethical Implications of Economic Evaluations for Healthy Public Policy. National Collaborating Centre for Healthy Public Policy. Montréal, Québec. https://www.ncchpp.ca/144/publications.ccnpps?id_article=962. Published 2013. Accessed December 28, 2019.
6. St-Pierre L. Selected Tools to Facilitate the Integration of Health in All Policies. *Natl Collab Cent Heal Public Policy Montréal, Québec*. 2017. www.ncchpp.ca. Accessed December 28, 2019.
7. Banken R. From Concept to Practice: Including the Social Determinants of Health in Environmental Assessments. *Can J Public Heal*. 1999;90:27-30.
8. Harris, P., Harris-Roxas, B., Harris, E., & Kemp L. Health Impact Assessment: A Practical Guide. 2007. http://www.hiaconnect.edu.au. Accessed December 28, 2019.
9. Toleikyte L. *Glossary OfTerms: HealthEquity AndHealth InAllPolicies Toolkit*.; 2016. www.facebook.com/PublicHealthEngland. Accessed December 28, 2019.
10. Department of Health. Baque Government. *Health: The People's Right, Everyone's Responsibility. Health Policy for the Basque Country 2013–2020*. Vitoria-Gasteiz, Spain; 2014.

http://www.osakidetza.euskadi.eus/contenidos/informacion/publicaciones_informes_estudio/es_pub/adjuntos/health_plan_2013_2020.pdf.

11. JR R. *Guía Para La Evaluación Del Impacto En La Salud y En El Bienestar de Proyectos, Programas o Políticas Extrasanitarias*. Vitoria-Gasteiz, Spain; 2005.

12. Bacigalupe A, Esnaola S, Calderńn C, Zuazagoitia J, Aldasoro E. Health impact assessment of an urban regeneration project: Opportunities and challenges in the context of a southern European city. *J Epidemiol Community Health*. 2010;64(11):950-955. doi:10.1136/jech.2009.091256

13. Serrano E, Larrañaga I, Morteruel M, et al. Urban regeneration as population health intervention: A health impact assessment in the Bay of Pasaia (Spain). *Int J Equity Health*. 2016;15(1). doi:10.1186/s12939-016-0424-7

14. Serrano E, Larrañaga I, Sanz Tolosana E, et al. Evaluación del impacto en salud de intervenciones de regeneración en la bahía de Pasaia: Percepciones de la población afectada. *Gac Sanit*. 2014;28(6):442-449. doi:10.1016/j.gaceta.2014.06.009

15. Morteruel M. *Valoración de La Efectividad y Sus Determinantes de Las Evaluaciones de Impacto En Salud En El Estado Español*. UPV/EHU.; 2017.

16. Aldasoro, E; Sanz, E; Bacigalupe A; Esnaola, S; Calderón, C; Cambra, K; Zuazagoitia J. Avanzando en la evaluación del impacto en la salud:análisis de las políticas públicas sectoriales del Gobierno Vascocomo paso previo a la fase de cribado sistemático. *Gac Sanit*. 2012;26(1):83-90.

17. Department of Health. Basque Government. Health Lens Analysis of the Fourth Environmental Program (2020) in the Basque Country. Vitoria-Gasteiz: Servicio Central de Publicaciones del Gobierno Vasco, 2017

18. Gase, L. N., Pennotti, R., & Smith KD. "Health in all policies": taking stock of emerging practices to incorporate health in decision making in the United States. *J Public Heal Manag Pract*. 2013;19(6):529-540.