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**Format for the Selection of Case Study**

**Examples of Health in All Policies (HiAP)**

Health in All Policies (HIAP) is a horizontal and complementary policy that has a high potential to contribute to the population´s health. What is key of HIAP is that it examines the determinants of the health, which can be influenced in order to improve the health, but are controlled mainly by other sectors beyond health. [[1]](#footnote-1)

HIAP is different from other intersectoral approaches in that:[[2]](#footnote-2)

* It is coordinated by the formal mechanisms of government
* It is explicitly tied to the supra-governmental agendas and
* It has a common budget

*Health in all Policies is an innovating political strategy that describes the need of a new social contract between sectors move human development, sustainability and equity forward, and that improves the health of the population. HIAP works better when:*

*• There is a clear mandate that makes the whole-of-government a priority;*

*• The systematic processes take into consideration the interactions between diverse sectors;*

*• The mediation happens through diverse interests;*

*• The processes of accountability, transparency and participation are present;*

*• The interested parties are and work together outside the government;*

*• The intersectoral initiatives create alliances and confidence.*

*Declaration of Adelaide on Health in all Policies. WHO, the Government of South Australia, Adelaide 2010.*

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| SECTION 1:  Title/Author Information |  |
| Name of Case of **HIAP** |  |
| Location of Case of **HIAP** |  |
| contact Person | Name:  Title:  Telephone:  Email:  Address: |
| Institution | Name:  Address: |
| **At what level is the HIAP case applied? (National, Provincial, Local)** |  |
| When did the **HIAP case start**?  (Minimum 2 years) |  |
| **Describe:** **the population in which HIAP Case is based in.** |  |

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| SECTION 2:  Considerations of HIAP |  |
| Explain the origins of the **HIAP Case**? |  |
| Describe the actors who have been involved in this **HIAP Case**. |  |
| Describe the role of the political will and how greater levels of Government have participated in this **HIAP Case**. |  |
| Has the **HIAP Case** incorporated a *“whole of government approach[[3]](#footnote-3)”* to reduce inequalities? |  |
| Why was the interpectoral action selected? How was it developed? |  |
| Describe the roles of the main sectors involved and how they contributed to the development of the **HIAP Case**. Does an interpectoral team exist? |  |
| Also describe the role of the health sector and who led the process. |  |
| Is there an inter-ministerial or interdepartmental Committee? If so, describe and include an organizational chart with the different actors and sectors. |  |
| Describe the **HIAP** case´s financial mechanisms; does it have its own budget? |  |
| Describe the economic arguments that exist for the continuous financing of this **HIAP** case. |  |
| Describe the role of public participation; what participation mechanisms are used? |  |
| Describe how the **HIAP** case has used the following tools: evaluation of the impact of the health[[4]](#footnote-4) and Urban Heart[[5]](#footnote-5). |  |

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| SECTION 3: health promotion Considerations |  |
| Has the **HIAP** case contributed to policy changes in other sectors? If yes, please describe. | Yes ( ) No ( ) |
| Does this **HIAP** fit under supranational / global mandate?  If yes, please describe. | Yes ( ) No ( ) |
| Has the **HIAP** case contributed to the collaboration between public and private sectors? If yes, please describe. | Yes ( ) No ( ) |
| Has the **HIAP** case contributed to the collaboration with the social sector? If yes, please describe. | Yes ( ) No ( ) |
| Has it developed capacity in its target population for the continuous application of **HIAP**? If yes, please describe. | Yes ( ) No ( ) |
| Describe how this **HIAP** case demonstrates creativity and the innovation. |  |
| Has this **HIAP** case contributed to interinstitutional work? If yes, please describe. | Yes ( ) No ( ) |
| Has the **HIAP** case contributed to the gender perspective women empowerment? If yes, please describe. | Yes ( ) No ( ) |
| Has the **HIAP** case contributed to ethnic diversity? If yes, please describe. | Yes ( ) No ( ) |
| Has the **HIAP** case contributed to the improvement of human rights? If yes, please describe. | Yes ( ) No ( ) |
| Has this **HIAP** case had a multiplying effect? If yes, please describe. |  |

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| SECTION 4:  Impact and lessons learned |  |
| Describe to what extent the objectives were fulfilled in this case of **HIAP**? |  |
| Which was the impact of the **HIAP** case; How did it contribute to intersectoral action? |  |
| How has this **HIAP** case contributed to social change? |  |
| Describe how the **HIAP** case has helped to decrease health inequities. |  |
| Describe the sustainability of the interventions. |  |
| Describe the facilitation factors and barriers found in the application of the **HIAP** case. |  |

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| SECTION 5:  Evaluation and roll-out |  |
| Describe the results of the formal evaluations on this **HIAP** case. |  |
| Was there an information system of intersectorial nature and of evaluation used? |  |
| It there published Literature on this **HIAP** case? If yes, please describe. | Yes ( ) No ( ) |
| Please enclose photos, materials or proofs of the efficacy of this experience |  |
| Does this **HIAP** Case have a Website, and if so, can it be found in online social networks? |  |

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| SECTION 6:  search Criteria of the experience in the Web | | |
| In which of the 6 strategic lines of action on HIAP can this case be located?  see: (link to lines of action) | 1. To establish the needs and priorities to achieve HIAP: 2. To establish the framework for the planned action 3. To define the complementary structures and processes: 4. To facilitate the evaluation of the participation 5. To guarantee the follow-up, evaluation and presentation of information. 6. To develop and strengthen capacities: | |
| Indicate the amount of people who benefit from the case. |  | |
| Select the age of the people who benefit from the case (she can be marked more than an option) | 0 to 5 years:  5 to 15 years:  15 to 30 years:  30 to 60 years:  60 years and over:  All the population:  Vulnerable populations: | |
| Select the scope in which the case is developed (more than an option can be chosen): | Urban:  Rural:  Insular:  Subnational:  National: | |
| Indicate the sector that has the lead in the case (more than an option can be chosen): | Education:  Health:  Urbanism:  Development:  Infrastructure:  Housing:  Labor:  Companies (private sector):  Civil society:  Security/Safety  other? | |
| Name of the organizations that have led or lead the experience. |  | |
| Do you authorize the publication of an email in the HIAP Web page? | Yes:  No:  Authorized electronic mail: | |
| Do you authorize the publication of this case´s Webpage in the HiAP web page? | Yes:  No:  official Web Page of the experience:  Other pages Web (maximum 2): | |
| Do you authorize the publication of videos of this experience in the HIAP Webpage ? | Yes  No  The video must have a minimum quality of 640 px of wide, variable height, in MPEG format. The videos can come annexed or please send the youtube or vimeo links where they can be seen. | |
| Do you authorize the publication of photographs of the experience in the HIAP Webpage? | Yes  No  Attach minimum one and maximum 5 photos. The minimum resolution of each photo would have to be of 2480 pixels of wide, variable height, to 300 ppp pixel per inch. The format of the photos must be jpg. Number the photos by order of importance. | |
| Do you authorize the publication of this document about your case in pdf, on the HIAP webpage? | Yes  No | |
| AUTHORIZATION | | The sending of information, attached archives, photos, videos, contact information etc. that this format and its annexes has, is understood as an authorization to be used on the HIAP webpage and as well as in other PAHO materials on the same topic. |

1. Sihto M, and Ollila, Koivusalo M. (2006). Principles and challenges of the health in all Policies. In: Stahl T, M Wismar, and Ollila, Lahtinen and, K Leppo (eds), Health in all Policies: perspective and possibilities. Ministry of Social Subjects and Health and the European Observatory of Systems and Health Policies, Helsinki, pp. 3-20. [↑](#footnote-ref-1)
2. Shankardass, K. ET to. (2011). Introduction to the Health in all Policies. Report for the Ministry of Health and Length Term (Ontario). [↑](#footnote-ref-2)
3. Whole of Government Approach: “Whole of government denotes public service agencies working across portfolio boundaries to achieve to shared goal and an integrated government response to particular issues. Approaches dog sees formal and informal. They can focus on policy development, program management and service delivery.” (Australian Public Service Commission, 2012: <http://www.apsc.gov.au/mac/connectinggovernment1.htm>) [↑](#footnote-ref-3)
4. <http://www.who.int/hia/en/> [↑](#footnote-ref-4)
5. <http://www.who.int/kobe_centre/measuring/urbanheart/en/> [↑](#footnote-ref-5)