The Importance of Health in All Policies (HiAP)

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Abstract: The concept of health in all policies (HiAP) has emerged as a mechanism to promote actions on the social determinants of health, with an emphasis on oppressors in which health is not a priority. Health in all policies is important for prevention, for promoting a healthy lifestyle, as well as for improving the factors that harm the health of the population as a whole. This article aims to talk about the significance of health in all policies; It begins by giving a general description of HiAP, by addressing issues such as the importance of health in all policies, stages, and conditions of applying HiAP at the level of public policy, but also prospects for introducing HiAP in Romania. Health in all policies (HiAP) was legally legitimized as a European Union (EU) approach in 2006 and resulted from long-term efforts to improve actions on the need for health involvement in policies, stemming from the recognition that policies affect health care systems and the scope of national health regulations. However, HiAP implementation remained a challenge. HiAP is a more complex approach compared to health impact assessment, and at the European level, it needs to take into account the importance of developing European policies with implications in the health field, as well as the extension to transparency, accountability, and scope for health policy arguments in political decision making.

Keywords: *HiAP; health; public policy; management; economy.*

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1. Introduction

Health is closely linked to the concept of quality of life and, starting from this vision, in developed countries, health services, and health policies combine, efficiently, with other types of social policy, for the most appropriate investment in the recovery of the human capital of the respective community. One of the main goals of health policies is to achieve a high level of population health through the equitable distribution of health care services. This aspect is important, given that the health condition conditions the employment, which leads to the economic growth of a state. Another objective is the fair financing, in which the expenses reflect the payment capacity, and not necessarily the risk of illness of the population.

Health in all policies (HiAP) is a care strategy aimed at promoting and maintaining the health status of the population, taking into account health-related safety factors, which also refer to important factors such as socioeconomic factors, social factors, as well as other aspects that influence behavior and lifestyle. Therefore, the strategy for implementing health in all policies is needed to support policymakers in integrating health status and equity in implementing and evaluating policies, as well as in identifying specific policies for maximizing the health status of the population.

Health policies aim to promote balanced population health, and the emergence of these policies was determined by certain factors that endangered people's health systems and health. Thus, in response to global issues, particularly about vulnerable individuals and/or groups, the global community has made coordinated efforts to set goals, provide services and improve the health of the population. The United Nations (UN) has set ambitious goals for promoting health policies, reducing extreme poverty, factors influencing the occurrence of cardiovascular diseases, stopping the spread of viruses, promoting universal primary education. Specifically, WHO monitors basic national indicators that help explain its progress or lack in achieving specific health policy goals at the country level.

2. Research Methods

The literature review offers an important perspective on a particular scientific topic; thus, the literature review can be argumentative, integrative, historical, methodological, systematic or theoretical, and these approaches can be adopted depending on the types of analysis in a particular study. (Siddaway, Wood, & Hedges, 2019: 747-770). The purpose of this review is to research the available literature to provide a practical framework for the introduction of HiAP in Romania; We aimed in particular at identifying the

best models and practices for developing a standard generic methodology for health in all policies and applying it to selected national projects, programs, actions, and policies.

Carrying out a systematic review depends to a large extent on the scope and quality of the articles included; thus, it is possible to change the initial review protocol during the review. Before the systematic literature review, a scope search was conducted to determine key concepts and to identify key data sources. The sources used for the review consisted of literature available online, published between 1970-2018, and then analyzed and compartmentalized, using English search terms. A total of 208 articles were identified during the first screening and evaluated based on the article title and then the summary. After grouping and assessing eligibility, 112 full-text articles were downloaded and analyzed and a final group of 48 articles and 25 books was included in this review. The review included retrospective and prospective assessments of the impact of policies on health, programs, and projects outside the health sector.

3. Literature review

At the global level, there has always been a concern for diminishing health problems, and the search for solutions to health problems began by developing and implementing policies in this area, taking into account methods modeled by socio-political, economic and historical environments, highlighting the importance and the beneficial role of health policies on the population, on efficient and equitable health care, aspects supported by Anderson (1989) and Roemer (1993).

Health policies are based on the availability of financial resources, as well as the ability of citizens to pay extra for the health services they receive, according to Blumenthal and Hsiao (2005), De Groote, De Paepe, and Unger (2005), Fiedler and Wright (2003), Giffin (1994). Using data from the health sector reforms in Uganda, Ghana, Zambia, and the Philippines, Bossert and Beauvais (2002) note that the lack of health policies in areas considered as a priority, including the cardiovascular field, reduce the efficiency of the activity of the sanitary units. Twaddle (1996) considers, on the basis of a well-grounded theory, that the implementation of health policies is the basis of the evolution of states, an aspect also supported by Graig (1999), Waitzkin, Jasso-Aguilar, Landwehr, and Mountain (2005). The consequences of these aspects influence the development of national health policies, and the achievement of public health objectives seems to be one of the most critical, according to the studies of Saltman (2003).

The definition of health in all policies is relatively recent and refers to the need to involve the health salt in the elaboration of policies. "Health in all Policies is a collaborative approach to improving health by incorporating health considerations into decision-making between different sectors and areas of public policy." (Rudolph, Caplan, Ben-Moshe, & Dillon, 2013: 6). "Health in all policies is a cross-sectoral approach to public policy that systematically considers the implications of health decisions, seeks synergies and avoids their negative impact to improve population health and health equity." (Graig, 1999: 33 – 36).

4. The importance of approaching health in all policies

The idea of health in all policies (HiAP) is closely linked to two findings, namely that, on the one hand, the socio-cultural determinants of health influence the adoption by the population of healthier behaviors and, on the other hand, the prevalence and the impact of diseases is higher in groups where social inequities are higher. Also, studies have shown that vulnerable groups benefit later than others from improvements and are much more affected by unexpected changes. HiAP has emerged as a solution that reconciles both the determinants of health and social inequity through structure and actions subsumed by intersectoral governance. There are countless examples of how the health of the population was included in the government, even if this purpose was not explicit. (De Leeuw & Peters, 2014: 1- 11). HiAP is useful from three perspectives: that of estimating the impact of other policies on health, through the determinants of health, when these policies are in the planning phase; that of assessing the impact of existing policies and that of formulating evidence-based public policies.

To emphasize the importance of health in all policies, we remind the experience of some states that apply HiAP:

- In Finland, the concept of HiAP has its roots in the Report of the Working Group on Health Objective Analysis of the Finnish Economic Council, 1972. In Europe, the concept was introduced in 2006, with Finland taking over the Presidency of the Council and has the meaning of a cross-sectoral approach to health policies. Because the approach to health in intersectoral policies needed an appropriate tool, HIA appeared, "procedure for early analysis of the possible effects on the health of a decision related to a project, program or policy, with a well-established methodology." (Ståhl, 2018: 40).

- In Denmark, the development of health policy took shape in Esbjerg and meant a process launched in 2010, finalized with the adoption

of new local health policy. The objectives were defined by the health profile of the municipality, thus: increasing the life expectancy of the inhabitants, increasing their involvement, reducing inequalities between different groups of the local population and improving collaboration between the sectors of the municipality (McQuinn, Wismar, Lin, Jones, & Davies, 2012: 170 - 171).

5. The stages of HIAP implementation at the public policy level

The Helsinki Declaration (WHO, 2014) establishes the framework of action for the implementation of HiAP at country level, with six key components: (a) identifying needs and priorities; (b) action planning; (c) identification of support structures and processes; (d) facilitating evaluation and participation; (e) ensuring monitoring, evaluation, and reporting; (f) institutional capacity building. In this regard, De Leeuw and Peters (2014) identified, after evaluating the different practices of HiAP implementation, a model of applying HiAP in the public policy cycle, respectively:

- Defining the problem - Evidence and arguments are important in defining the problem, but just as important are the communication of the problem and the interests of those involved.

- Existing policy assessment - Any policy can be a potential opportunity for HiAP. Or models that have worked in other cases can be adapted. To the same extent, existing policies may prevent the incorporation of HiAP. To evaluate the concrete situation, it is necessary to carefully analyze the public policies in force, which are related to the sector in which we want to intervene.

- Documentation- Generally, the sources of the existing evidence had their interests when they were made public. Understanding the context, mechanisms, and interests of those who provided evidence and/or support certain policies in the area of interest of the problem identified is essential.

- Developing alternatives with stakeholders- When negotiating the best policy option, even if the evidence is clear, these and the way of presentation must be tailored to the context, but also the preferences of relevant stakeholders and social groups.

- Negotiation of costs and benefits- The most important feature related to the cross-sectoral character of HiAP is that all participants will benefit from involvement.

- Mapping power, interests and priorities- for the process of developing a policy it is essential to know who will support and who will oppose the proposal. The key factors may be agreed during the discussions,

but implementation depends on several actors and groups that might be opposed.

- Valuing the political strategy- Initiating, adapting and preparing for the implementation of a policy are central stages in the decision-making process. High-level political support, as well as executive support, are essential to the success of HiAP.

- Description and implementation planning - Some policies are symbolic, ie they were developed and adopted because they should, but no one is concerned about their implementation. Establishing the preliminary stages and results leads to tangible effects on health and reducing inequity in health. (De Leeuw & Peters, 2011: 1-11).

6. Conditions of HiAP application

When we talk about integrating HiAP into a policy outside the health sector, we can identify three possibilities: (1) the existence of a common objective between the health sector and the policy whose effect is to be evaluated, in which case the cooperation between the two sectors it is characterized by the gain of both parties; (2) the compatibility between the HiAP and the policy objectives, in the sense that they are not mutually exclusive and are not competitive and then health can be included as part of the evaluation; (3) the incompatibility between the HiAP objective and that of the policy concerned, in which case negotiations and compromises are required. (Nutbeam & Wise, 1996: 219–226). To be able to include health considerations in the process of public policy development, political will and public support are needed. Decisive transparency, public participation, and democracy are essential conditions for HiAP. There is a need for openness and collaboration between the actors involved, sufficient time for analysis, a strong argumentation of the impact on health and consideration of alternative policy options to the one initially proposed.

Many countries have chosen various modalities of cross-sectoral cooperation for the implementation of this approach, which aims at the implications of policies in different sectors on population health. These include inter-sectoral standing committees responsible for the preparation, implementation, and monitoring of the HiAP strategy, committees formed on specific issues/policies; formal consultations or formulation of official views on the respective topics, but also informal mechanisms and contacts. (De Leeuw & Peters, 2014: 1-11).

The legal basis for promoting HiAP at the European level is the Amsterdam Treaty which provides for the protection of health through all

public policies and actions. All major European and national initiatives should be accompanied by an impact assessment on population health. However, the major concerns of the U.E. are the market and economic policies. To determine the application of HiAP in the Member States, health should be promoted on the European political agenda as a value in itself. At the level of the Member States, the requirements necessary for the implementation of HiAP include ensuring the participation of the NGO sector, public information on the health implications of the various policies, mandating structures for the implementation of HiAP and assigning clear responsibilities to the personnel involved, allocating resources to the responsible (human, knowledge, financial, etc.), the clear understanding of the links between the determinants of health and health and between them and other sectors. (Twaddle, 1996: 637-654).

7. Prospects for the introduction of HiAP in Romania

Romania is, in terms of health in general and public health in particular, behind other European states. However, it has undertaken to work towards the implementation of the Health in All Policies (HiAP) approach by including this aspect in the objectives of reference strategies for health. At the international level, Romania has adopted the 2030 Agenda for Sustainable Development, a global action program that brings together the social, economic and environmental components. Objective 3 of the Agenda is Health and Welfare and consists of ensuring health and well-being for all (the principle of equity), at any age. This objective involves considering the determinants of health and how they affect the most vulnerable categories of the population, as well as the effort to reduce the potential negative effects of actions in different health sectors on the health and well-being of the population. The 2030 agenda has been transposed internally through the very recently approved National Strategy for the Sustainable Development of Romania Horizon 2013 - 2010 - 2030, whose Objective 3 - Health and well-being - implies the promotion of health education (Gorghiu, Buruleanu, Gorghiu, & Avram, 2018; Khatuntseva, et al., 2020), prevention and a healthy way of life. Horizon 2020 has set itself a national objective, in addition to improving the parameters of population health and the quality of medical services "integrating health and demographic aspects into all public policies of Romania", is adopting the HiAP approach. (Celac & Vădineanu, 2018: 33 – 35).

For its part, the National Health Strategy 2014-2020 "Health for prosperity" provides for the strategic area Cross-measures, the general

objective 5 - an inclusive, sustainable and predictable health system through the implementation of priority cross-cutting policies and programs. The same Strategy also provides for other measures aimed at indirectly contributing to the implementation of HiAP, by prioritizing Health concerning the environment, namely: (a) communicating health risks to the population; (b) research into the determinants of health about the environment and climate change; (c) training of public health personnel in areas such as environmental health, occupational health, food safety; (d) improving the research and analysis capacity of structures and personnel in the field of public health, etc. (Ministry of Health, 2014: 48 – 52).

Other requirements for the implementation of HiAP are real concern for health and prevention, education of the population on health risks, inter-institutional collaboration (which involves more than coexistence), functional consultative and participatory mechanisms, political will and leadership and the legislative regulation of the process. In addition, to introduce HiAP you need the money and implementation monitoring/evaluation. All these aspects are far from being met systematically, as part of the institutional culture of the central and local authorities. Therefore, the legitimate question arises whether we are prepared for such an approach or does the mention of HiAP in strategies have only symbolic value, without the intention of being applied. (Celac & Vădineanu, 2018: 38 – 42).

8. Conclusion

The impact on health can be positive or negative, intentional or unintentional, unique or cumulative. The range of changes may or may not be equally distributed in the population; so the HIA should consider impact equity.

Improving health and ensuring social equity in the field of health begins with ensuring access to health services for all members of society. This sector must be available in both urban and rural areas, both in the public and private sectors. The quality and performance of hospitals must be uniform in all regions of the country and comply with European standards in this regard. The health of the population is the basis of the development of society. Thus, the areas of the approach of the factors that influence health are diverse and start from the existing health problems, continuing with the state of the environment, the socio-economic development or political governance. To ensure the protection of health, governments of the world tend to include health in development programs through public policy

(Karaatmaca, Altinay, & Altinay, 2019). Over time, the European Union in general and each Member State in particular has changed its approach to public health issues. Its activities were carried out on the basis of action plans focused on specific issues. Subsequently, the European leaders considered that a global approach through the adoption of multi-annual action plans containing complementary and coherent measures will increase the efficiency of the Community action in the field of health, contributing to the objective of ensuring a high level of health protection.

Health policies are developed based on economic and governmental conditions but also based on organizational ideologies and interests, which may concern the survival and expansion of certain health units or institutions. This current trend requires a reconsideration of economic policies and differences regarding the control and impact of health services.

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