Introduction - What is Intersectoral Action on Health (ISA)?

Working together across sectors to improve health and influence its determinants is often referred to as intersectoral action on health (ISA). Many approaches to implementing ISA exist. The most appropriate scale and method for action can be determined according to context and environment. For instance, one general strategy is to integrate a systematic consideration of health concerns into all other sectors’ routine policy processes (e.g. “Health In All Policies” approach). Another approach is a narrower and more issue-centred strategy in which the goal is to integrate a specific health concern into other relevant sectors’ policies. Despite a wealth of literature on intersectoral action, from the 1978 Alma-Ata Declaration to the 2010 Adelaide Declaration, successful initiatives in this area remain a challenge for cities and countries around the world. In order to identify evidence and mechanisms to promote ISA, WHO has documented experiences of cities taking this approach. Varde municipality’s experience with an intersectoral health policy is an example of a wider intersectoral approach, where the aim is to systematically include general health considerations in other sectors’ policy processes. It provides an example of “health in all policies” at local government level.

Background

Denmark is a constitutional monarchy with a parliamentary system of government, a state-level government, regional governments, and local city councils (19 municipalities). Varde is a town of 5,000 inhabitants in the region of Southern Denmark. In 2007 Denmark underwent an extensive public sector reform. Consequently, municipalities were given the primary responsibility for public health. Many municipalities adopted ad hoc health policies. This was also the case for Varde Municipality, which launched an intersectoral policy during the summer of 2007. In June 2008 the City Council approved the final version of the policy, which is valid for the period 2008-2011. During the spring of 2011, a research team from the University of Southern Denmark conducted a process evaluation of the development and implementation of the intersectoral health policy in Varde using the case study method. This study identifies challenges and facilitating factors in the development and implementation of the policy, giving a detailed evaluation of the process at local government level.

METHODS & OBJECTIVES

A case study based on review of local government documents, media reports, and semi-structured interviews with informants from different sectors. The case study is a part of a series of case studies, which have been documented in order to identify local government experiences with ISA. Important practical lessons can be drawn from this experience for other cities or towns planning to introduce similar policies.

Challenges

- Lack of ownership in non-health sectors. The policy was perceived as an “extra task”, and not as a supporting tool for working with health issues. Employees in non-health sectors felt that they had to give priority to health at the expense of other important issues.
- Health sector employees were perceived as self-righteous by other sector employees. The health sector employees, particularly at the project secretariat, felt that the level of motivation set by the policy was not met met other sectors. It is seen as very important that the collaboration itself is addressed in an intersectoral way instead of the health sector “dominating with its view of health issues”.
- All once begun, but substantial additional funding was provided for intersectoral initiatives. The lack of funding, combined with the vertical municipal structure, where each sector manager only has responsibility for their own sector, operating with a focus on profits and results within the sector, meant lack of incentives to work across sectors.
- Lack of baseline measures in the policy and lack of baseline measures has made it difficult to follow up to concrete actions.
- It has been difficult to ensure community participation during implementation. A challenge is to find the right channels for keeping attention on the policy.

Facilitating factors

- Political support has been crucial. This especially goes for the development phase, where the local politicians had an active role in discussing and enhancing improvements to the policy document.
- The citizens were given a chance to give inputs to the policy during its development. Community participation and empowerment are critical to focus attention on the needs of the people.
- The use of local media for disseminating “good stories” has given the policy a lot of positive public attention.
- Establishment of a “fund for health” in 2011. Units from different sectors may apply for funding (as a criteria, projects have to be carried out between at least 2 sectors). This is a new initiative, and its impact remains to be seen, but it certainly is a tangible motivation for the sectors to collaborate and find intersectoral solutions.
- Establishment of “health networks” in different sectors. The aim of these networks is to disseminate information and knowledge from the project group to all units in the municipality and to facilitate information and communication across the networks.
- The official status of the intersectoral policy. For example, it is no longer necessary to ask for permission for working with health outside the borders of the health sector. By getting employees from different backgrounds together in meetings or in project groups, common interests between sectors have been revealed. This would not necessarily be easy to achieve in a traditional municipality structure, or without an official framework for collaboration.

Recommendations

- Crafting more specific objectives for the health policy, based on solid background measures, is important for future policy evaluation and follow up. Using Health Impact Assessments (HIA) for relevant activities in all sectors can be recommended.
- Placing in place an official policy can help foster intersectoral collaboration as sector employees have a clear mandate to work with other sectors.
-Engaging all sectors from the beginning and ensuring that information is shared within the sectors is crucial for building ownership to policy (e.g. Establishing “health networks” in Varde).
- A project secretary with a broader orientation than health can act as a bridge-builder between different sectors.
- Ensuring the appropriate level of representation in the main project/programme coordination group. In Varde, the initial representation in the project group, which coordinates the joint projects, was considered to be too low for effective implementation and was changed from administrative level to managerial level representation.
- Involvement of city council politicians throughout the process is needed to maintain political attention. Involvement of citizens and local media should be promoted to ensure ownership.
- A joint budget/ fund can significantly increase the incentives to work intersectorally (e.g. “Fund for health” in Varde).
- Collaboration with research groups can help facilitate a solid basis for evaluation of the policy and strengthen the policy approach.

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CONTACT INFORMATION
World Health Organization Centre for Health Development (WHO Kobe Centre)
Address: 1-5-1 Wakinohama-Kaigandori, Chuo-ku, Kobe 651-0073, Japan
Tel: (+81) 78-230-3100 Fax: (+81) 78-230-3178
Email: wkc@wkc.who.int
URL: http://www.who.int/intersectoral