

Review Article	Pak-Euro Journal of Medical and Life Sciences	
DOI: 10.31580/pjmls.v7i3.3116	Copyright © All rights are reserved by Corresponding Author	
Vol. 7 No. 3, 2024: pp. 357-364		
www.readersinsight.net/pjmls	Revised: September 22, 2024	Accepted: September 25, 2024
Submission: July 09, 2024	Published Online: September 30, 2024	

## INTEGRATING PUBLIC HEALTH INTO CROSS-SECTOR POLICY MAKING: ADVOCATING FOR A HEALTH-IN-ALL-POLICIES APPROACH



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### Abstract

**Background:** The Health-in-All-Policies (HiAP) approach is recognized as a critical framework for integrating public health objectives into the policy-making processes across various sectors. Despite global advocacy for HiAP, its implementation varies significantly across regions, with only 23% of countries reporting comprehensive adoption by 2020. This disparity underscores the need for a thorough examination of HiAP's effectiveness in promoting health equity and improving population health outcomes.

**Objective:** This schematic review aims to evaluate the impact of the HiAP approach on public health outcomes and health equity. It also identifies the barriers to its implementation and offers evidence-based strategies to enhance cross-sector collaboration in policy-making. Our main focus was to identify approaches that enhance the healthcare outcomes in areas where healthcare facilities are not common enough.

**Methods:** A systematic review of 40 selected peer-reviewed studies and government reports published between 2010 and 2023 was conducted. Data were extracted on the effectiveness of HiAP interventions, particularly in sectors like urban planning, transportation, education, and environmental policy. Metrics included changes in population health indicators, such as the prevalence of non-communicable diseases (NCDs), and reductions in health disparities measured by Gini coefficients.

**Results:** The analysis revealed that regions with robust HiAP frameworks reported a 15-20% reduction in health disparities over a decade, particularly in urban settings. For example, the implementation of HiAP initiatives led to a 12% decrease in cardiovascular disease mortality between 2011 and 2021 in some regions. Additionally, intersectoral policies addressing environmental health issues contributed to a 25% decline in respiratory-related hospital admissions. However, the review also identified significant challenges, including fragmented governance structures and limited political will, which hindered the full potential of HiAP, particularly in low- and middle-income areas.

**Conclusion:** The HiAP approach has proven effective in improving public health outcomes and advancing health equity when fully implemented. The evidence suggests that scaling up HiAP, supported by strong political commitment and cohesive governance, can lead to significant public health gains. To overcome existing barriers, a focus on capacity building, stakeholder engagement, and continuous monitoring is essential.

**Keywords:** Cross-sector collaboration, Health equity, Health-in-all-policies (HiAP), Intersectoral governance, Policy-making strategies, Public health integration, Public health outcomes

## INTRODUCTION

Topics like non-communicable diseases, health inequities and environment health are some of the nonlinear determinants that require multi-sectorial solutions including education systems, cities and transport, environment laws among others. Thus, the approach which locates health policy analysis within the boundaries of health sector alone is not adequate to deal with these multifaceted issues (1). The Health-in-All-Policies (HiAP) approach, as a framework, has recently become acknowledged as a key tool for intersectoral cooperation, whose primary goal is to take into consideration health in the processes of



elaboration of policies of all branches of the government (2). It acknowledges that the policies in the fields such as housing, transport, education, and environment respectively can influence and impact on the major health trends and the future health equality in the society (3). While most of the available literature addresses HiAP implementation in developed countries and rare attention is paid to LMICs despite the fact that health problems like NCDs and health inequality are usually more aggravated in LMICs. Nevertheless, HiAP's advancement and its integrative concept is experiencing a gradual increase of advocates and interest around the world (4), while its governmental promotion and consequently its practice remain disparate between nations and continents. According to the data provided by the World Health Organisation, by the year 2020, only 23% of the countries had provided a detailed description of the implementation of HiAP along with the unequal distribution of the degree of implementation and quality (5, 9). It is against this background that there is a call for further analysis of the HiAP approach to learn how it works, its benefits especially on the health of the people and how the equity issue has been handled in implementation of this approach (6, 8) and the challenges likely to make the wider implementation of this approach a challenge. Against this background, this paper seeks to pluralize the discussion by specifically highlighting the corresponding prospects and constraints regarding HiAP in the context of LMICs, with a particular interest in non-communicable diseases (NCDs) and health inequalities. This systematic review aims to establish the effectiveness of HiAP interventions from the outcomes of health and health equity in these settings. Recent literature shows that HiAP can play a very crucial role in determining health today such as NCDs and Health inequality but the implementation of HiAP faces several barriers due to political, institutional and governance factors (7).

This systematic review seeks to result in an evaluation on the effects of HiAP approach in public health to enhance the health care facilities in health care deprived regions of the world. Performed as the systematic review of the 50 academic articles and governmental reports published between 2010 and 2023, the review assesses the impact of HiAP interventions in many sectors, such as spatial planning, transport, education, and environmental protection. It also outlines the implementation and the most frequent challenges to its application, as well as recommendations for improvement of collaboration between sectors in policy and practice. This review helps build the existing literature on HiAP with a focus of advancing health with equity by acknowledging the current realities that are faced regarding the integration of intersectoral action across different political and governance environments. Therefore, by devoting attention to LMICs, this review contributes to the existing HiAP literature by providing behavioural evidence to address the unique implementation challenges such as weak governance and limited political commitment often encountered in LMICs. The outcomes of this review are believed to provide relevant points to the policymakers to improve the state of health equity through higher level of intersectoral cooperation.

## METHODOLOGY

This study aimed to use a systematic review to assess the efficiency as well as the effects of the Health-in-All-Policies (HiAP) approach towards the improvement of the people's health and the promotion of health equity. The review comprised of 50 empirical studies and government documents that were published between the year 2010 to 2023 across multiple sectors including the urban development, transport and education, and environmental policies. Studies were included based on inclusion and exclusion criteria as recommended by PRISMA. Inclusion criteria were: English language articles published between 2010 to 2023, those that explored HiAP in low and middle-income countries, those with quantitative measures of health (including non-communicable diseases, health inequality using the Gini coefficient), and sectors that include planning and design, transport, school health promotion, and environmental policy. Studies conducted in high-income countries/regions without HiAP frameworks were excluded, grey literature including editorials/ opinion articles and studies proposing theoretical frameworks without evidence were also excluded. Thus, the outcome of the studies which were reviewed were the key findings on implementation outcomes, and implementation barriers and best practices that can improve cross-sector collaboration. The sources screened were PubMed, ScienceDirect, and Google Scholar with keywords: Health-in-All-Policies, HiAP, noncommunicable diseases, health equity, urban planning, LMICs, cross sector



collaboration, and environmental policy. A brief review of the chosen papers is presented in the table below indicating the sectors engaged, types of intervention, health outcomes considered findings, challenges and the proposed strategies in Table I.

**Table I.** Review analysis of health-in-all-policies (HiAP) studies

Sector(s) involved	Intervention type	Health outcomes measured	Key findings	Barriers identified	Strategies recommended
Urban Planning, Transportation	HiAP Policy Framework	Reduction in NCDs, Gini Coefficient	15% reduction in health disparities, 10% decrease in NCDs	Limited political commitment, fragmented governance	Strengthening governance structures, policy alignment (10)
Environmental Health, Education	Cross-sector Collaboration	Decline in respiratory diseases	25% decline in respiratory-related hospital admissions	Resource allocation, lack of coordination	Better funding allocation, cross-sector training programs (11)
Transportation, Urban Planning	Integrated HiAP Approach	Decrease in cardiovascular diseases	12% reduction in cardiovascular disease mortality	Inadequate infrastructure, low stakeholder engagement	Infrastructure improvements, increased stakeholder involvement (12)
Urban Planning, Public Health	Health Equity Initiative	Improvement in health equity indicators	18% decrease in the Gini coefficient	Economic constraints, political instability	Advocacy for stable funding, community-based interventions (13)
Education, Health Services	HiAP Educational Reforms	Increase in health literacy, reduced health disparities	20% increase in public awareness, 15% decrease in health gaps	Cultural barriers, limited access to education	Community education programs, multi-language health materials (14)
Transportation, Environmental Policy	Intersectoral Environmental Policies	Reduction in pollution-related health issues	30% reduction in air pollution-related illnesses	Policy conflicts, lack of intersectoral communication	Policy harmonization, improved interdepartmental communication (15)
Public Health, Urban Planning	Collaborative Governance Model	Improved health equity, reduction in health disparities	20% reduction in regional health disparities	Weak governance, limited local engagement	Stronger local governance, inclusive policy development (16)
Environmental Health, Transportation	Urban Sustainability Initiative	Decrease in respiratory diseases, increase in physical activity	22% reduction in respiratory illnesses, 15% increase in physical activity	Insufficient funding, regulatory hurdles	Enhanced funding strategies, streamlined regulatory processes (17)
Education, Urban Planning	School-Based Health Programs	Improvement in child health outcomes	18% increase in child fitness levels, 10% reduction in obesity	Lack of school resources, policy misalignment	School resource allocation, aligning educational and health policies (18)
Health Services, Environmental Policy	Community Health Integration	Reduction in infectious disease prevalence	25% reduction in waterborne diseases	Limited access to clean water, fragmented services	Community engagement, improved water and sanitation infrastructure (19)

## RESULTS

The analysis of fifty HiAP related studies pointed to the fact that, while the application of the HiAP was effective across various sectors and in different regions, the efficacy outcomes were rather heterogenic. Among 50 reviewed studies, 60% of them were conducted in LMIC, and 40% of the studies were conducted in high-income countries. Most papers from LMICs were published from SSA (30%), South-east Asia (20%) and Latin America (10%). This geographic distribution underlines the generalizability of the results to the international level with special emphasis on the solutions to the viewed PHC priorities in LMIC. In general, the importance of the HiAP approach was supported as it had positive effects both on outcomes and health equity; however, it was noted that the process benefited countries with well-developed governance systems. Nevertheless, several factors persist to prevent the optimization of HiAP, especially in LMICs. The same author pointed out that when implementing HiAP interventions, there was a positive and significant change on the overall communication of health related factors including NCDs, respiratory diseases, and health equity. As the findings showed the level and degree of improvement was possible to differ in regions, sectors, and as the nature of interventions as shown in Table II.

**Table II.** Health Outcomes Associated with HiAP Interventions (20-22)

Health Outcome	Percentage Change	Regions/Contexts
Reduction in health disparities	15-20%	Urban settings, developed countries
Decrease in cardiovascular disease mortality	12%	Urban and transportation sectors
Decline in respiratory-related hospital admissions	25%	Environmental health policies
Improvement in child health outcomes	18% increase in fitness	School-based health programs
Reduction in infectious disease prevalence	25%	Community health integration, low-income regions

Depending on the specific HiAP intervention implemented by the different sectors, they emerged having different outcomes. The integrated policies and the cross sectoral management was most prominent among the sectors of urban planning and environmental health as shown in Table III.

**Table III.** Sector-Specific Outcomes of HiAP Implementation (23-24)

Sector	Specific Intervention	Outcome
Urban Planning	Green spaces, active transport policies	15% reduction in obesity rates, improved air quality
Transportation	Public transport incentives	12% decrease in cardiovascular disease mortality
Environmental Health	Air pollution control measures	30% decline in respiratory illnesses
Education	Health education in schools	18% increase in child fitness levels, reduced obesity
Health Services	Community health workers deployment	25% reduction in waterborne diseases

Some of the barriers which were frequently mentioned in various studies included inefficiency in governance, lack of political will and inadequate funds. These challenges were worse among LMICs as most of these countries are characterized by having weak health systems. Several barriers emerged from the studies and these included but not limited to the following the fragmented governance, lack of political commitment, and inadequate resource. These challenges were however more evident in the low and middle economies across the world as shown in Table IV.

**Table IV.** Key Barriers (hindrances in path of integration of public health policies) to HiAP Implementation (25-26)

Barrier	Frequency of Reporting	Regions Most Affected
Fragmented governance structures	High	Low- and middle-income countries
Limited political commitment	High	Urban areas, globally
Insufficient resources	Medium	Low-income countries
Lack of intersectoral coordination	Medium	All regions
Cultural and socio-economic barriers	Medium	Rural settings, diverse populations

The studies also proposed several strategies to overcome these barriers. Key strategies included strengthening governance, increasing stakeholder engagement, ensuring sustainable funding, and fostering cross-sector collaboration. These strategies were tailored to address specific barriers in different regional contexts as shown in Table V.

**Table V.** Recommended Strategies for Enhancing HiAP Implementation (27-28)

Strategy	Application	Expected Impact
Strengthening governance structures	Building cohesive intersectoral bodies	Improved coordination, reduced policy fragmentation
Increasing stakeholder engagement	Community and cross-sector involvement	Higher policy acceptance, better resource allocation
Ensuring sustainable funding	Long-term investment in public health	Stable program implementation, increased capacity building
Fostering cross-sector collaboration	Joint planning and policy development	Greater policy alignment, comprehensive intervention reach

The review demonstrates that the HiAP approach has substantial potential to improve public health outcomes and health equity, particularly when supported by strong governance, adequate resources, and intersectoral collaboration. While regions with robust frameworks have experienced significant public health gains, the persistence of implementation barriers suggests that targeted strategies are necessary to scale up HiAP globally.

## DISCUSSION

Therefore, the conclusion of this systematic review can be viewed as highly justified, as it suggests the efficiency of the Health in All Policies approach as the tool designed to enhance the state of health and population's equity. The systematic review of 50 pieces of research pertaining to various areas and countries show that HiAP can decrease inequalities in health outcomes, reduce the rates of NCD, and admissions resulting from respiratory and cardiovascular diseases (29). Nonetheless, one emerging conclusion is that HiAP obtains its best results in cities of developed nations with strong governance and cross-sectoral coordination (30). For instance, it was observed that the developed nations cities integrated spatial planning policies reduced health equality by 15 – 20 % over a decade. This shows that governance and policy intervention really play important roles if they are well coordinated in improving health. However, LMICs continue to have barriers when implementing HiAP as mentioned below. Common challenges include fragmented governance system, low political will, and poor funding, which were often mentioned in the literature (31, 32).

On the other hand, the review established some of the challenges that affect HiAP implementation especially in LICs and MICs. Lack of cohesiveness in structures, political interest, inadequate funding, and cross sectoral collaboration was some of the frequently mentioned challenge (33). Finally it was agreed with the conclusion that the aforementioned challenges that will be discussed below limit the scalability and sustainability of HiAP initiatives. For example, weak political will in Renovation and subsequent external resources are disappointing in maintaining HiAP coherence and achieves suboptimal health outcomes (34, 35). This implies that there is a need for high political support, segment funding, and good policies to enable HiAP reach the maximum of its potentials.

It also reveals measures to overcome the barriers mentioned above. To overcome the barriers outlined in this review, it is crucial to promote development of sound intersectoral structures that increase the interaction between sectors. Potential for improvement of HiAP may be found when enhancing the governance structures of a country (36). Furthermore, this study supports that HiAP efforts would require the awareness of all the stakeholders especially at the community level so as to ensure that they support and embrace the initiatives (35, 37). Lastly, the findings also imply that integrating HiAP approach requires the key future sectors collaboration. Industry, education or environmental health, for example, if working together, may be able to integrate multiple intervention strategies that address multiple elements of health at once. Therefore, whereas HiAP has been shown to have significant promise to enhance the HI and reduce health disparities, its effectiveness depends on several key challenges to the implementation.

Furthermore, there is a need to maintain the pace of change: Building and preserving the support for HiAP is a long-term goal that needs long-term funding efforts. To this end, there is need for the policymakers to search for means of financing these initiatives, for instance through Public-Private Partnership (PPP). By so doing, LMICs can avoid the systematic drawbacks to HiAP to enhance population health and eliminate health inequalities.

## CONCLUSION

This review shows that to further strengthen the application of Health-in-All-Policies (HiAP) model, it is important to improve governance, sustainable financing, strong political support and multi-stakeholder engagement. HiAP further proposes that policymakers ought to develop intersectoral committees, ensure adequate funding in HiAP, enhance community involvement to popularise HiAP. Future research should extend to contextualised interventions in LMICs, further research on HiAP in rural communities, and an understanding of the contextual factors that affect policy uptake and implementation, as well as innovative sources of funding in the context of HiAP. Hence, future work can bring enhancements to HiAP strategies so as to progress health equity and global health.

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