Within the context of the work of the WHO Commission on the Social Determinants of Health, the following guidelines have been developed to assist countries in their reflections of experiences in intersectoral action for health. Where possible, reflections will focus on intersectoral action on the social determinants to advance the goal of health equity.

For purposes of these case studies, the following WHO definition of intersectoral action for health is offered:

“a recognised relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes (or intermediate health outcomes) in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone.” (WHO International Conference on Intersectoral Action for Health 1997, p. 3).

The link between social determinants of health and intersectoral action stems from earlier work at the Alma Ata Conference, the Ottawa Charter and Bangkok Charters. Recently, IA has been outlined as a key strategy in the conceptual framework of the WHO Commission on Social Determinants of Health. The Commission Secretariat identifies the need to: identify successful examples of intersectoral action on SDH in jurisdictions with different levels of resources and administrative capacity; and to characterize in detail the political and management mechanisms that have enabled effective intersectoral programmes to function in a sustainable manner.

The IA case studies will examine the experiences of countries and regions in implementing intersectoral action as part of a mix of strategies to improve health equity. To facilitate the description and analysis of IA experiences, a series of ten questions have been developed which are based on the learnings to date from the WHO Commission on Social Determinants of Health and a recent synthesis of documented country and regional experiences in IA developed by the Public Health Agency of Canada and the Health Systems Knowledge Network to inform the work of the Commission.

These case studies are designed to explore issues related to intersectoral action: the context for action, approaches taken and their impact on health and health equity. Response categories are provided to stimulate consideration of responses, but participants are encouraged to respond to the questions in their own words, using context-specific rather than generic terms or jargon. The expected length of each

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policy case studies is approximately 5000 words (10-15 pages). The proposed maximum length of responses is noted in parentheses following each question. Additional documentation or reference information can be provided in Appendices.

Please keep in mind that the case study should be written in a narrative style, telling a story of what happened. Specific descriptions of "opportunity moments" that moved the work forward, such as when a particular conversation topic or audience created a strong response, or when events opened up opportunities are especially valuable. Even though the case study should be evidence-based, it is about presenting 'arguments' for 'persuasion'; it is about the methodology and process as well as about the story-line.

Authors are encouraged to refer to the document "Intersectoral Action for health: A synthesis of country and regional experiences" prepared by the Public Health Agency of Canada and the Health Systems Knowledge Network of the Commission on Social Determinants of Health for discussion of issues.

Annex A outlines the case study structure and intended to be a guide for the type of information sought, although authors are encouraged to include any issues that, in their experience, were important in shaping and moving the work. Further details and questions to shape the cases are provided in Annex B.

Prepared by the Public Health Agency of Canada in collaboration with the Secretariat of the WHO Commission on the Social Determinants of Health

January 31, 2007
ANNEX A
STRUCTURE FOR INTERSECTORAL ACTION FOR HEALTH CASE STUDIES

TITLE
Should be clear and precise (10-20 words)

A. SUMMARY (200-300 words)

Introduce the IA initiative, summary and conclusions. This is intended to stimulate readers to learn more about the details of the strategy for introducing or strengthening an SDH approach, what worked and did not work, and why.

B. CONTEXT

1. What were the contextual factors at play? (500 words)

2. What was the nature of the public policy problem that intersectoral action was designed to address? (250 words)

3. What policy objectives were identified? (250 words)

4. What were the origins of the policy? (250 words)

C. APPROACHES

5. What was the nature of the intersectoral action in developing, implementing and or evaluating this policy? (750 words)

6. What mechanisms and tools were used to support intersectoral action? (1000 words)

7. A. Who were the principle actors responsible for influencing the policy decision, its implementation and evaluation? (250 words)

    B. What roles did each of these actors play in the policy development, implementation and evaluation stage? (500 words)

D. IMPACT

8. What were the outcomes? (500 words)

9. What were the lessons learned? Was each of these a generalisable lesson or context-specific? (500 words)

10. In your view, when and how would the approach, mechanisms and tools described above be applicable to other policy environments? (250 words)

E. ADDITIONAL INSIGHTS

CONTACT INFORMATION

SOURCES
ANNEX B – DETAILED STRUCTURE FOR INTERSECTORAL ACTION FOR HEALTH CASE STUDIES

TITLE
Should be clear and precise (10-20 words)

A. SUMMARY (200-300 words)

Introduce the IA initiative, summary and conclusions. This is intended to stimulate readers to learn more about the details of the strategy for introducing or strengthening an SDH approach, what worked and did not work, and why.

B. CONTEXT

1. What were the contextual factors at play? (500 words)
   - Provide baseline information on the country, region and/or community of reference.
   - Identify key characteristics of the policy environment (WHO Commission on the Social Determinants of Health 2005, pp. 18-19):
     - type of political leadership of key levels of government;
     - political systems and processes (e.g. government structure and processes);
     - macroeconomic policy;
     - policies affecting labour, land and housing distribution;
     - policies in education, social welfare, medical care, water and sanitation;
     - social value placed on health;
     - previous initiatives focused on SDH approaches, intersectoral work, and/or efforts to reduce health inequities; and
     - globalisation.
   - Other
     - Which of these factors were most significant or had an impact on the work, and how?

2. What was the nature of the public policy problem that intersectoral action was designed to address? (250 words)
   - How was the issue framed, and what was the history of this discussion? Around issues of...
     - Equity
     - Health Equity
     - Education
     - Environment
     - Transportation
     - Economic development
     - Community development
     - Population – children, indigenous peoples, youth, seniors
     - Place – geographic community, schools, workplaces
     - Disease
     - Risk factor
     - Public security
     - Other
- What did public debate focus on? What were the catalysts for public debate? What was the response to the public debate from government, NGOs, business, and consumers?
- What were the points of conflict and opportunities seen in this debate?

3. What **policy objectives** were identified? (250 words)
   - Provide a description of the focus of the selected case, particularly in terms of its objectives, targeted population/issue and expected impact and timeframe.
   - Was there an explicit or implicit goal to reduce health inequalities? Please provide evidence for your assessment.

4. What were the **origins of the policy?** (250 words)
   - Outline the drivers to act, e.g.
     - Lobbying and political pressure
     - Economic conditions
     - Negative information or new information, e.g. data from reports of commissions or task forces
     - Particular use and dissemination of equity-oriented or social determinants data or information (e.g. what were the source and content of the evidence, how was it presented, and how was it distributed: broad public distribution via the media, targeted distribution to target audiences or power-brokers, etc.)
     - Strength of a given political tradition or a shift in power relations, such as a change in government
     - Change in regional/international policies, accords or institutions
     - Other
   - What was the process of policy formulation or amendment? What evidence base was used? How was the policy announced, and was it timed?
   - Did the selected policy respond to a clear social need or a set of priorities widely accepted? Please comment.

C. APPROACHES

5. What was the **nature of the intersectoral action** in developing, implementing and or evaluating this policy? (750 words)
   - Place or settings-based – focused on a specific geographic community or setting, e.g. schools, workplaces
   - Incremental (staged or phased approach)
   - Targeted – population, disease or risk factor based
   - Broader policy framework
   - Other
   - What other strategies/approaches were included in the policy mix to address the issue?

6. What **mechanisms and tools** were used to support intersectoral action? (1000 words)
   - Describe horizontal structures (e.g. which sectors were involved, public and private) and vertical structures (e.g. which levels of government: national, regional, etc.) of the action
   - Information, e.g. research, knowledge transfer, evaluation results, communications
Institutional arrangements or mechanisms, e.g. particular platforms created/used for the initiative - a National Commission, a President's Task Force, etc.
- Financial mechanisms, including source of funding, budgeting structure, etc.
- Legislation and regulation
- Accountability frameworks or monitoring mechanisms
- Planning and priority setting
- Personnel development, including skills mix required, training necessary; did personnel with special skills need to be recruited or brought into the process, e.g. those with experience working across sectors, etc.?
- Others
- How did these work to overcome barriers?

7. A. Who were the principle actors responsible for influencing the policy decision, its implementation and evaluation? (250 words)
- Government: Politicians; Bureaucrats; Health sector personnel; Non-Health sector personnel; Central Agency personnel
- Non-government: Civil society organisations; Private sector and philanthropic representatives; Professional organisations
- Media
- Other

B. What roles did each of these actors play in the policy development, implementation and evaluation stage? (500 words)
- Who were the main actors lobbying for or against the implementation of the IA? Please describe their actions.
- Who was responsible for implementation? How was this carried out?
- Who was in charge of monitoring and evaluating the IA? How was this carried out?
- How did each of the actors become involved?
- What was their interest in the initiative and its success?
- What were their expectations of the process or outcomes?
- Did previously existing alliances between actors have an influence?

D. IMPACT

8. What were the outcomes? (500 words)

Policy outcomes
- To what extent have the policy objectives been met?
- What has been the impact on health equity?
- Are there any indicators to assess the results obtained?
- Was the effectiveness of intersectoral action measured? If so, how?
- If objectives were not met, is there optimism that the policy objectives will be accomplished in the near future? What evidence backs this optimism or pessimism?
- To what extent can a short or long-term impact of this policy for health equity be determined or forecast?

Process outcomes and institutional impacts
- What were the actors' responses to the process and outcomes, given their expectations?
- How did the perspective of the health sector or other sectors change?
9. What were the **lessons learned**? Was each of these a generalisable lesson or context-specific? (500 words) This discussion can focus on:

- What was the impact or role of data and evidence on SDH and/or health inequities in stimulating this action?
- What elements of policy and strategy are important to develop from the outset, and why?
- What issues are better addressed as the process develops and new players emerge, and why?
- What would be the optimum timing for involving various key players?
- Which structures, mechanisms, platforms, and incentives work well or poorly, and why?
- How could implementation have been improved?
- How were specific barriers overcome, including those related to funding/budgets, personnel and skills mix, etc. E.g. what kinds of arguments worked or did not work to persuade Ministries of Finance or other sectors regarding funding and budgeting issues? Did the initiative shift budgets?
- How can expectations be best managed?
- How has this initiative changed "business-as-usual"?
- Other

10. In your view, when and how would the approach, mechanisms and tools described above be **applicable to other policy environments**? (May refer to contextual factors outlined in question 1). (250 words)

**E. ADDITIONAL INSIGHTS**

In addition, authors are encouraged to respond to a number of issues that are rarely addressed in the literature, but would be extremely valuable for drawing out lessons. They include:

- What arguments were most/least persuasive in making the case for intersectoral action?
- What influence did "off-the-record" conversations and individuals' personal values and commitments have on the process and on the success of the initiative?
- What was the ultimate event that provoked a policy response?
- How was commitment sustained over time?
- Which policy levers were most effective, efficient and equitable to advance health equity?
- How can the health sector strengthen its capacity for intersectoral action?

Authors can find more detailed descriptions of key elements of these issues in the document "Intersectoral action for health: Synthesis of country and regional experiences."
CONTACT INFORMATION
• Insert name and contact information for author of the case study

SOURCES
• Insert references and weblinks (where available) for key documents related to the case (policy documents, evaluation results)