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Using Health in All Policies Approach for the Management of Non-Communicable Disease Risk Factors: A Developing Country Experience

Narges Rostamigooran[1]*, Shiva Mafimoradi[1]*, Hamideh Javadinasab[1], Abbas Vosoogh-Moghaddam[1,2], Sheida Malekafzali[1], Sima Amirhoseiny[1], Ali Delpisheh[3]

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Abstract

Background: Controlling and preventing non-communicable diseases and their risk factors through multisector collaboration and participation of other stakeholders requires structures that provide the necessary basis for sustainable interaction between stakeholders with legal support. The purpose of this study is to express the experience of the Islamic Republic of Iran in advancing the goals of the National Plan on Control and Prevention of Non-Communicable Diseases (NCD) through Health in All Policies (HiAP) approach and multisector collaboration.

Methods: In this qualitative study, all documents related to the control and prevention of non-communicable diseases in the Secretariat of the Supreme Council for Health and Food Security(SCHFS) in the period 2013-2020 were reviewed. Data were thematically analyzed with the qualitative content analysis method; coding has done manually.

Results: Multisector work group, which is one of work groups in the National Committee for control and prevention of NCD, applies its effect through SCHFS that proposed a four-level policy formulation and decision-making units for multisector collaboration based on political and administrative structure and HiAP approach at the national and provincial level. The Memorandum of Understanding (MOU) and health secretariats are used as tools for a multisector approach in non-communicable disease management.

Conclusion: To draw up an appropriate structure for multisector collaboration for health, it is necessary to have a whole government-policy approach, through which all relevant organizations are appointed to engage and work together in a coherent framework since a sustainable framework based on shared trust and understanding for multisector decision-making and health action is a prerequisite for achieving health goals in NCD management.

Keywords: Policy Making, Multisector Collaboration, Noncommunicable Diseases, Iran

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Introduction

With the development of science in the field of health and other fields, it became clear that health and the factors affecting it are beyond biomedical factors and include human interaction with the environment, cultural, social, and economic factors (1) and the interaction between these factors is complex which can lead to multifactorial disorders such

Corresponding author: *Dr Narges Rostamigooran, n.rostami@behdasht.gov.ir*
Dr Shiva Mafimoradi, sh.mafimoradi@behdasht.gov.ir

1. Secretariat of Supreme Council of Health and Food Security, Ministry of Health and Medical Education, Tehran, Iran
2. NCD Research Center, Endocrine and Metabolism Research Institute, Tehran University of Medical Sciences and Health Services, Tehran, Iran
3. Department of Epidemiology, Faculty of Public Health & Safety and Safety Promotion & Injury Prevention Re-search Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

↑What is "already known" in this topic:
Multi-sectoral collaboration is the main part of Non-communicable disease(NCD) management and Health in All policy approach provide a framework for this type of collaboration by creation a networks of stakeholders to provide scientific evidence, using the experiences of experts from different sectors, support and macro-level decision-making to improve cultural, social and economic infrastructure.

→What this article adds:
In Islamic Republic of Iran, using Health in All policy approach Secretariat of Supreme Council for Health and Food Security(SCHFS) as the multisector collaboration work group of National committee for control and prevention of NCD, has developed a networks of stakeholder at national and provincial levels and is followed the targets of National NCD plans by implementing decrees of SCHFS and contracting Memorandum of understandings.

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as NCD. These days it is seen that the burden of disease has shifted to non-communicable diseases around the world, including in developing countries. The complicated and multifactorial mechanism of these groups of diseases revealed the importance of multisector collaboration more than ever before (2-5).

Multisector collaboration is a transparent interaction between health and non-health sectors for sharing data, resources, and authorities. It is a prerequisite for the development of integrated policies that address complicated or vicious public health problems the final outcome of this interaction is more effective, efficient and stable than when the health sector decides on its own (6-9).

In the "health in all policies" (HiAP) approach, first introduced in the world conference on health promotion (Ottawa) in 1986, multisector collaboration is defined as a process within which health is considered in the whole policy-making cycle of other sectors (10-11). Moreover, the creation of a network of key actors from different sectors is essential for fulfilling health in all policies approach that causes a win-win situation and increases the chance of getting better results from multisector collaborations (12, 13).

In addition, multisector collaboration requires coordination and a participatory structure to provide scientific evidence, using the experiences of experts from different sectors, support, and macro-level decision-making to improve cultural, social and economic infrastructure (7, 14).

In the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs 2013-2020), and the National Plan for the Prevention and Control of Non-Communicable Diseases of the Islamic Republic of Iran, multisector collaboration is considered as a key strategy to achieve the health systems goals (4, 5). Therefore, the working group on multisector interactions was formed as one of the working groups of the NCD National Committee based on existing legal structures namely, the supreme council of health and food security (SCHFS).

In the Islamic Republic of Iran, SCHFS which was established by the law of five-year development plans and then confirmed by permanent law is the most important structure for executing health in all policies approach (15-17). So after developing and notification of the national plan for the control and prevention of non-communicable diseases by the president, the secretariat of this council was obliged to coordinate and facilitate communication with other sectors via a multisector interaction work group (5).

The purpose of this paper is to present how to establish stakeholder networks at different levels by the SCHFS Secretariat to facilitate cooperation to achieve the objectives of the National Plan for the Control and Prevention of Non-Communicable Diseases and what is the result of this cooperation. It is the first time that in the Islamic Republic of Iran, such a pattern of intersectoral interactions for health purposes which is backboned by law and extends to the provincial level, is presented and could be a model for the other developing countries.

Methods

This study is a national report which was done by review of official and non-official documents. All available archival documents related to the performance of SCHFS with regard to non-communicable disease control were recruited from the Strategic Documentation Center of SCHFS. All documents related to SCHFS are archived and maintained in this center. These documents include law, rules, regulations, approvals, policy documents, policy guides, memorandum of understanding, minutes, progress reports, and monitoring and evaluation reports on the implementation of SCHFS decrees. All of these documents related to the NCD national plan have been reviewed by an expert team. Thematic content analysis was used to encode and organize reviewed documents. No software was used. The Study team consisted of two community medicine specialists, one Ph.D. in public policy, one Ph.D. in environment protection, and one Ph.D. in health management. They evaluated the validity of all documents, which means they considered the legitimacy of legal documents. After coding the documents, similar codes were merged and extracted data were classified into 4 categories. Group discussions were conducted in 5 sessions by the attending study team and 2 or 3 consultants from health managers and academic members. All sessions were recorded and minutes of them were provided. According to recommendations in each session, the description of stakeholders' networks for applying the HiAP approach in the management of NCDs was finalized.

Results

Data extracted from documents is defined in 4 categories as Mission, Structures, Process and tools, Policies and achievements.

1- Mission: According to law and regulations (5, 17), the mission of the SCHFS Secretariat as a multisector interaction work group for NCD management is to handle the multisector policy process, including setting the agenda, formulating the policy, drafting the policy and monitoring and evaluating the implementation of the health policies and programs enacted by SCHFS.

2- Structure: A four-level policy formulation and decision-making units were proposed for multisector collaboration based on political and administrative structure and health in all policy approaches at the national level; bottom up, including 1) technical committees, 2) expert workgroups, 3) permanent commission and 4) Supreme Council of Health and Food Security (SCHFS). The provincial structure is also addressed within the national structure. The working groups and technical committees in the Secretariat are composed of experts and representatives of the health sector as well as other departments and are responsible for discussing evidence and experiences related to policy options and evaluating the process and results of policy implementation. These multisector groups are helpful for the exchange of data and information even ideas and innovations. The structure of the SCHFS Secretariat and its affiliates is shown in Figure 1.

3- Process and tools: As a member of the national committee for control and prevention of non-communicable disease, the SCHFS secretariat has received challenges from the other members of the committee and adopted them

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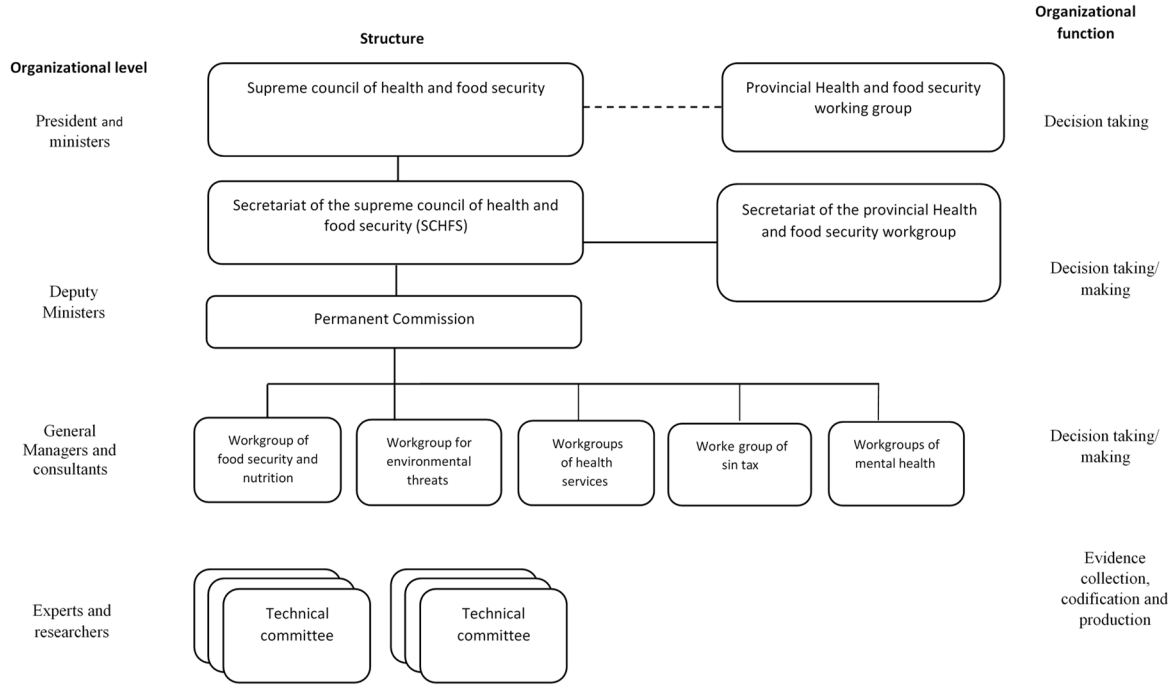

Fig. 1. Iran's Supreme Council of Health and Food Security (SCHFS) structure

as an agenda and discussed about them with other stakeholders in different work groups. The solution to each challenge is proposed as a decree that is reviewed by the Standing Committee and then reviewed by SCHFS members, and if approved, must be implemented by all governmental and non-governmental bodies as a government proclamation.

The Memorandum of Understanding (MOU) is another tool to expedite the implementation of SCHFS decrees, especially those relating to cooperation with other departments. More than 10 MOUs were drafted during sessions with representatives from target organizations. Near 50% of these drafts were finalized and signed. The most important effect of these memorandums was clear definitions of the scope and goals of cooperation, better communication with employees through formal and informal communication, and the establishment of a health secretariat in the target organizations, which can help the continuation of joint work. The health secretariat has been extended to other organizations, and more than 30 ministries or organizations at the national level have established such a health secretariat, which serves as a focal point for health in all policies.

4- Policies and achievements: A summary of policies and achievements of SCHFS and multisector interaction work group related to the National Plan to control and prevention of non-communicable disease has been shown in Table 1.

Discussion

In this qualitative study, the structures and process of a multisector approach to the control and management of non-communicable diseases in a developing country were defined, and its achievements were shown. Due to the multifactorial and complex characteristics of NCDs, to control and prevent them, it is necessary to perform variety of interventions that limit health threats or enhance health support factors. Most of these threats or protections are beyond the control of the health sector, and such interventions require the rule of law or cooperation with other sectors (18). The health sector is responsible for considering the potential impacts of policies and plans of other sectors and preventing the side impacts on health through advocating, contracting agreements and legislating (7, 14, 19-21). On the other hand engagements of stakeholders in developing health plans and decision making process is related to better outcomes and sustainability of programs (22).

Doing this in the health sector requires a structure to foster multi-sector collaboration (3, 4, 21), strengthening and coordinating horizontal and vertical communications within and between departments in case of implementation of joint programs, evaluating them and providing appropriate feedback to other departments and continuing cooperation (3, 23).

In some European countries such as Finland, France, Sweden, the UK, Hungary, and Norway, there are several multisector committees and units comprising representatives from all related departments from all over the sectors. The useful aspect of this type of structure is that it is formed in the body of government. There is no need to separate the budget and structure, the continuation of activities, and pressure on the responsible sector to accept the changes needed (10, 24, 25). In some countries, such joint structures are located at the municipal level, where health impacts are most critically experienced and affected populations are most directly engaged (9).

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Table 1. Decrees of SCHFS in the period of 2013-2020 related to the goals of the National plan of control and prevention of non-communicable diseases

The goals of the National plan for prevention and control of non-communicable disease	Achievements due to implementation of SCHFS decrees or collaborative work with the other sectors
Target 1.25% relative reduction in the risk of premature death from cardiovascular disease, cancer, diabetes, chronic respiratory diseases	Conclusion of Memorandum of Understanding between the Ministry of Health and Ministry of Agriculture to promote the health of agricultural products and strengthen controls on the import, production, distribution, and use of pesticides and fertilizers in agriculture Technical committees to reduce air pollution, develop and improve the quality and quantity of air quality monitoring stations, completion of the network of dust monitoring analyzers, and purchase of 35 analyzers for measuring PM2.5 and PM10 parameters for the provinces. Development and delivery of basic health package for government employees, including 4 instructions: implementation of organizational self-care program, implementation of an in-service training program based on group training guide, providing prevention, diagnosis and treatment services and disease care, creating a healthy work environment. Establishing a staff health promotion council at the national level in ministries and national agencies and at the provincial and city levels and developing an operational plan for staff health in each organization.
Target 2. At least a 10% relative reduction in alcohol consumption	Enactment of the National plan of Mental health in the permanent commission of SCHFS Signing MOUs with NAJA(police) and preparing a draft of MOU with the ministry of interior which have some article about the smuggling of alcoholic drinks
Target 3- A 20% relative reduction in the prevalence of insufficient physical activity	Signing MOU with ministry and youth and sport which its main goal is promoting exercise in different communities, including women, students and employees
Target 4- 30% relative reduction in the average salt intake in the population	A technical committee for revising standards of salt in high consumption foods, especially bread and some snacks ,standard changed and the amount of salt was decreased in targeted products ,
Target 5- 30% relative reduction in the prevalence of tobacco use in persons aged 15+ years	Provide training on the dangers of smoking to employees of other ministries through health secretariats
Target 6- 25% relative reduction in the prevalence of high blood pressure or contain the prevalence of raised blood pressure	Collaboration with public health deputy in campaigning against high blood pressure by training focal points of other sectors and supervising them. Provide electronic booklets on the dangers of salt to employees of other ministries through health secretariats. Enactments policy documents for health promotion of men and women which have considered risk factors of hypertension and also better screening and care of patients. Establishing a staff health promotion council at the national level in ministries and national agencies and at the provincial and city levels and developing an operational plan for staff health in each organization.
Target 7- Halt the rates of diabetes and obesity	A technical committee for revising standards of sugar in high consumption foods especially beverages and some snacks, the standard changed and the amount of sugar was decreased in targeted products. Enactments policy documents for health promotion of men and women which have considered risk factors of diabetes and also better screening and care of patients. Establishing a staff health promotion council at the national level in ministries and national agencies and at the provincial and city levels and developing an operational plan for staff health in each organization. Signing MOU with the ministry of youth and sport which its main goal is promoting exercise in different communities including women, students and employees
Target 10- Zero Trans fatty acids in food & oily products	A committee to reduce per capita oil consumption and improve the status of consumed oils Review of standards of household oil consumption and oils used in industries and confectioneries Restriction of solid and semi-solid oil supply for household consumption Propose a policy to reduce palm oil imports to the SCHFS. Palm oil imports decreased and thus possible to produce healthier oils with reduced saturated fatty acids for household consumption
Target 11.20% Relative reduction in mortality rate due to traffic injuries	Signing an MOU with the ministry of housing and urban development whose main goal was better roads and decreasing high-risk corridors and increasing prehospital emergency care. Signing MOUs with NAJA(police) which one of the main goals is to better traffic control and decrease the traffic injuries
Target 12- A 10% relative reduction in mortality rate due to drug abuse	Enactment of the National plan of Mental health in the permanent commission of SCHFS Signing MOUs with NAJA(police)and preparing the draft of MOU with the ministry of interior which have some article about the smuggling of drugs
Target 13- 20% increase in access to treatment for mental diseases	Enactment of the National plan of Mental health in the permanent commission of SCHFS, which one of its main goals is better mental health care Mental health counseling program for students, teachers, and their families across the country, Identify students with mental and social health problems and refer them to centers for mental health and social health services

In South Australia, there are supportive rules for establishing a dedicated unit of HiAP to inform policymakers on the impacts of health on the decisions (26). It seems that pioneering countries, in addition to using evidence for advocacy, can take the HiAP approach by creating participatory networks consisting of all governmental and non-governmental sectors (14). Such structures are crucial for the implementation of NCD programs. The NCD MAP tool states that it is important to have a "high national multi-

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sectoral mechanism" to plan, guide, monitor and evaluate the NCD national policy (22). Many countries have developed such integrated multisectoral plans to control and prevention of NCDs (27-29) Similarly, in Iran ,a multisector plan for NCD management was developed and a multisector interaction work group was formed which applies its effect through SCHFS with its secretariat and expert workgroups and technical committees (30). These bodies are legal structures for the governance of multisector and collaborative work at the national and provincial levels in NCD management (31).

Although SCHFS and its dependent structures, including NCD multisector interaction work group, have adopted the HiAP approach, there are some key challenges that should be considered. One of the most ones is the unresolved problem of joint budgeting for joint programs, which limits collaborative works to small projects which can be done by each organization's own resources not by aggregated ones. Also, there isn't a clear mechanism for task division among stakeholder organizations. Established mechanisms for monitoring and evaluation of the SCHFS decrees are not so strong and do not guarantee the enforcement of SCHFS decisions. The presence of civil society in council, workgroups and committees are weak and community and citizens' representative do not involve in decision-making process (8, 25, 31, 32).

In this national report, we only describe a model for stakeholders' networks and some achievements of it. This network is based on legal documents and has not designed and implemented based on research. The efficacy and effectiveness of such a network must be evaluated according to the facilitation of intersectoral collaboration and HiAP goals.

Conclusion

Management and control of NCDs risk factors by adopting the HiAP approach as a base for multisector action requires political will and policy priorities in the government's decision agenda. Therefore, it is impossible to establish a multi-sectoral structure to facilitate multi-sectoral actions unless it is strengthened by the Cabinet through supportive rulings, through joint funding for joint programs and recognized as a place for formal multi-sectoral policy (26). It is recommended that complementary rules and regulations be enacted to enhance SCHFS performance and authority to better achieve control over NCD risk factors through SCHFS policies or to work collaboratively with other organizations.

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Conflict of Interests

The authors declare that they have no competing interests.

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