

Challenges of the HiAP approach

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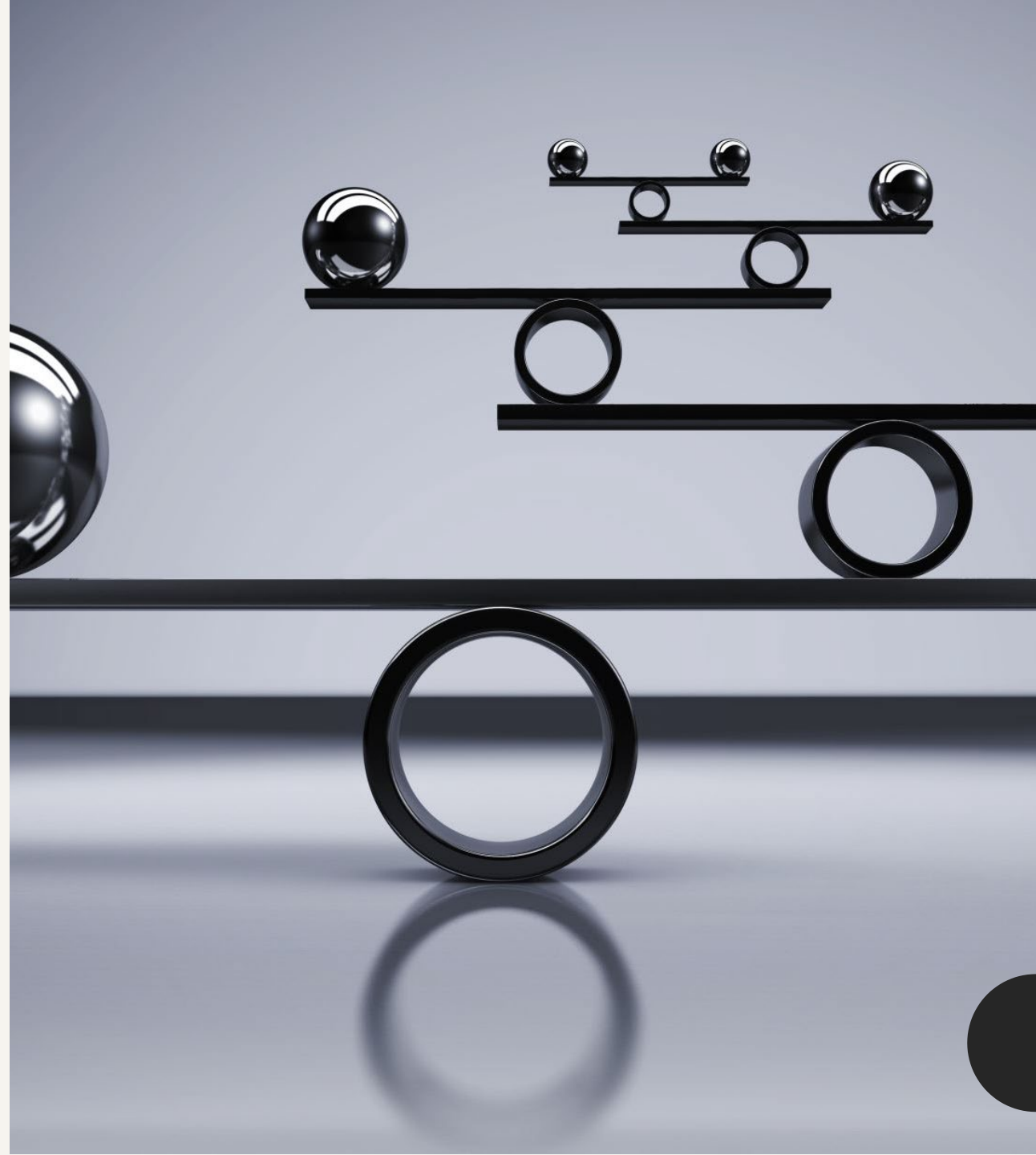


The promises and limits of HiAP making initiatives

Cases	Characteristics	Limits
HiAP, South Australia	Strong mandate and political commitment; Complex governance structure; health lens analysis	Highly bounded: budget and economic crisis as contextual opportunity, coupled with agency of policy entrepreneurs
Section 54 of the PH Act, Québec	Legal mandate; one office within ministry of Health; health impact assessments	Limited control over policy decisions ("advise") and few resources; competing interests
HiAP in Danish municipalities	Varying commitments to act on SDH; some governance structures (interdepartmental committees)	Corruption of SDH: actions drifted towards settings-based lifestyle changes
Active transportation policy in Montréal	Little to no mandate; Building and circulating evidence on links between transportation and health; Building coalitions	Limited institutional support Highly bounded: long history of advocacy and interactions with local NGOs and public admin.

Public policy processes

- Actors and their policy beliefs
- Interests
- Institutions




Legitimacy

- Health competes with other public policy objectives
- In a context of limited resources





Governance and implementation

- Distribution of powers, instruments used and resources available
 - Instruments specific to HiAP and instruments for day-to-day public administration operations
 - *Creating links between hierarchical and collaborative governance*
 - The challenge posed by institutional and professional **routines**
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Context

- History of past collaborations shared by the actors involved
- Re-assessment of government priorities due to external constraints



*Enacting HiAP is a
political activity
strongly influenced by
context*



References

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