Inter-sectoral action for health: making it work

Several papers in recent editions of *Health Promotion International* have identified the potential rewards of building effective working partnerships to promote better health—the basis for inter-sectoral co-operation (Stern, 1990; Spassof, 1992; Walker, 1992). These papers have particularly emphasised the importance of engaging the community in meaningful partnerships for health. Inter-sectoral co-operation is generally interpreted more widely than this and may be defined as actions taken outside of the health sector, generally in partnership with the health sector, with the explicit intention of improving individual or community health. The 'health sector' in this case is broadly defined to include health bureaucracies, individual health professionals and their representative bodies, and non-government and consumer health groups.

Inter-sectoral co-operation is consistently advocated as a central building block for effective health promotion, indeed, it is essential if we are to be successful in addressing some of the major social, economic and environmental determinants of health. The *Ottawa Charter* strategies concerning the development of healthy public policy and supportive environments for health are a direct reflection of the need for actions by sectors other than the health sector in response to public health problems. These strategies are built on a more holistic approach to defining health problems, which shifts the focus of attention away from individuals and biomedically defined health problems, to a social view of health which more explicitly recognises the need for action outside of the health sector, and for accountability for the health consequences of decisions taken in all sectors of government.

To achieve inter-sectoral action, the role of the health sector in general, and health professionals in particular, is often seen as one of advocacy for health—taking a lead in highlighting health issues, and the potential for action to promote health in a wide range of sectors and settings. Effective advocacy usually depends upon our success in building partnerships with the community, other professional groups and other sectors. Thus inter-sectoral action is fundamentally dependent upon building and maintaining successful partnerships towards a common goal.

Despite this central role for inter-sectoral activity for health promotion, evidence of effective partnerships is still quite rare. The paper by Thomson and Stachenko in this issue of the journal describes one approach to mobilising partnerships for health. This and other contributions to the literature have provided some rare insights into the problems of building and maintaining successful coalitions for health. There appear to be some key pre-conditions which establish a basis for inter-sectoral action and, beyond this, other more specific and practical steps which need to be taken to successfully achieve a common goal.

Some of the pre-conditions which need to be established to offer greater chances of success include the following.

- **Clear definition of the issue**—although there are considerable attractions to generic campaigns, engaging the interest of potential partners will usually require a rather more tangible 'problem'. Such problems might be local and non-'health'-specific, such as the development of recreational amenities, or safer traffic management; or they may be disease or health behaviour focused, such as cardiovascular disease, or alcohol use among young people. In general, the more focused the problem, the better the chances of engaging others in solving it.

- **Community support and understanding for the issue**—this is easier to find in situations where communities have identified problems for themselves, but in practice such support and understanding will often need to be built or at least developed. Once established, nothing
will help galvanise potential partners more quickly than strongly expressed community interest or outrage over a health issue.

- **Mutual respect between partners**—a common error in efforts to build inter-sectoral partnerships is the definition of a problem only from the health perspective, and a failure to recognise the legitimate interests of partners in any joint activity. Not surprisingly, potential partners often react to this 'health imperialism' by withdrawing to find other ways to pursue their interests. Finding the common ground of interest between health and other sectors inevitably involves negotiation, compromise and continuous reappraisal of the common ground.

If these pre-conditions are necessary to smooth the pathway which leads to effective inter-sectoral action, experience also suggests that several practical steps can be taken to ensure success in achieving a concrete outcome to such partnerships.

- **Providing leadership**—an individual (or individuals) from within the health sector who can command the respect necessary to build and maintain partnerships, and who can act as a catalyst for action, is essential for success. The leadership role may change as issues develop and tasks change. In many cases, a partner other than the primary 'health' partner will be the one to take a lead. Knowing when to let go of the leadership is a crucial skill in building and sustaining successful partnerships based on mutual respect.

- **Defining the task**—achieving mutual recognition of the importance of an issue is not enough on its own to lead to concrete actions and outcomes. For example, recognising the need to reduce pedestrian injuries in residential areas is one thing, defining who needs to do what in response to this problem is another. In general, the more specifically defined the task(s), the more likely it is that partners will work willingly towards a common objective.

- **Delineating roles and responsibilities**—potential partners are generally unwilling to enter a joint program of activity unless their role and responsibilities for achieving specific tasks are clearly defined, and are compatible with their primary interests. Thus a Department of Roads may be happy to participate in a project which involves them in modifications to road design and environmental traffic management strategies, but may be less comfortable in taking responsibility for driver and pedestrian education. Ensuring that each partner is employed in a task which matches their skills and interests is a further crucial skill in building effective partnerships.

- **Providing an exit point**—not surprisingly, potential partners are often reluctant to commit themselves (and their resources) to long-term, open-ended programmes. Successful partnerships not only require definition of the task and partner responsibilities, but also a recognisable exit point. Maintaining partnerships relies upon constant reappraisal of the issues and tasks, and the benefits to each of the partners. New alliances may need to be formed and old partnerships ended as issues evolve and tasks change.

Following these guidelines will not be a guarantee of success, but they do offer some indication of the basic requirements to build and maintain successful partnerships for health. Above all, mutual respect and a willingness to accommodate the needs of partners appear to be the key to success.

**REFERENCES**

