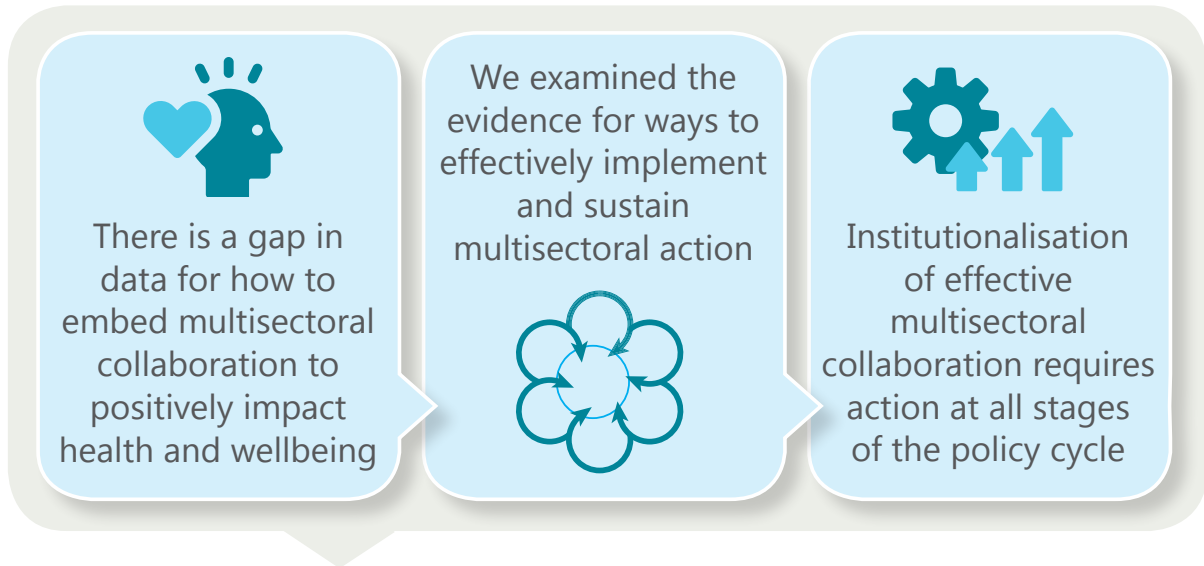


# Multisectoral collaboration and its impact on health and wellbeing



## Key messages

- Opportunities to optimise health are potentially missed due to limited evidence around the dynamic and interconnected processes to implementing and sustaining multisectoral collaboration for health.
- We examined ways to effectively implement and sustain multisectoral collaboration while also learning more about the key players (agencies, departments, individuals) and environmental influences. We also gathered evidence on factors and pathways required for multisectoral collaboration to have impact on health and wellbeing outcomes.
- Together with policy makers, the project identified several key elements critical for effective multisectoral collaboration that impacts health and wellbeing outcomes, based on evidence examined:
  - Government leadership that provides a strong formal mandate on working together to address health and wellbeing at federal and state levels and involving community level stakeholders.
  - Upfront financial commitment, leadership and trust for the governance of multisectoral collaboration.
  - Integrated measurement of mutual indicators through monitoring and evaluation across sectors and government.
  - Independent advisory groups to act as change agents who enable action across sectors and local government.
  - Measurement of outcomes and impact from intersectoral collaboration on health and wellbeing.
  - Strong political interest and governance structures ensuring funds for health and wellbeing are allocated across sectors.
- The institutionalisation of effective multisectoral collaboration requires action at all stages of the policy cycle and a political lens that is balanced by apolitical support and the environment.

**The project:** Multisectoral Action for Community Health (MACHI): Institutionalising a whole-of-government approach to chronic disease prevention

**Project lead:** Professor Stephen Jan and Dr Bindu Patel, The George Institute for Global Health

**Project start:** July 2019 **Project end:** November 2022

## Why is this issue important?

The drivers of social determinants of health are the social structures (organisations, legislation, institutions) that shape population health and societal inequalities. They are created across many sectors such as social welfare, food and agriculture, education, transport, housing, employment and taxation.

It is well recognised that addressing health and wellbeing outcomes transcends traditional sectoral boundaries and requires collaborative governance structures across sectors and policy processes. However, opportunities to optimise health are potentially missed due to limited evidence around the dynamic and interconnected processes for implementing and sustaining multisectoral collaboration for health.

Also, government objectives, structures and funding are often not aligned to encourage cross-collaboration, which draws criticism, particularly in health, for being siloed. An effective and sustainable whole-of-government approach across sectors that improves the underlying socioeconomic and political determinants of health outcomes and inequalities is critically needed.

## What did we do?

In collaboration with policy partners, we examined the evidence for ways to effectively implement and sustain multisectoral collaboration, understand the key players (agencies, departments, individuals) involved, and the influence of the environment. For instance, we studied how state and federal governments ensure health is embedded in political and policy decision making across all sectors, from transport to social services.

Since the premise for this project was to determine the evidence for multisectoral collaboration, we undertook a systematic review, followed by a case study evaluation of the Premier's Health and Wellbeing Advisory Council (PHWAC) in Tasmania. The PHWAC initiative was established in 2017 to provide advice to the Premier and government about the identification, prioritisation and coordination of whole-of-government programs to promote health and wellbeing, similar to the World Health Organization's Health in All Policies (HiAP) framework.

From our systematic review, we identified approximately 6000 unique papers. However, only 17 papers met inclusion criteria of the intervention consisting of two or more distinct organisations working together to improve health, where one is a non-health organisation and where there was an assessment of outcome.

## What did we find?

The review's focus on short, intermediate and long-term outcomes based on different levels (individual, population and system) of multisectoral collaboration allowed us to make an assessment of its effectiveness and, through our case study, identify areas of potential influence on health, such as processes, resources, and activities.

Our systematic review found that, based on the limited studies that have assessed outcomes, 15 of the 17 studies contained some evidence of effectiveness. However, overwhelmingly, these impacts were in terms of short and intermediate process indicators (for example, the formation of coalitions) rather than health outcomes (n=2).

From our real-time case study evaluation of the PHWAC, the elements that led to effective collaboration across sectors were long-term relationships, champions, passionate government leaders in health and wellbeing, the Department of Cabinet and Premier's authorising environment, and the PHWAC's governance structure that has influenced policy and strategies through recommendations.

**"It's been used as an advocacy tool. It's saying well, government has signed up to this so there we would like to do x, y and z. We're seeing more and more local documents and policies making reference."**

**Non-government PHWAC member**

The perceived impact through interview informants (government, PHWAC members and non-member stakeholders) was that the PHWAC has raised awareness to influence legislation, policy and strategy. However, there was no measurement of direct impact and no implementation plan to prevent system-level change.

**“We’ve [The Council] been advocating for two years for Tasmania to have a wellbeing framework with indices and outcomes. The Premier’s announced that. We have also advocated for Premier’s priorities which the Premier will announce shortly. So, we have huge influence... We have the ability to influence every element of government policy.”**

Government PHWAC member

Elements required for effective and sustainable collaboration include establishing long-term governance structures for funding multisectoral strategy for health, support from heads of ministries and agencies, an authorising environment, and measurement of key indicators for health and wellbeing.

**“To bridge sectoral siloes, to work across different layers of government and with different sectors, to address structural, policy, environmental, structural barriers to health and wellbeing as an independent entity supported by government.”**

Non-government Council Member

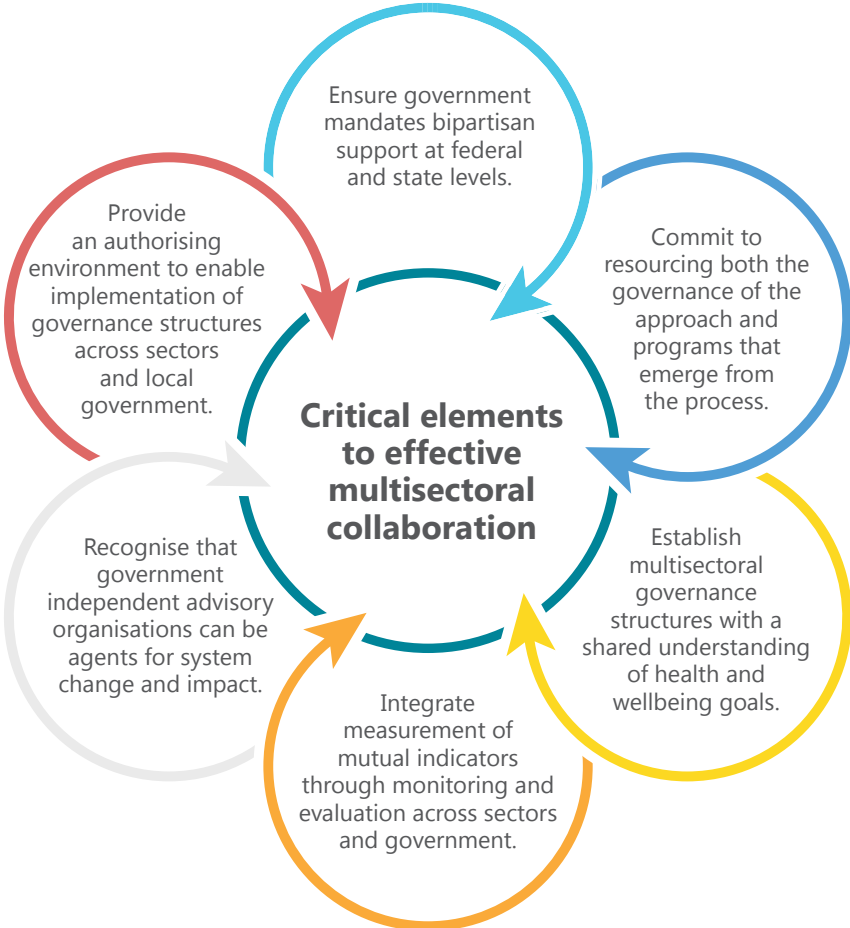
**Overall implications for policy and practice**

We found that institutionalisation of effective multisectoral collaboration can be effective, but requires multisectoral governance structures to facilitate action, such as a co-beneficial goal, coordination, monitoring and evaluation, and policy development, financial support and implementation.

Action also needs to be employed at all stages of the policy cycle. A political lens is required that drives and enables action, balanced by political support and environment.

Further research studies are needed to rigorously explore the impact of such collaborations on health outcomes.

This project will continue to produce peer-reviewed publications beyond its funding end date.



## Why does it matter?

This research offers insights into the complex policy-making environment, recognising that high level alliance and policy congruence is difficult. It is hard to get long-term traction for prevention in health, and increased guidance, support, tools and resources could co-ordinate meaningful action across sectors. An important part of future research is understanding how to alter government arrangements in prevention from those geared toward siloed approaches to systems that focus on whole-of-government public policy making geared toward promoting health and wellbeing.

## Next steps

The importance of multisectoral policy is well recognised. What is different about this project is our application of a public policy lens to a topic that has largely been driven by a narrow public health agenda. Next steps involve further work in establishing agreement on relevant outcomes measurement – a challenge that will be complex given multiple potentially competing agendas across stakeholders.

This discussion needs to involve multidisciplinary experts such as political scientists and economists to examine the institutional dynamics and outcomes, that is, how we embed the intersectoral infrastructure so that it becomes part of the ‘rules of the game’ for cultural change.

How we frame this approach is another area that requires development. For example, a subtle change from Health **In** All Policies to Health **For** All Polices may help. Conversely, the concept of [co-benefits](#) could support other disciplines to incorporate the approach across public policy and show we can add value with the inclusion of a health perspective.



The Australian Prevention Partnership Centre

Contact us

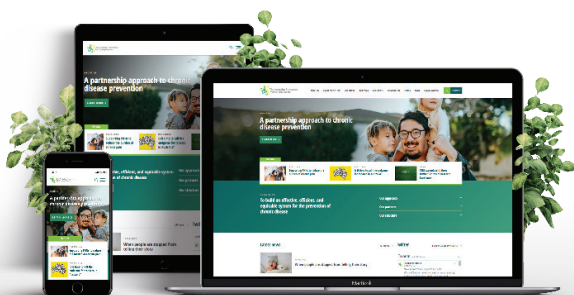
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