GNHiAP Steering Committee meeting notes
23 May 2018
Geneva, Switzerland

Quorum was reached with 10 out of 16 members attending – see Annex 1.
(The Quorum required to convene an official meeting is 50% plus one of the Steering Committee members according to the Governance structure of the network)

1. Chairperson opening

Honorable Minister H.E. Bahar Idris opened the meeting and introduced the agenda of the meeting (see **Annex 2**).

2. Issue for information – update of progress on GNHiAP activities

a. Advocacy

The item was presented by Sudan representative to the ExCom – Abdalla Osman. He highlighted following items (see **Annex 3**):

    i. Launching of the website: https://actionsdg.ctb.ku.edu/gn-hiap/

    ii. Successful side event at WHA71: https://www.youtube.com/watch?v=hyyPaesoreg

    iii. Steering Committee chair – HE Minister of Health Sudan approached more than 30 countries for GNHiAP membership so far

    iv. Communication with important international organizations

        1. African Union – idea to have HiAP approach high in the agenda in the African continent; process led by Sudan: declaration and concept note for head of African governments. Declaration to be adopted hopefully by African Union in December 2018.

        2. Various organizations of the Islamic countries, responsible for capacity building and advocacy, gave a positive response to the minister

        3. Other organizations that have been invited to be members of the network are Ibero American institute of Health and NGO from Hong Kong
        Both requests approved by the Steering Committee.

- Minister raised that he was having meeting with WHO Director General Dr Tedros during WHA71, and asked if there are any other issues to raise to Dr Tedros about the network.

- Quebec expressed their positive impressions on the advocacy work done. They are in discussion with France and Switzerland to join the network. Quebec will be in touch with Kira Fortune – WHO/PAHO focal point to promote the network within PAHO member states. Also, they raised that Association of Public Health Institutes Canada is likely to join the network. Quebec will try to get engagement of other Canadian provinces and national government into the network.
- South Australia exploring how Australia more broadly can take the role in the network.
- Botswana is trying to expand the network with training institutions in Botswana.

b. Governance and communications

The item was presented by Thailand representative to the ExCom – Nanoot Mathurapote (see **Annex 4**).

Suggestions of the Steering Committee members:
- to monitor the hits on the website form now on (to be used in advocacy purposes when approaching new partners)
- after the site is complete to share it with all steering committee members to collect content for the website
- committee/secretariat to be established to take care of the website to ensure coherence on the website content and quality of information

Quebec to help on the website management, but ExCom to make decisions on the site content structure and quality

c. Global Status Report

The item was presented by South Australia representative to the ExCom – Carmel Williams (see **Annex 5**). She highlighted need for inputs on the report methodology. The report is aimed to be released in the next year.

Question on target audience:
- Quebec suggested to target Prime Ministers and Presidents as well – therefore document to be precise or to provide executive summary - HiAP is not a health issue, it is governmental issue, therefore commitment from the high level is essential. Another option is to produce summary document to include challenges, key steps; to be concrete and brief so it really gets the attention of the high level people.
- School of public health South Africa (Deb) suggested to link the report to SDGs; critical to bring in non-health sector and local government.
- Medical School Hanover (Julian) suggested to take into account health workforce education, as National Health Workforce Accounts got an indicator on SDH.

 Question on themes to cover in the report:

- Wales representative suggested to group some of the themes like governance and leadership; and to include how do actors validate HiAP success (Thailand, SA, Finland have some measurements, Quebec developing)
- The Graduate Institute representative (Michaela) suggested engagement & partnerships to be merged as well.
    - She raised as well importance to be clear who do we write report for - that will influence the themes mostly. Also, report must speak the same language not only to Prime Ministers and high level people, but also horizontally and give them great understanding on HiAP as we need these people to implement the approach – this is a lot about framing the report.
    - Data collection needs to be qualitative as well besides the survey; case studies can help to develop a 'qualitative' survey to get broader data collection, outside health sector as well or we want it narrow now and broaden it later.
- Carmel explained that qualitative data is complete research project we may need to do something else; it`s too ambitious to make it speak the same to health and other sectors equally
- WHO (Nicole) suggested to use policy coherence as a linkage around goal 17 (partnerships) - it can bring few wins around health and other sectors.
- She also raised if there are other experts among Steering Committee members that could be involved in the report and methodology development – to look into the work plan where countries assigned their interests in certain topics
- Quebec raised a question on who are the others we are identifying to interview for the report; and how we can make it attractive for higher level at WHO - needed for success that WHO leads by example - How our HiAP can be win-win solution for them – our agenda to mixed with 'their' (not only WHO, but also other big organizations).
- Honorable Minister explained that it depends by continent and country whether to go vertical or horizontal – in developing countries has to be upstream. Also agreed that is important to have WHO on board.
- Thailand suggested to consider UNGA for launching the report – HiAP is answer to achieve all the SDGs; each theme of the report and case study to be linked to SDGs (most of the themes to link to leadership and governance).
- Quebec suggested to go ahead with themes we have and link them to SDGs – people like to read the stories; Maybe to have an executive summary as separate document for high level people and other sectors - for advocacy purpose (political document).
    - Quebec also raised importance of putting more efforts into developing marketing and communications strategy of the network.

__Honorable Minister supported the idea of setting up a small technical group to work on the report.__

3. Issues for consideration

a. Membership proposals – discussed under "Advocacy" item

b. Legal identity of the network

The item was presented by The Graduate Institute representative to the ExCom – Michaela Told. She shared a document (see **Annex 6**) highlighting two options for the network legal identity.

- Quebec voted for hosted option, arguing that other option would take a lot of energy and focus should be on work plan and activities; Also they suggested that network should be hosted in Switzerland as non-conflict place and near WHO
- Botswana voted for the same option

Issues/suggestions for consideration:
- If network is hosted as project under another institution – can network sign MOUs on their own - depends on the culture of the hosting organization; but co-signature is always needed.
- Host to be with high reputation to give credibility to the network and help with high level advocacy
- Hosting agreement and arrangement to be signed maybe for a period of two years to test out how it works

ExCom to consider options for the hosting organization

4. Using opportunities from the SDGs

The item was raised by Dr Maria Neira – WHO representative to the Steering Committee. She explained that many people working on SDGs are reinventing what we already invented before – we need to make sure that everyone knows that HiAP exists already (this applies also for WHO). People don't see our HiAP as a tool to support their work and show the health benefits of the policies - but rather feel they need to create their own.
- We need to be careful that our language will not undermine us - with all different terminology intersectorality/hiap/SDH – people get confused.
- How this can be part of whole WHO -Our colleagues need to speak HiAP language and we are part of the problem as we distanced ourselves a bit with all the terminology we use and not being seen as a solution for them.

ExCom to consider how to address:
i) where is there a successful example of a generic approach that was adopted across WHO and how was this done?
ii) can the network develop a marketing approach to frame the idea of HiAP as a solution (by the time of the meeting in Quebec)?

5. Next GNHiAP and Steering Committee Meeting

    a. Quebec in 2019

The meeting will take place in Quebec city in June 2019. It will last 2,5-3 days.

Meeting proposal to be adjusted and sent back by Quebec.

Quebec endorsed importance of establihsing the organizing committee for the meeting.

Suggestions from the other members:
- Botswana requested dates to be announced in advance so high level people are able to attend the meeting
  - Quebec raised that if ministers would come to the meeting, that would open the opportunity to include them to parliament official program.

    b. Telephone conference of Steering Committee

The question was raised on how to report the progress made besides the newsletter via email and on the website.

The engagement strategy for the whole network needs to be developed.

Teleconference to be held in September via WebEx, hosted by The Graduate Institute.

        HE Honorable Minister closed the meeting.

Annex 1 – List of attendees

Attendance		
Government	Australia (South Australia) South Australia (SA Health), the State of South Australia	Carmel Williams In-person
	Botswana Ministry of Health and Wellness	Sam Kolane and Joseph Kefas In-person
	Canada (Quebec) Ministry of Health and Social Service, the Province of Quebec	Horacio Arruda and Sylvie Poirier In-person
	Ecuador Municipality of Quito	*Not attended*
	Finland Ministry of Social Affairs and Health National Institute for Health and Welfare	*Not attended*
	Namibia Ministry of Health and Social Services	*Not attended*
	Sudan Federal Minister of Public Health	Bahar Idris Abu Garda and Abdalla Osman In-person
	Thailand National Health Commission Office	Weerasak Putthasri, Nanoot Mathurapote, Ms. Sirikorn Kaoputhai Ms Warittha Kaewket In-person
	Tunisia Ministry of Health	*Not attended*
	United Kingdom (Wales) Public Health Wales	Irfon Rees, In-person
Academia	Peter L. Reichertz Institute for Medical Informatics, University of Braunschweig - Institute of Technology and Hannover Medical School, Germany	Julian Fisher Via Skype
	Global Health Centre, the Graduate Institute of International and Development Studies, a WHO Collaborating Centre on Governance for Health and Global Health Diplomacy, Switzerland	Michaela Told and Sara Oona Pentikainen In-person
	School of Health Systems and Public Health University of Pretoria, a WHO collaborating Centre for Health in All Policies and Social Determinant of Health, South Africa	Deb Basu Via Skype
Inter-governmental /	United Nations Environmental Programme (UNEP)	*Not attended*
	United Nations Educational, Scientific and Cultural Organization (UNESCO)	*Not attended*
	World Health Organization (WHO)	Maria Neira, Nicole Valentine and Aleksandra Kuzmanovic In-person

Annex 2 - Meeting Agenda

Topic	Presenter [collect, compile information]	Time Allotted	Start
1) Chairperson opening	Abdalla Osman	10	19:00
2) Issue for information – Update of progress on GNHiAP activities (see Annex 1)			
2.1) Advocacy	Abdalla Osman	10	19:10
2.2) Governance and communications (except legal identity, later)	Nanoot Mathurapote	10	19:20
2.3) Global Status Report	Carmel Williams	30	19:50
3) Issue for consideration			
3.1) Membership's proposals	Abdalla Osman	5	19:55
3.2) Legal identity of the network	Michaela Told	20	20:00
4) Using opportunities from the SDGs	Maria Neira	10	20:20
5) Next GNHiAP and SC Meeting			
4.1) Quebec	Horacio Arruda	20	20:30
4.2) Telephone conference of SC	Abdalla Osman	5	20:50
6) Any other items and or close	Chair	5	20:55

Annex 3 – Advocacy Report

<u>**Global Network for Health in All Policies**</u>
<u>**Advocacy Achievements**</u>

Since development of the Three-year work plan for the GNHiAP during the last meeting of the network in Thailand during October 2017, several accomplishments has been done to advocate for the network as well as for the Health in All Policies approach. This include:

1. Launching of the Website for the Network.
2. Finalization of the meeting report of the GNHiAP meeting in Thailand, which has been circulated with cover letters to participating members and uploaded into the website.
3. Updating list of confirmed Steering Committee members, and follow up with non-respondents.
4. Development of a preliminary report on the Health in All Policies global survey.
5. Organization of the HiAP side event during the WHA 71st.
6. Invitation letters has been communicated with several international organizations, intergovernmental agencies, and countries to invite them to join and support the network, which include:

   I. The African Union: a support letter has been communicated with the Health Committee at the African Union.

   The African Union, through the Health Committee has responded positively to the support letter, and the following actions has been taken to facilitate the collaboration with the AU:
   - A concept note for the African Union: Addressing Social Determinants of Health in Africa: the adoption of Health in All Policies Approach has been drafted
   - A Declaration for the African Union has been drafted and attached to the concept note to be declared in the next AU Summit (**African Union Declaration on Addressing Social Determinants of Health in the African Region through adopting Health in All Policies Approach**)
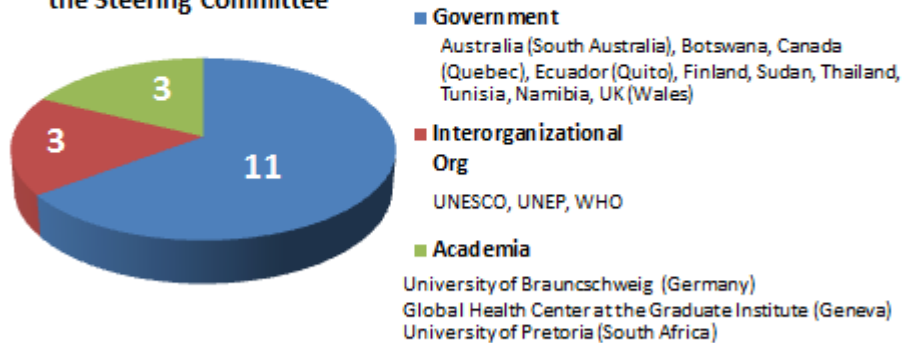
II. SESRIC: a support letter has been communicated with SESRIC to support the network in specific areas.

SESRIC has agreed to support the GNHiAP in the specified areas, and there has been a suggestion to incorporate SESRIC as a member of the network under group (d) (UN/Intergovernmental Agencies)

III. Inviting ISAGS (South American Institute in Public Health, and Intercountry organization of UNASUR, to become a member of the network under group d (UN/Intergovernmental Agencies).

Response is still pending.

IV. Inviting Ibero-american network of Universities promoting health, to become a member of the network under group (b) (Academia group).

Response is still pending.

V. Inviting Hong Kong Health in Action Group to become a member of the network

Response is still pending.

VI. A support letter has been communicated with the Director General of the World Health Organization to support the GNHiAP through providing technical and financial support.

The Director General of WHO response is still pending, however, a meeting is expected to take place with the DG during the 71st WHA to discuss the issue.

VII. A letter has been delivered to the Regional Director of the WHO to support the GNHiAP.

The Late Regional Director of the World Health Organization has agreed to provide different forms of technical and financial support to the GNHiAP. However, the tragedy of his death raises the question of whether the Institution will commit to pursue the support or not?

VIII. Communication document has been developed and circulated.

IX. Invitation letters to join the membership of the GNHiAP has been sent to more than thirty countries in different regions through official channels to ministers of health in these countries.

Responses are still pending.

Annex 4 – Governance and communication slides

Governance and Communication

The Overview of the Steering Committee

■ Government
    Australia (South Australia), Botswana, Canada (Quebec), Ecuador (Quito), Finland, Sudan, Thailand, Tunisia, Namibia, UK (Wales)

■ Interorganizational Org
    UNESCO, UNEP, WHO

■ Academia
University of Braunschweig (Germany)
Global Health Center at the Graduate Institute (Geneva)
University of Pretoria (South Africa)

➢ 7 out of 17 organizations nominated a name of their staff to be SC member.

Governance and Communication
Activities during 8 months since October 2017

✓ Organized 11 meetings of ExCom on a weekly basis

✓ Finalized and distributed the GNHiAP Thailand meeting report and the workplan

✓ Planed and Organized the side event at WHA for advocacy and looked for other platforms such as PMAC

✓ Planed and organized a steering committee

✓ Established website and launched a newsletter

GNHiAP Website :
https://actionsdg.ctb.ku.edu/

Annex 5 – Global Status Report slides

GLOBAL NETWORK FOR HEALTH IN ALL
POLICIES:STEERING COMMITTEE MEETING 2018

Global Status report on Health in All Policies

Carmel Williams
Health Determinants and Policy
Prevention and Population
Government of South Australia

Global Status Report :Proposed Purpose

- Document and analyse current global HiAP approaches
- Gather baseline information on HiAP practice
- Identify opportunities and challenges associated with HiAP implementation
- Stimulate discussion and advocacy
- Share lessons and experiences across countries and regions
- Act as a catalyst for collaborative policy making

Case Study Book on Health in All Policies and GNHiAP Members Survey

- 13 case descriptive case studies
- 19 surveys returned

Key messages

- Position HiAP in the context of the SDGs.
- Seek co-benefits and define shared goals.
- Find the right entry point for your situation
- Build on what already exists.
- Find HiAP "champions" or policy entrepreneurs.

Key Drivers

- Addressing the social determinants of health and health equity
- Health sector recognised need to work across sectors
- Political commitment to multisectoral action
- Action on non-communicable diseases

GNHiAP: Global Status Report a key priority

- Timely opportunity to document global trends, analyse key themes and current state-of-play in era of SDG's
- Aim to release report late 2018– early 2019
- GNHiAP Steering Committee and ExCom to inform and shape development of Report
  - South Australia has offered to coordinate on behalf of GNHiAP
  - Draft Global Status Report Concept Note outlines key questions

Outline of GNHiAP survey questions

- HiAP Coordination and governance
- Current stage of development of HiAP
- Key drivers for HiAP
- Policy goals
- HiAP human resources
- HiAP financial resources
- Current capacity to implement HiAP
- Current knowledge skills and capacity in HiAP
- Opportunities for improvement

Target Audience

- Ministers for Health
- Policy makers in the health sector
- Policy makers in other sectors
- Health Officials
- Non-government Organisations
- Academia
- Development Agencies
- Civil society

Data collection

- Renewed GNHiAP Members Survey
- Circulate through WHO Regional focal points
- Snowballing process
- Increased focus city level examples
- Must be explicit HiAP practice

Questions and Discussions – 5 minutes

Is this the right target audience?

What is the best process for collecting the data?

Do we need to collect brief case studies as well?

Thematic Analysis
- Suggested themes informed by HiAP Case Studies and 2017 GNHiAP Survey

Section	Thematic areas for analysis
1.	Governance & coordinating structures
2.	Resources for HiAP (e.g. specific HiAP teams, funding models)
3.	Leadership
4.	Policy landscape
5.	Engagement process
6.	Starting point and pathway to HiAP
7.	Partnership approach
8.	HiAP models/Ways of working

Questions and Discussions – 10 minutes

- Are these the right themes for analysis?
- Can and should these themes inform the development of global HiAP indicators?

Next Steps
- Collate the feedback from Steering Committee and circulate
- ExCom members meet Thursday 24 May to advise on process moving forward
- ExCom will continue to advise on Global Status Report project
- Update concept note and draft detailed data collection strategy
- South Australia providing a 1 FTE position to coordinate data collection, analysis and drafting of Report

Annex 6 – Legal Identity of the network – options

GNHiAP Legal Identity
V1 – 31.01.2018 MT
Note: The question of the network's legal set-up needs to be aligned with its purpose.

Option 1: Creation of a Swiss NGO
The creation of a Swiss NGO is a relatively easy process. It would require statutes and a 'board' (or executive committee, incl. a treasurer), but there is no formal registration process needed. Having statutes would allow to open a bank account and set-up a legal identity of the association (brand, act on its own behalf, etc.). The downside is that it requires to have a coordinator/ administrator who knows the Swiss rules and regulations administratively because these would kick-in once recruitment happens or even consultancy work is carried out on behalf of the GNHIAP (e.g. social charges, medical insurance, accident insurance etc.).
More information on this option can be found under
http://www.cagi.ch/en/ngo/registration.php

Option 2: Set-up GNHiAP as a 'hosted project' within a legally existing entity
In a 'hosted project', GNHIAP is housed legally within another organisation. A hosted project implies that GNHiAP does not have its own legal identity but needs to obey to rules and regulations of the 'hosting' organisation which provides the legal identity. The 'housing' organization can be either within the UN agencies or hosted by an institution outside the UN, examples are: The Stop TB Partnership is a hosted project of the UNOPS, the PMNCH is a hosted project of WHO (as examples within the UN system) and "Global Health Europe" was at the time a hosted project of the Global Health Centre (hence outside the UN). These examples are all within Geneva but the 'housing' institution can be either Geneva-based or elsewhere based.
To elaborate a bit further on this option, here some information of the "Global Health Europe" (GHE) hosted project of the GHC: GHE was under the legal hat of the Institute but had its own logo, website and governing board. Financially and administratively, it was considered as a project of the GHC with its own budget line and project code which ran over several years. The only caveat on this option is that institutionally we have to charge 15% overhead costs (it is conditional by the Institute) and we cannot advance money (for example: if anybody needs to be recruited, the recruitment goes through GHC / the Institute but the salary needs to be available before recruitment). The overhead rule applies to the Institute but may apply in a different way to other potential 'housing' organisations.

Questions for discussion:
1. Which option is preferred? Why?
Depending on the chosen option, what are the next steps? (Option 1: decision on location of NGO; Option 2: hosting organization)

Annex 7 – Agreed GNHiAP Activities (from Report 1/2017 at: https://actionsdg.ctb.ku.edu/gn-hiap/reports/)

Activity	Focal Point	Steering Members
Advocacy - Mapping of key events and meetings at the global and regional levels, and seeking for opportunities to organise concurrent events about GNHiAP during these - Reaching out to Ministers of Health and/or Presidents to gain support for the network - Spreading awareness of the network and its activities among international, regional and local agencies - Developing a priority-setting guidance for the facilitation of strengthening the linkages between HiAP and SDGs - Utilizing social media and big data as tools for advocacy	Sudan	WHO, Botswana, Finland
Governance - Expanding the network: Identification of new potential members, including international organisations from non-health sectors, non-governmental organisations, grass-roots organisations and academia - Organising annual/bi-annual strategic meeting. The theme and host-country of the meeting will rotate, and the focus will be on technical and political issues - Regular teleconferences: Steering Committee once every 6 months, Executive Committee once every two months - Face-to-face meetings of both SC and EXCOM on a bi-annual basis - Establishing a reliable and convenient channel of communication and information sharing, such as a website or a newsletter - Delivering an annual GNHiAP status report during the WHA each May	Thailand	WHO, Namibia, Sudan
Capacity Building - Mapping and analysing existing training programmes and materials - Creating and maintaining a database of HiAP training alumni, and sharing this with the network - Creating standard training materials which can be adapted to various levels and to different stakeholder audiences - Creating mentorship and peer-learning opportunities and frameworks for theory and practice - Establishing and monitoring quality standards of HiAP training **Operational Guidance** - Establishing a website for HiAP tools and materials,	WHO	UNESCO, UNEP, WHO, Quebec, Wales, Tunisia, South Australia, Finland, Global Health Centre, Pretoria University-South Africa

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Activity	Focal Point	Steering Members
accessible for all network members, within the first 6 months - Network endorsement principle applied to tools (defined expectation of tool and element of tool(s) that should be presented in 12-18 months) - Establishing active learning and peer review frameworks within the first 12-18 months, and continue this also on the 2nd year of the network - Facilitate further outreach by identifying and highlighting individuals and institutions championing in HiAP policy		
Global Status Report - Establishing a working group to develop initial criteria for the status report, and to draft a template for countries and regions, and to draft a terminology glossary for GNHiAP - The Chair of the network shall invite all members to develop the report - Preparing and presenting a briefing about the purpose of the network along with the value of the annual status report to WHO - Creating and maintaining an official list of members in order to identify their roles in working groups - Working group shall invite network members to coordinate the collection of information for the status report at national and subnational levels - Working group shall align the reporting with mapping of determinants of health and the SDGs Specific activities during first year - First report and proof of the concept of HiAP Specific activities during second year - Improving the quality of reporting - Follow-up analysis based on the global status of HiAP baseline - Analysing of best practice and HiAP benchmarks Specific activities during third year - Global evaluation of HiAP practices - Achieving buy-in from international agencies	South Australia	Tunisia, Ecuador, Sudan
Linkages to monitoring SDGs - Linking to National Voluntary Review reporting systems for the SDGs (not only quantitative information, looking into indicators for the principle of policy coherence (SDG 17.14)) - Highlighting and promoting HD intervention evidence indicators and linkages to SDGs and other regional reporting frameworks (e.g. Health 2020) - Supporting the creation of a research fund describing health gains and co-benefits from interventions on health determinants (in particular integrated /complex interventions)	Finland	WHO, UNESCO Tunisia, Ecuador, Pretoria University – South Africa,