**Health in All Policies**

**Trainers’ Meeting/Workshop/Training**

**Date – Month - Year- Place (Location)**

***List of participants – Template***

| **Institution** | **Participant** | **Email** |
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| **AMERICAS** | | |
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| **EUROPE** | | |
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| **SUB-SAHARAN AFRICA** | | |
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| **WESTERN-PACIFIC** | | |
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| **SOUTH-EAST ASIA** | | |
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| **WHO** |  |  |
| **HEADQUARTERS** | | |
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| **LEAD CONSULTANT** | | |
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| **REGIONAL OFFICES** | | |
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