

Health in All Policies (HiAP) Workshop - the case of air pollution, urban health and sustainability

Washington DC, USA, 18– 20 June, 2018

Preparatory Exercise (Pre-Ex) WORKBOOK COMPANION (Option B, Education, training and skills)

Background

Just as complex health challenges such as air pollution are dynamic and interconnected, so too are people in the health and education systems. They move between and across sites and levels, sectors and countries over their life course. At an individual level, people may have roles in the health and education systems, which can be instrumental for change, as well as roles outside their institution or workplace when engaged can expand and strengthen partnerships.

The role of public health champions in promoting health in all policies will ultimately span and include all levels and sites of health system, as well as national and global perspectives. It is important for public health champions to be able to harness a set of skills for dealing with complex challenges.

The critical and creative thinking pathways diagram (1) on the next page, which is based on the conceptual framework of WHO Commission on Social Determinants of Health¹ and a book produced for educating the health workforce² is helpful for thinking about these skills.

¹ Commission on Social Determinants of Health - final report, http://www.who.int/social_determinants/thecommission/finalreport/en/

² WHO eBook on integrating a Social Determinants of Health Approach into Health Workforce Education and Training, http://www.who.int/hrh/resources/ebook_integrating_social_determinants/en/

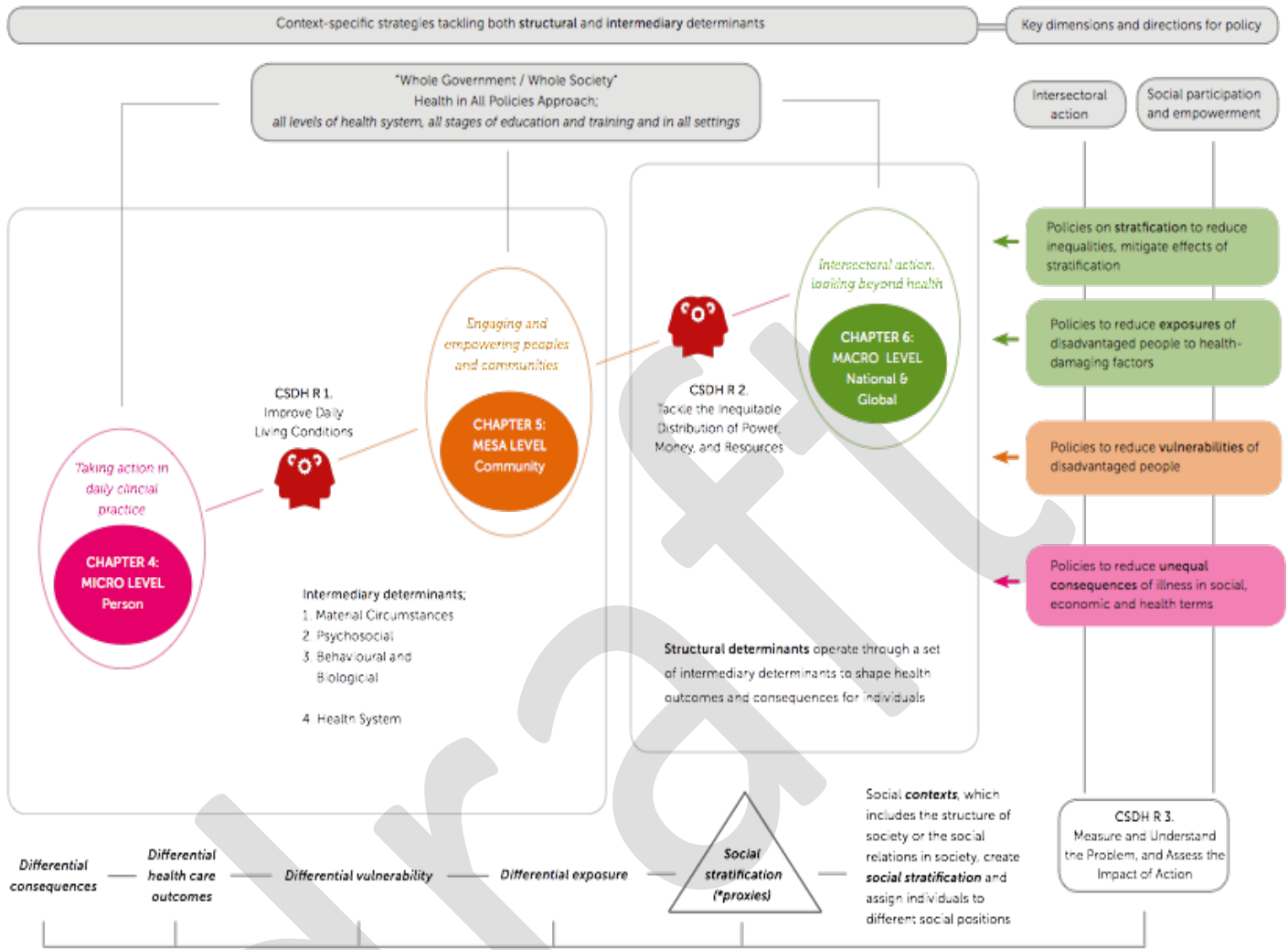


Diagram 1. Critical and creative thinking pathways diagram

Preliminary exercise Part 1

The diagram (1) is designed to support critical thinking about a health and education systems' approach that enables public health practitioners, researchers and educators to work collaboratively and in partnership with communities on systems-level interventions, and in doing so develop the skills / competencies for health in all policies within a lifelong learning framework.

Take into account diagram 1 to consider your (current or future) role as a public health champion in promoting health in all policies. The table below provides information on the link between basic skill domains and the key recommendations of the Commission on the social determinants of health, as well as Sustainable Development Goal 4 (Education).

Use the table below to help guide and inform your responses to workbook sheet C.

Competency / skill domains identified over HIAP training workshops	WHO Commission on Social Determinants of Health, CSDH recommendations (3) / UN Sustainable Development Goals
Epidemiology	<p>CSDH 3: Measure and understand the problem, and assess the impact of action</p> <p>Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action.</p> <p>Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.</p>
Soft skills	<p>CSDH 1: Improve Daily Living Conditions</p> <p>Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.</p> <p>CSDH 2: Tackle the Inequitable Distribution of Power, Money, and Resources</p>
Policy development	<p>In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action.</p>
Values, attitudes and behaviours	<p>Knowledge and skills needed to promote sustainable development and global citizenship (SDG 4.7) SDG 4.7.1</p> <p>Extent to which (i) global citizenship education and (ii) education for sustainable development, including gender equality and human rights, are mainstreamed at all levels in: (a) national education policies, (b) curricula, (c) teacher education and (d) student assessment</p>

Preliminary exercise Part 2 Background

The workshop seeks to examine the adequacy of current approaches to public health education and training for addressing determinants of health in general and air pollution in particular.

Part 2 of the education exercise explores what is needed to integrate a health in all policies approach within lifelong learning framework, so that all public health workers have the competencies / skills that match the health needs of populations and can work to their full potential.

The shift to integrated people-centred health-education systems and focused attention on population health needs will require reorienting the health workforce to deliver care “that is focused and organized around the health needs and expectations of people and communities, rather than on diseases”; and services “such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative services, through different levels and sites of care within the health system and according to their needs throughout the life course”³.

Health workforce curriculum will be pivotal in achieving this reframing and reorientation. A new paradigm proposed by UNESCO⁴ where curriculum is re-conceptualized and repositioned, and defined as a “dynamic and transformative articulation of collective expectations of the purpose, quality, and relevance of education and learning to holistic, inclusive, just, peaceful, and sustainable development, and to the well-being and fulfilment of current and future generations”.

This new paradigm recognizes curriculum as a more dynamic, complex, and multi-dimensional concept than its current conceptualization portrays. It calls for the reconceptualization and repositioning of curriculum along the following key dimensions:

- the first operational tool for ensuring the sustained development- relevance of education and learning systems;
- a catalyst for innovation, disruption, and social transformation;
- a force for social equity, justice, cohesion, stability, and peace;
- an integrative core of education systems;
- an enabler of lifelong learning;
- a determinant of the quality of education and learning;
- a determinant of key cost drivers of education and learning systems; and
- a lifelong learning system in its own right.

³ WHO integrated people-centred health services? <http://www.who.int/service-delivery/safety/areas/people-centred-care/ipchs-what/en/>

⁴ UNESCO 2017 Reconceptualization and repositioning of curriculum in 21st Century, http://www.ibe.unesco.org/sites/default/files/resources/01_reconceptualizing_and_repositioning_30oct.v2_.pdf

Reconceptualization and repositioning of curriculum can not take place in isolation. The idea of institutional and instructional actions / reforms supported by an enabling environment is presented in the Lancet Commission report (2010) Health professionals for a new century⁵, WHO Global Strategy on Human Resources for Health (GSHRH)⁶ and the report of UN High-level Commission on Health Employment and Economic Growth (UN ComHEEG)⁷. These documents and other such as US National Academies of Sciences, Engineering, and Medicine⁸ emphasize the importance of intersectional action to underpin health and education systems reform.

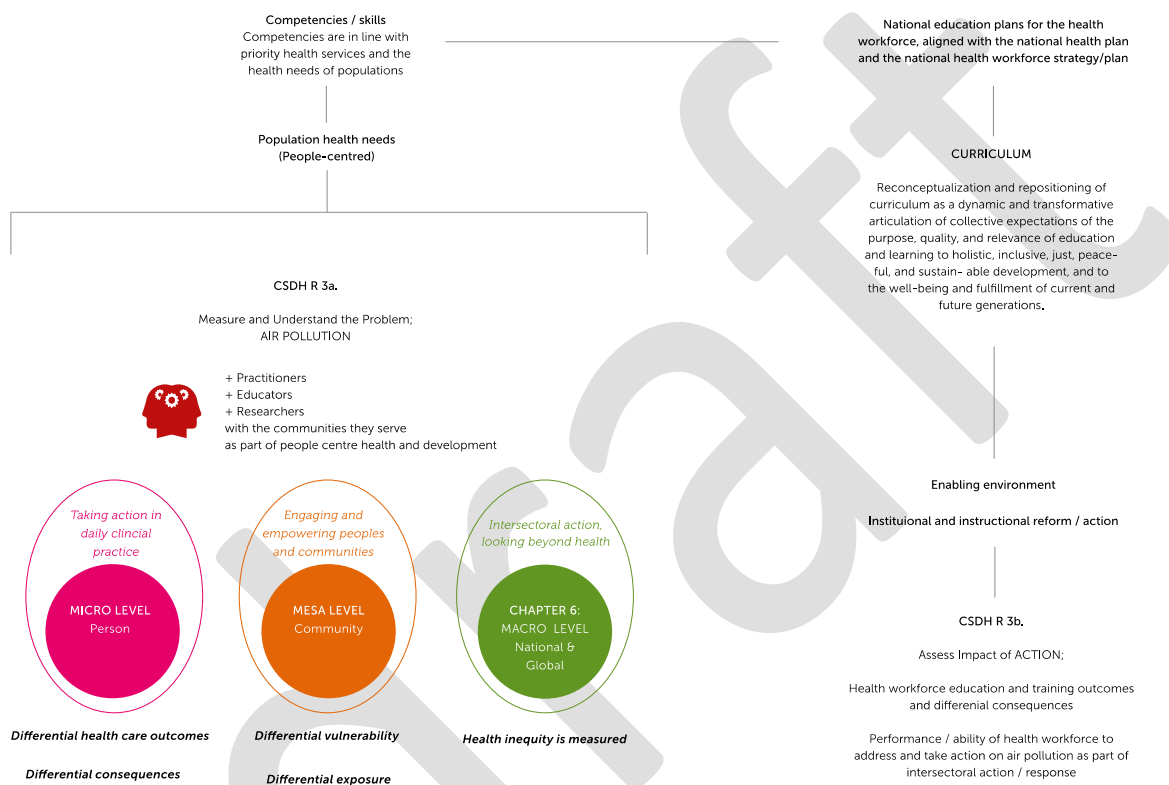


Diagram 2. Educating and training for health equity within a life-long learning framework, WHO eBook on social determinants of health (see larger version of this diagramme in Appendix 2)

⁵ Lancet Commission report (2010) Health professionals for a new century, https://dash.harvard.edu/bitstream/handle/1/4626403/Ed_HealthProfCommisionp5_40.PDF?sequence=1
⁶ Global Strategy on Human Resources for Health: Workforce 2030, <http://www.who.int/hrh/resources/globstrathrh-2030/en/>
⁷ High-Level Commission on Health Employment and Economic Growth, <http://www.who.int/hrh/com-heeg/en/>
⁸ US National Academies of Sciences, Engineering, and Medicine; A Framework for Educating Health Professionals to Address the Social Determinants of Health (2016), <http://www.nationalacademies.org/hmd/Reports/2016/Framework-for-Educating-Health-Professionals-to-Address-the-Social-Determinants-of-Health.aspx>. See policy brief for framework and model with regard to lifelong learning; <http://www.nationalacademies.org/hmd/-/media/Files/Report%20Files/2016/SDH-Resources/SDHeducation-RIB.pdf>

Guidance for Completing Part 2 Exercise

The preliminary exercise Part 2 asks you to select a challenge or issue related to public health education and training with respect to taking action on the determinants of health in general and air pollution in particular, that you are most interested in addressing. It can be in pre-service education, undergraduate, or in-service / workplace training, continuing professional development.

This section is designed to help you describe the current situation and determine potential activities by selecting the actions that you consider are the highest priority for your institution / workplace. You will briefly describe potential activities you would like to undertake for each action selected. This step is key and will likely take the most time. In some cases it may be useful to consult with external partners.

Use the table below to analyse what reforms and actions you consider would be necessary, and enabling environment needed to integrate a health in all policies approach within lifelong learning framework.

- Enabling environment (which focuses on how to enable the necessary changes / reforms)
- Institutional design (which specifies the structure and functions of the education system)
- Instructional design (which focuses on processes),
- Educational outcomes (which deal with the desired results)

Actions / reforms	Lancet Commission ^{see 6}	WHO Guidelines ⁹	UN ComHEEG ^{see 8}
Enabling environment	<ul style="list-style-type: none"> • Mobilise leadership • Enhance investments • Align accreditation • Strengthen global learning 	WHO Guidelines & policy briefs <ul style="list-style-type: none"> • Faculty Development • Accreditation of Institutions • Regulation • Financing • Monitoring and Evaluating 	<ul style="list-style-type: none"> • Financing and fiscal space • Partnership and cooperation • International migration • Data, information and accountability
Institutional design	<ul style="list-style-type: none"> • Joint planning • Academic systems • Global networks • Culture of critical inquiry 	WHO recommendations for: <ul style="list-style-type: none"> • Faculty development • Curriculum Development 	Recommendation 3; Education, training and skills.

⁹ WHO guidelines for transforming and scaling up health professionals' education and training, recommendations, <https://whoeducationguidelines.org/content/recommendations-glance> and policy briefs, <https://whoeducationguidelines.org/content/policy-briefs>

Actions / reforms	Lancet Commission ^{see 6}	WHO Guidelines ⁹	UN ComHEEG ^{see 8}
Instructional design	<ul style="list-style-type: none"> • Competency-driven • Interprofessional and transprofessional education <ul style="list-style-type: none"> • IT-empowered • Local–global • Educational resources • New professionalism 	<ul style="list-style-type: none"> • Simulation methods • Direct entry of graduates • Admission procedures • Streamlined educational pathways and ladder programmes • Interprofessional education • Accreditation • Continuous professional development (CPD) for health professionals <p>4 good practice recommendations for governance and planning, and civil society recommendations.</p>	<p>Scale up transformative, high-quality education and lifelong learning so that all health workers have skills that match the health needs of populations and can work to their full potential.</p>
Educational outcomes	<p>Different configurations of institutional and instructional design will lead to varying educational outcomes. Making the desired results explicit is an essential element in assessment of the performance of any system.</p>		<p>Graduate tracking, such as the longitudinal tracking system for graduates could provide valuable data on education and employment outcomes.</p>

Example of report-back matrix (see workbook Sheet D1)

ACTIONS	Priority: Low/medium/ high	Current situation	Potential activities	Considerations	Identify stakeholders / partners, what might their role be?
		Summarize or briefly describe the current situation with respect to each action you have selected	Describe potential new activities to undertake for this action	Describe important considerations for moving forward with these activities	
Select and list enabling environment action that relate to your challenge / issue					
Select and list institutional design action or actions that relate to your challenge / issue					
Select and list instructional design action that relate to your challenge / issue					

Using the following set of reflective questions as a guide for completing workbook sheet D1.

Current situation

- What is the current level of activity with respect to this action?
- Who is involved in undertaking these activities?
- How successful have the activities been?
- Has there been a lot of support, in general?
- Are there any known major gaps or areas in need of improvement in relation to this activity?

Potential activities

- What new activities could be undertaken?
- How can potential activities address the gaps in the current situation?

Considerations

- What are the main milestones? What is the time frame for the activity?
- What capacity/resources are required for carrying out these activities? Are these resources available or accessible?
- What is the role of the health sector and/or your organization in relation to the action and potential activity?
- What are the major opportunities or obstacles for completing this activity?
- Would completing this activity contribute to other road map actions? Are there other opportunities to leverage this activity in the short or long term?
- Has anyone already done something similar that you could learn from?

Stakeholders

- Who are your main partners and what is their role? Do they have the necessary resources/capacity for this action?

Using the following set of steps as a guide for completing workbook sheet D2.

Prioritization; if you have identified more activities than you can manage, this step can help you to further prioritize by considering additional criteria. It may be helpful to consult external partners to confirm their support where necessary.

This optional step involves a review of your 'potential activities' from workbook sheet D1 to determine which will move forward to become 'planned activities' of your individual action plan.

For this exercise, you will choose criteria that are important in your decision-making process and assign a quantitative weight to them based on their relative importance. You will then score each activity for the criteria and add the scores. A higher score should point to a higher priority activity.

While the final scores may be helpful, the analytical process required to weight criteria and compare activities is the most important component of this exercise. In the end, you may still choose to work on an activity that scored lower than others, but your reasons for making this decision will be clearer. For example, there may be situations where it is appropriate to choose to work on a lower priority activity because it is more likely to succeed and have a positive outcome than a risky higher priority item.

Alternately, if the outcome of an activity is uncertain but it is determined to be more urgent with a greater potential for positive impact, it still may be chosen ahead of another more predictable activity. It may be helpful to consult with partners, especially if you would require their support to carry out the activity.

- *Opportunity to leverage*; Does the activity contribute to one or more identified to leverage: national or organizational priority? Does it contribute to more than one road map action?
- *Feasibility*; what is the likelihood of successful completion of the activity? This could depend on a number of factors, such as, ability to get sufficient resources, willingness/capacity of partners, and political support.
- *Flexibility*; is the activity modifiable in the case of unforeseen circumstances (e.g. lack of partner support or a reduction in resources)? How time sensitive is the issue?
- *Likely impact*; If the activity is successful, what is the likely impact in terms of improving health outcomes?
- *Risks*; Are there risks (or potential negative outcomes) associated with undertaking this activity? How large are they? How likely are they to happen?
- *Others*; You may have additional criteria to consider based on your national or organizational context.

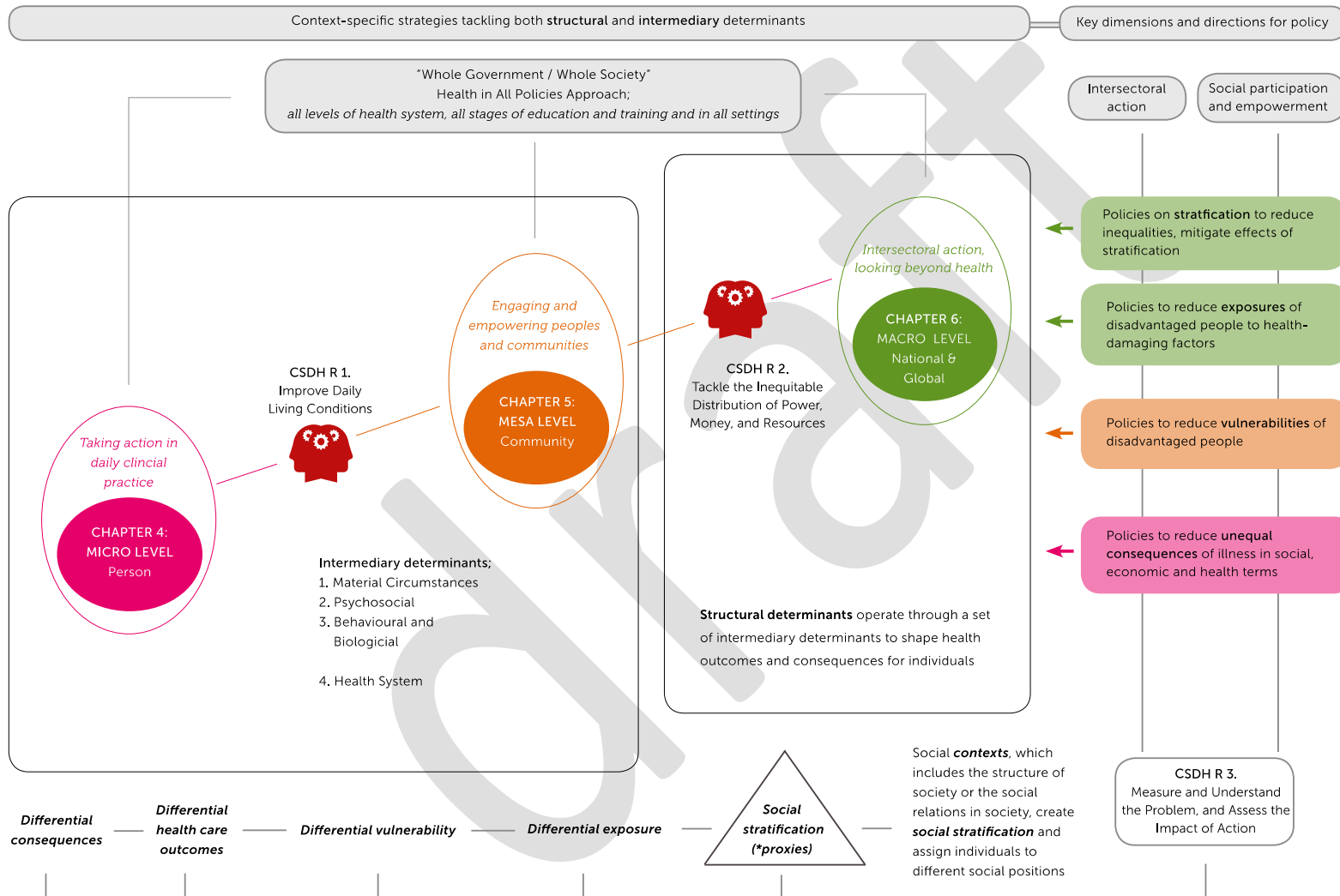
Steps

1. Enter the potential activities that need to be further prioritized in the first column of the table;
2. Identify and select which criteria are the most important for you (i.e. your country, government department, organization, institution, daily work). Enter these as the column headings under 'criteria' in the table;
3. For each activity, assign a score for each of the criterion. Add the scores together and enter the total in the last column. Higher scores should point to higher priority items and this should help you choose a manageable number of priority activities to carry forward to action planning during the workshop.

Example of report-back matrix (see workbook Sheet D2)

Enabling environment	CRITERIA							
Potential Activity		Opportunity to leverage	Feasibility	Flexibility	Likely impact	Risks	Others	Priority score
	Weighting	15	25	15	25	20		100
Activity1								
Activity 2 etc								

Preparatory Exercise B, B1: Conceptual framework in support of HIAPs approach



Preparatory Exercise B, B2: Conceptual framing of reforms and actions, and enabling environment needed to integrate a health in all policies approach within lifelong learning framework

