**Comments from HiAP Summer School delegates (‘sticky note’ exercise)**

**CHALLENGES TO BRINGING A HiAP APPROACH TO YOUR WORK:**

* Introducing a HiAP approach/principles when working with other agencies on their work and involvement in the work doesn’t start until the project /work is quite advanced
* NGO politics and funding models
* Budget and resources
* Political and budget restrictions
* Funding implications. Insufficient budget and related resources
* Trying to keep momentum – it’s a long term game
* Country protocol – in order to support at times country process is a barrier to a timely support
* Situations beyond control, e.g. cyclones, El Nino tend to delay support.
* Ensuring equity and health
* Negotiating and framing questions, discussions
* Cultural issues surrounding your effort to change behavior
* That tobacco control is “working”/no need to collaborate
* Limited knowledge of other sector ministries on the importance of HiAP
* Political will & commencing initial discussions with other sectors
* Application of HiAP in communities
* Problem too complex for other sectors to see their connection to it
* Very little ‘risk taking’ culture in some settings
* Negotiators – too inexperienced to articulate clearly
* Identifying health implications of other sector policies when notified at a very late stage
* It takes time to develop HiAP, while project has timeframe to be completed
* Competing interests
* Too busy with our core business to consider ‘health’
* Wide range of understanding about what HiAP involves
* Lack of timely/ongoing assessment of HiAP project
* Robust assessment of Spreydon-Heathcote Ward. Stocktake.
* Competing priority agenda of different sector ministries
* Adopting a HiAP approach when told what the solution is/what we have to do.
* Do we have time/capacity to do HiAP
* Discovering the HiAP environment in CHCh to see how Healthy Families might be able to support.
* Lack of staff capacity to support the work.
* No school canteen policy
* School lunchboxes lack variety, not balanced, heavily carbohydrate dense
* Poor negotiation outcomes. Don’t know the act of negotiation – unprepared, no facts
* Lack of agreement by participants on priorities (health or otherwise)
* When one party refuses to recognize a clear evidence base put forward by experts as valid – e.g. spins it as ‘claiming a monopoly on knowledge’ (current NZ example re Minister of Housing, re proposed WOF for housing)
* Getting people on board especially sectors and stakeholders that have competing interests with us.
* Cross-sector relationships
* Getting HiAP introduced in my team, getting buy in from others to adopt a HiAP approach
* Weak PPP in implicating HiAP approach
* Not knowing what the grey areas are when trying to get Government agency buy in all health Policy
* Lack of awareness of health determinants and HiAP among policy makers in different sectors
* Government buy-in
* Government/stakeholder commitment
* Putting systems and processes in place for implementation
* Key stakeholders not keen to work collaboratively
* Convening a PPG of motivated change makers
* Lack of interest from potential/actual partners
* Prevention partners are not actively engaged
* Education and buy-in of other stakeholders
* Practical support of senior executives
* Lack of influence
* Prevention Partnership Group lacks commitment
* Parliamentary elections: some changes in key decision-making
* Identifying who holds the power to solve the wicked problem
* Political support
* Liberty to fully exercise HIA in the policy development process
* Getting the mandate to mobilize the right stakeholder support
* Political priorities and capacity of other sectors (do not have enough knowledge)
* Resistance to change (‘that’s not how we’ve done it before!’)
* Political/organizational leadership lacking
* HiAP not routinely used at the Ministry (anymore)
* Lack of time – work is largely reactive
* Lack of time to build relationship in fast reactive environment
* Workload is very fluid with a short-term focus

**USEFUL TIPS/SOLUTIONS SUGGESTED BY DELEGATES:**

* Start with something in common - look at commonalities
* Finalize common agenda
* Collaboration and building effective working relationships
* Prepare clear background evidence, diagrams to support discussions
* Framing clearly what’s in it for them and why they should care
* Identifying opportunities and planting seeds
* Keep networking and engaging – form alliances
* Encourage innovation
* Looking for opportunities for where a HiAP approach can still be incorporated
* Send most experienced negotiator for engagement activities
* Building material with colleagues in other agencies so there’s greater awareness of what they’re doing and where there might be opportunities to be involved
* Create positive outcomes by suggesting merged budgets with other sectors/stakeholders
* Look for win-win situations
* Demonstrate impact on partner’s area: resource use, cost
* Upskilling other staff members on HiAP approaches, tools
* HiAP as ‘standard’ practice. Build capacity in team.
* Getting the right ‘leaders’ (ministers) on board
* Champion champions – especially mental health
* Bring in experts to provide evidence, knowledge and skills to help shape policies and implement
* Apply whanau ora assessment tool and possibly social and environmental on stock take
* Build relationships and look for win-win opportunities
* Revisit MOU. Review, discuss, recommit.
* Better negotiation skills and proactive collaboration
* Advocate HiAP to policy-makers at different sectors/levels
* Get buy-in first from other government parties and lay associations affiliated to your organization. Send the right people.
* Friendly approach. Application of your soft skills
* Excellent soft skills
* Promote HiAP with colleagues – get them on board
* Advocate and train decision makers, lobby throughout the PSHS
* Awareness of importance of HIA with planning unit
* Broad stakeholder participation in future concerns (country perspective)
* Advocate more for the virtues of HiAP
* Win-win approach
* Implement the Sustainable Development Goals within Health in All Policies
* Be aware of individual country protocol and plan your support to align to their processes. Consider occurrence of these emergencies in planning support. Find an entry point that is culturally-acceptable.
* MOHMS awareness, NHEC endorsement, formulation of implementation strategies and plans
* Cabinet submission for approval - budget
* Convene parents and teachers meeting to increase awareness on balanced lunchboxes
* Take on pet projects which can be done alongside regular work
* Allow time and space for discussion/sharing of information and perspectives
* Not having assumptions/fixed views
* Clarify timelines – have an action plan to show outcomes. Highlight importance of the approach.
* Build in time and space for assessment of projects focus/progress
* Start small
* Avoid directives, give consequences and options
* Cabinet submission for directive and MOU. Awareness to stakeholders and policy budget statements.
* Approach Health CHCh to pitch formation of sub group, with win/win possibilities
* Highlight importance of HiAP approach – how it feeds into all programme areas and improves effectiveness.
* Read new journals, educate/arm oneself with information
* Familiarize my team with HiAP
* Evidence base will be crucial from the start and it should start before any engagement
* Learn and analyze and apply
* Strengthen capacity of NGOs, CSOs and private sectors and governmental organizations
* Offer information and be open to framing what YOU want in other (new/different) ways – see other perspectives
* Higher level support for HiAP e.g. at cabinet level
* Mobilise stakeholders to formulate school canteen policy and apply