Health in All Policies (HiAP) Training-of-Trainers’ (TOT) Workshop for Ministry of Health and Training Institutions

**Johannesburg, South Africa 30-November – 4 December, 2015**

*Note on preparatory exercise: draft 7/9/2015*

*Policy briefs*

**Background**

The HiAP TOT Workshop for Ministry of Health and Training Institutions will bring together social determinants programme managers, senior health policy planners and analysts, social development and gender experts, and local government officials. It will also bring together training experts in the areas of governance, health diplomacy and social determinants of health. The purpose of convening the latter group will be to build-up a regional network of trainers who can support scale-up HiAP skills training to meet regional demand. Each country will be represented by 3 participants from Ministry of Health and one from either Policy or Planning, Social Development or Local Government and one from Academia (School of Public Health or Economics). Participants are expected to arrive on Monday 30 November to be ready to start the workshop on Tuesday 1 December. The workshop will involve intense training sessions at the Department of Public Health, at the University of the Witwatersrand, Johannesburg. On day four, Friday 4 December, workshop participants will split into two groups: one group going on a site visit for Ministry of Health officials, and another group (training institutions) developing a plan for scaling-up training in Africa, supported by WHO. For more information on the meeting agenda, refer to the Provisional Meeting Agenda. Each participants will receive a copy of the WHO Health in All Policies Training Manual at the training workshop.

**Workshop preparatory requirements**

Nominated country participants to the first regional training workshop on Health in All **Policies are requested to submit *country-based* exercises prior to attending the workshop**. These materials will also be used during the workshop. *Nominated country-teams* are expected to contact each other and arrange to work together in order to complete the exercise as described below.

The exercise is to be completed in English and **submitted to Peter Phori** (phorip@who.int) and Debashis Basu (Debashis.Basu@wits.ac.za ) **by no later than 30 October 2015.**

The purpose of having an exercise prior to participating in the workshop is to develop engagement of the participants in intersectoral work *prior* to the meeting, and to build connections at the country-level for future work on Health in All Policies.

**Exercise**

**Learning objectives**

The purpose of this exercise is:

* to appraise a policy brief that discusses actions on health determinants with respect to

-the way evidence is presented and ’translated’ for policy-makers; and

-the way health is prioritzed in the dialogue.

**Exercise steps:**

1. Each country-team identifies a policy brief for *appraisal.*

The policy brief should be between 1 and 3 pages on addressing health determinants that one of the team members has been involved in producing (either conceptualizaing, writing or advising) in the past 1-5 years.

WHO Health in All Policies Training Manual, page 83.

*”The policy brief is a document which outlines the rationale for choosing a particular policy alternative or course of action in a current policy debate. It is part of the agenda-setting and policy formation stage of the policy cycle.”*

Authorship of the policy brief. It is preferable that:

* 1. one of the team members was involved in its production;
	2. that the policy brief addresses the issue of health equity (or health inequalities); and
	3. the policy brief is in English (working language of the meeting) (if the policy brief was prepared in another language, a minimum Google-translate is required).

*Alternative:* If none of the members of the nominated country team was involved in preparing the policy brief, they should identify a policy brief which meets criteria ii) and iii).

1. Discuss the following in the country-team exchanges (via email or phone) to gain a common understanding of the policy brief:
	1. context and problems statements of the policy brief, and its level of importance;
	2. what the main policy recommendations are for action;
	3. what actually happened in the national context;
	4. how evidence is ”translated” for the decision-maker and how the key messages are targeted with purpose;
	5. Your opinions of the strengths and weaknesses of the policy brief.
2. Present the following in Powerpoint form submitted to Peter Phori (phorip@who.int) and Debashis Basu (Debashis.Basu@wits.ac.za ) by no later than 30 October 2015.
	1. A copy of the policy brief (scanned / pdf)
	2. A powerpoint presentations with the following slides:
		1. Slide 1: Title of the policy brief and authors (indicating any of *nominated country- team’s involvement)*
		2. Slide 2: Context of the problem and its importance; Description of the problem addressed
		3. Slide 3: Statement on why the policy brief argues for the current approach/policy to be changed
		4. Slide 4: Key recommendations for action
		5. Slide 5: Describe the approaches to intersectoral arguments and the use of economic evidence (WHO Health in All Policies Training Manual, pgs 88-89 – see Annex A)
		6. Slide 6: Discuss the use of evidence and general strategies used to communicate / ’translate’ the evidence to policy-makers
		7. Slide 7: Discuss any other strengths and weaknesses of the policy brief overall (structure (length, clarity), evidence, presentation (photos, size))
		8. Slide 8: What was the final decision taken in the national context regarding problem issue raised in the policy brief?

*Annex A: Approaches to prioritising health (WHO Health in All Policies Training Manual, pgs 88-89)*

Prioritizing health in the policy discourse

If you believe it relevant, you might want to describe some of the common approaches to arguing for health to be given greater importance in policy discourses.1 This issue can be raised at many points during the workshop, including but not limited to here and in Module 8 on negotiations.

In general, these lines of arguments can be persuasive in encouraging policy actors to take health into account in public policies:

**1. Health argument.** Health has intrinsic value. A powerful argument for policy-makers to act can arise from understanding of the health impacts deriving from a particular risk factor (e.g. tobacco or alcohol consumption, occupational health hazards) or determinant of health. Failure to comply with obligations arising from ratified international laws or constitutional rights can also be used to build this argument. For example, all WHO Member States acknowledge that governments are responsible for the health of their populations.

**2. Health-to-other-sectors argument.** Improved health and equity can support realization of the mandates and goals of other government sectors. The evidence shows that complementary interventions are also prerequisites for successful implementation. This is about highlighting co-benefits to get other sectors on board.

**3. Health-to-societal-goal argument.** Improved health and equity can also contribute to wider societal gain, including well-being, economic and social development and financial and environmental sustainability.

**4. In support of all three arguments is economic evidence.** For example, assessing the financial benefits for health and social care, productivity gain or increased tax revenues is important. It can also make explicit the trade-offs arising from different policy choices.