A WHO training manual for working in Health in All Policies

Relevant principles and next steps

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World Health Organization

Overview

- The mandate: WHA resolution of ministers of health on HiAP

- Training manual development principles

- Core modules

- Examples of content

- Next steps

Global sustainable action across sectors to improve health and health equity: *resolution of ministers of health*

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY WHA67.12

Agenda item 14.6 24 May 2014

Contributing to social and economic development: sustainable action across sectors to improve health and health equity

Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity.

(WHO Definition adopted by the 2013 Global Health Promotion conference focusing on HiAP, and used in the World Health Assembly resolution 2014)

Sustainable action across sectors to improve health and health equity: *resolution of ministers of health*

- champion health and health equity;

- have cross-sectoral structures (..) to enable public policies to take account of and address health determinants and

- track social determinants and disparities in health;

- safeguard public health interests from influences of conflict of interest;

- include local communities and civil society actors;

- **contribute to the post-2015 development agenda (emphasize that other policies have a significant impact on health outcomes; identify synergies between health and other sector policy objectives);**

- develop/maintain institutional capacity and skills**, such as assessing health implications of policy initiatives, exploring solutions, negotiating.**

HEALTH IN ALL POLICIES

HIAP training manual development process

April 2010
- Adelaide meeting on Health in All Policies
- Decision to invest in policy briefs and training course

Dec 2011
- Summer school on Health in All Policies with Govt. South Australia(international)

2012-13
- Document the 2011 Summer School on HiAP in the form of a manual (Gov. SA lead, co-publish with WHO)
- Decision to develop a WHO **Training of Trainers** (ToT)manual on HiAP

2013-2014
- Ministry of Health of the Philippines HiAP pilot training
- Publish WHO training manual as follow-up to WHR 67.12 about sustainable action across sectors to improve health and equity

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Principles behind content development of training of trainers manual

Provide a resource for training **AND FOR TRAINERS** to increase understanding of health, equity in development, and Health in All Policies (HiAP) by health and other professionals

- Content emphasis
  - equity as one of the global challenges in health
  - social determinants as structural factors that differentially influence the impact of determinants on health
  - HiAP as indispensable MEANS for addressing those SDH
  - mind-set change needed for **joint problem-solving**

Underlying themes

- Dynamics and complexity
- Health Equity
- Framing
- Whole of government//society
- Collective impact
- Mutual gain, Negotiation, health diplomacy

FOCUS: Participants

- Educational approach: **highly participatory**

- **Learn skills** – conduct stakeholder analysis, prepare policy briefs, role play situations and carry out negotiations, prepare a health impact assessment

International
Intersectoral
Interdisciplinary

World Health
Organization

Why a focus on an approach and mind-set?

- shift in perspective so that all actors consider improved health and wellbeing as an overarching social goal that requires shared action (e.g. group work, panel discussions)

- create a shared mental map for participants in relation to HIAP and equip them to be policy champions for HIAP and equity.

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Core modules* to be used flexibly

1. Introductions and the Determinants of Health
2. 21st Century Health Dynamics and Inequality
3. Health in All Policies (HiAP)
4. The Policy-Making Process
5. The Role of Government in HiAP / Whole-of-Government Approaches
6. Preparing Policy Briefs
7. The Role of Non-Government Stakeholders in HiAP/
8. Whole-of-Society
8. Negotiating for Health
9. HiAP Implementation at the Local, Region and Global Lev
10. Measuring Progress in Health
11. The Leadership Role of the Health Sector in HiAP
12. Next Steps and Round Up

*additional to be considered in future e.g. legislation, economic case
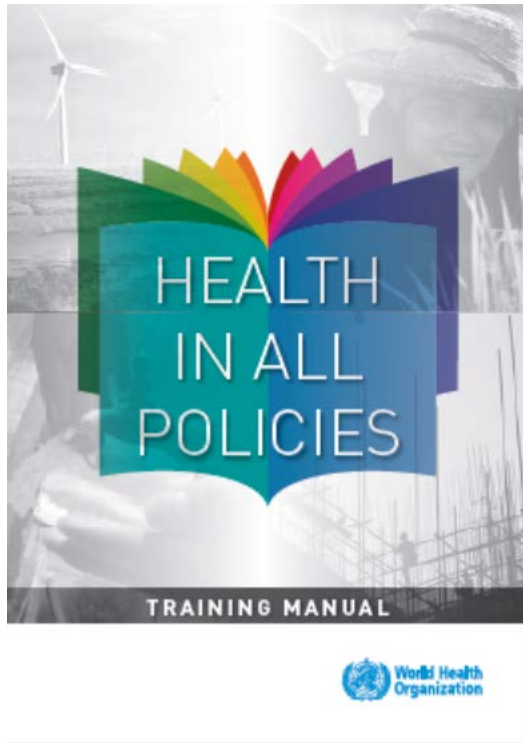
Structure of each Module

- 1. Module overview: subject to be addressed and the number of proposed learning hours

- 2. The Learning objectives of the module

- 3. The key messages of the module

- 4. The key readings required

- 5. The supporting materials

- 6. The teaching notes

Example of content (1)

Key messages on 21st century health dynamics and inequality

- Over the next decades (2011–2030), the leading NCDs are predicted to cost low- and middle-income countries close to 5% of current GDP.
- In 2000, 85% of the world's population were living in countries where inequality was increasing.
- Difference between the top and bottom 20% of the world's population : 30:1 (1945) -- 82:1 (2000).

Key readings- Recommended

- Video: Institute for Health Metrics and Evaluation, Global Burden of Disease Tool Tutorial (11 mins)
- WHO (2011) 10 Facts on Health inequities and their causes. Geneva, WHO (2 pages)
- Infographic: Gapminder (2003) Income Distribution

HEALTH IN ALL POLICIES

TRAINING MANUAL

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Example of content (2)

Figure 5.5: Structures and mechanisms for intersectoral collaboration

	Agenda setting			Policy formation			Policy implementation		Policy review		
	Identify problem	Research	Set agenda	Develop options and strategies	Negotiate	Formulate policy/ guidance	Implement policy	Enforce policy	Monitor	Evaluate	Report
1. Cabinet committees and secretariats			■	■	■	■	■				
2. Parliamentary committees		■							■	■	
3. Interdepartmental committees and units	■	■		■	■	■	■	■	■	■	■
4. Mega-ministries and merges				■	■	■	■		■	■	■
5. Joint budgeting							■	■			
6. Intersectoral policy-making procedures				■	■	■					
7. Non-government stakeholder engagement	■			■	■	■	■				

Source: based on analysis in McQueen DV et al. (2012) *Intersectoral Governance for Health in All Policies*. WHO.

Example of content (3)

Health lens analysis

Definition and purpose

The HiAP health lens analysis process builds on traditional health impact assessment methodology by incorporating a suite of additional methods (e.g. economic modelling) to allow the process to deliver both rigour and flexibility that accommodates the operational culture and policy imperatives of the partner agency. As a consequence, the methodology employed for a health lens is modified for each target area. Evaluation, an essential component of the HiAP process, is built into each individual health lens.

Procedure

The emerging methodology for the health lens analysis, as is being promoted in South Australia, consists of a series of steps that underpin its effectiveness and ability to deliver mutually beneficial outcomes:

1. **Engage:** establishing and maintaining strong collaborative relationships with other sectors. Determine agreed policy focus.

Next steps: networking institutions

- Convene institutions able to support WHO to meet requests from countries for training on Health in All Policies and technical support

- Develop an agreement for networking institutions, which will include developing mechanisms for coordinating course planning and sharing of course materials

Key steps: WHO training snow-ball

Feb-Mar 2015
- Mission briefing (20 Feb) Web launch (25 Feb)

Regional training
- First training course (23-27 Mar)

May-April 2015/6
- Regional ToT and trainings: Caribbean, SEARO, Americas (Mexico), AFRO
- Development of a web based course?

May 2016
- Report on progress 2016
- Shared e-platform (Action:SDH) for powerpoints, policy briefs, course outlines

Thank you!