

World Health Organization, South-East Asia Region

*Regional Workshop on
Implementation of
Health in All Policies*

14–17 July 2015

HPE/NDE

Indraprastha Estate, Mahatma Gandhi Marg, New Delhi 110002

Regional Workshop on Implementation of Health in All Policies

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Acronyms

| | |
|------|-------------------------------------|
| GNH | Gross National Happiness |
| GNHC | Gross National Happiness Commission |
| HiAP | health-in-all-policies |
| NCD | noncommunicable diseases |
| NHA | National Health Assembly |
| NHC | National Health Commission |
| NHM | National Health Mission |
| WHA | World Health Assembly |

Background

“Health in All Policies” was built on the foundation of the WHO Declaration of Alma-Ata on Primary Health Care 1978; the Ottawa Charter for Health Promotion 1986; the Adelaide Recommendations on Healthy Public Policy 1988 and subsequent global health promotion conferences; the Gothenburg Consensus Paper on Health Impact Assessment 1999; the Declaration on Health in All Policies, Rome 2007, the Adelaide Statement on Health in All Policies 2010. Health is seen as a positive concept that could bring attention to other sectors beyond health. Member States were called upon to promote healthy public policies to ensure other sectors consider health while developing policies and plans.

Several actions had been taken in the past to start up health in all policies approach and implementation, such as

- The World Health Assembly Resolution, *Reducing Health Inequities through Action on the Social Determinants of Health* (2009), urges Member States to improve health efficacy in tackling the determinants of health and health equities through a “*Health in All Policies (HiAP)*” approach, and for the WHO to provide necessary assistance and guidance to enabling actions.
- The Adelaide Statement on Health in All Policies 2010 described that HiAP consists of “*institutionalized processes which values cross-sector problem solving and addressing power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solution.*”
- The First World Conference on Social Determinants of Health was organized in Rio de Janeiro, Brazil in 2011 to convene high-level multisectoral actions addressing determinants of health from community interventions to policy interventions beyond health sectors and to reconfirm the commitment to address SDH and demonstrated concrete actions to address SDH across the world. The *Rio Political Declaration on SDH* is an outcome where by WHO was requested to (a) strengthen capacity for prioritizing work on social determinants, (b) provide support to Member States in implementing a *health in all policies*, (c) provide support to Member States in strengthening efforts on *measurement and evaluation*, (d) support research on *effective policies and interventions to improve health equity*; and (e) address the performance of existing global governance

- The UN Summit on Non-communicable Diseases in 2011 followed by the Global Plan of Action to prevent and control NCD recognizing the need for multisectoral actions at all levels and addressing NCD risk factors and its determinants through health in all policies.
- The Regional Consultation on Intersectoral Actions to address Social Determinants of Health held in WHO-SEARO in August 2011, called to provide technical support to build capacity of Member States to assess health impacts and health equity and to move towards health in all policies.
- The Regional Workshop on Urban Health Equity Assessments and Intersectoral Responses which Ministries of Health, and other ministries participated commenced on the values of the equity assessments and plan for health in all urban policies.
- Meeting of Experts 2012 to develop a draft regional framework on health in all policies and consult the ways forward.
- Regional Consultation to finalize the Regional Framework on Health in All Policies 2013 with strategic directions for the region that contributed to global framework for country action.
- the 8th Global Conference on Health Promotion, Helsinki Statement and Country Framework for Action on Health in all policies 2013

As an outcome of the World Conference on Social Determinants of Health WHA65.R8 and WHA67.R12 Contributing to social and economic development: sustainable action across sectors to improve health and health equity, health in all policies (HiAP) is to be implemented by Member States with support from WHO at all levels.

WHO-Regional office also documented numbers of case studies resemble intersectoral actions at policies levels in Bhutan, India, Nepal, Thailand, Sri Lanka, and Timor-Leste. Bhutan and Thailand were the two countries that have explicit roadmap and strategic plan for implementation of health in all policies.

WHA 67.12 drew attention to Member States to implement HiAP approach and report back to the World Health Assembly in May 2016, while WHO as secretariat is to provide technical support and capacity building to the Member States. In February 2015, the “WHO Training Manual on Health in All Policies” was launched to support Member States to implement HiAP World Health Assembly Resolutions.

Objective

To provide support to countries to develop roadmap for implementation of health in all policies

Specific objectives:

The specific objectives of the workshop were to:

1. To share progress and concrete evidences towards health in all policies
2. To provide technical guidance and step-wise approach on 'how to' implement the health in all policies
3. To develop country roadmap to implement health in all policies

Agenda:

1. Introducing Regional Framework on HiAP and Country Framework for Action
 - a) Strategic directions
 - b) Past country experiences
 - c) Commitments
2. Introducing WHO Training Manual for HiAP
 - a) Policy making process, policy brief, and role of government in HiAP/whole-of-government approaches
 - b) Role of non-government stakeholders in HiAP/whole-of-society approaches
 - c) HiAP implementation at local, regional, and global levels
 - d) Negotiation for Health and Leadership role
 - e) Measuring progress
3. Sharing intersectoral action (ISA) steps at programmatic and policy level addressing health and inequity
4. Developing roadmaps for country implementation of health in all policies

Methodology:

The workshop conducted in adult learning styles where sharing and cross learning of experiences were encouraged. Presentations on key components of each subject were introduced by experts/key persons, followed by discussion and group works. Group works brought concrete actions and plan. At the meantime, the meeting also fostered partnership building within and between countries through activities including group works and team building.

Opening session

Keynote address

Director of Programme Management, WHO SEARO, Dr Arun Thapa, spoke to the participants on the importance of “Health in All Policies” (HiAP) and deliver Regional Director’s speech. Key messages from Regional Director include health in all policies brought out the political, economic, and sociocultural factors that prerequisite to health and limit people’s choices to maintain healthy behaviour in a changing demographic and environment; and revealed how inequities in a society and across the globe effect wide spread of illness and they ways we response to the emergence diseases. Promoting health and solving health problems are primary mandate of the health sectors, however the success lies in coordination and collaboration across sectors. Countries of the South-East Asia Region have countless examples of successful intersectoral/multisectoral collaboration across sectors that have contributed to health outcomes and prevention of diseases. The concept of HiAP is rapidly gained global attention, while the Member States of South East Asia region made commitment since 2009 to ensure the Health Equity in All Policies as a result of regional consultation on social determinants of health.

In 2014, SEARO had developed a Regional Framework on Health in All Policies that provided strategic directions to member states to adapt the HiAP approach to country contexts. These strategic directions are a) the national strategic direction for the whole-of-government with highest level mechanisms to achieve development goals; b) sub-national or area-based strategic direction where the HiAP can be adapted to local administrations such as health in all urban policies, or community health governance; c) issue-based strategic direction which could be applied to tackle health and equities issues where multisectoral policies and coordination are needed, such as TB and malaria control, NCD prevention, universal health, gender equity, etc.; and d) a combination of these mentioned strategies.

Dr Arun Thapa, Director of Programme Management, emphasized RD’s speech on the implementation of HiAP approach as it is a challenge when other sectors need to be motivated through understanding of impacts of their decisions or projects or programmes on the health of population. The collaboration among various sectors should bring “win-win” outcomes for all sectors. This workshop was important for Member States to develop roadmap for implementing HiAP in their respected countries. The workshop aimed to provided technical guidance, tools, and skills such as leadership, advocacy and negotiation,

necessary for engaging with partners to tackle the bigger picture of health, equity, and development.

Proceedings

Introducing Regional framework on HiAP and country framework for action: strategic directions; past country experiences; commitments

Dr Suvajee Good, Programme Coordinator, Health Promotion and focal point for social determinants of health introduced regional framework on health in all policies to the participants in this workshop. Dr Good shared SEARO briefing note summarizing health in all policies in a nutshell and historical experiences in selected countries in South-East Asia region. Regional Framework on Health in All Policies illustrated the structural determinants of health, instruments/driving forces for HiAP, and key areas of multisectoral actions to address determinants of health, prevention and control of CDs and NCDs, and strengthen primary health care. The framework provides with suggested tools to advocate, assess and implement HiAP including health lens analysis, health impact assessment, health equity assessment, policy review and brief, and governance tools. Whole-of-government and whole-of-society action for prevention, protection and promotion are applicable to strategic financing in health system such as in the universal health care, strengthen surveillance and research for life-course approach, promoting health in sustainable development, and governance structure in public policies. WHO SEARO has been supporting HiAP implementation through documentation and building capacity on social determinants of health and leadership for promoting health at country level, and improving steps for intersectoral actions for policy makers within regional context. Integrated approached to implement HiAP in priorities issues are feasible and created timely response.

Introducing WHO training manual for HiAP

Coordinator, Dr Eugenio Villar from WHO-HQ, in Geneva presented the rationale behind development of health in all policies approach and how challenging the implementation could be. Implementation of approach could be daunting tasks for countries and advocates to demonstrate feasibility and impacts through dialogues, to provide concrete linkages with basic health care services and communities, to address equity for health, and to build systems linking to SDGs or to the inequity trends that posing difficulties to address health determinants and impacts. Most of the subjects are cross-cutting areas ranging from environmental health, climate change, economic disruption, outbreak to migration and uncertainties in local livelihood. WHO and global experts developed training manual on

health in all policies and provided training for master trainers that include selected persons from SEAR countries namely Thailand and India, along with regional focal point on SDH, Dr Suvajee Good. The training manual is also a resource documents for finding supports and adaptation of the course to fit country needs. It is more important for public policies to not only looking at effects of their decisions on health but also having equity lens in designing policies, monitoring and evaluations of elements that affecting health of population.

One of the key global experts on health in all policies, Ms Carmel William, who is also champion in implementing HiAP for South Australia Government elaborated the elements within the WHO and South Australia training manuals. Beyond the manuals, the experts also identified common challenges from government side and new thinking required for the whole-system thinking and social learning to be present in the process of implementing HiAP.

Policy making process, policy brief and role of government in HiAP/whole-of-government approaches

Underlying themes of HiAP are understanding of policy making process, the dynamics and complexity of different players especially politicians, civil society, active organizations or stakeholders on the issues involved in applying HiAP. Framing the issue to have collective impact and mutual gain required attention from key person to advocate at highest level, to negotiate, and bring health diplomacy across the table for government to take appropriate actions using this framework to either whole-of-government or whole-of-society matters.

The HiAP manual provided guidance for audience to adapt to context and participants who could be international, intersectoral, or interdisciplinary. In the process, skills required are to conduct stakeholder analysis, prepare policy briefs, role play situations and carry out negotiations, prepared health impact assessment. Key messages were to shift perspective and create a shared mental map for policy makers to realize overarching social goals fostering health and wellbeing.

Expert, Carmel Williams, demonstrated how to create shared goal among government sectors to deliver as one government, how to negotiate co-benefits to reach mutual gain, and relevant resources to build capacity from the WHO training manual.

Role of non-government stakeholders in HiAP/whole-of-society approaches

Ms Nanoot Maturapote, National Health Commission Office, MOPH, Thailand shared experiences on the role of civil society in HiAP. As experience in Thailand, government would benefit from having public participation and play important roles as stakeholders for health. Common situation often found in the region is lack of linkages between people and government, and between government policy and people's demands, needs and wills. Public participation in policy making, planning, or any form of decision making take an evolutionary process depends on country context, how government open doors to involve, engage, empower and build trust for people to voice their concerns, demands, and wills to support policy development. In case of Thailand, revolutionary of primary health care that change arena of public health in Thailand began 30 years ago to have people participation in public health. Second waive was in development of universal health coverage when people participated in advocating for health care reform and participate in public health decision. Health in all policies will be the next best actions to further engage population/people from different parts of society to advocate, design, plan, and implement health beyond health sectors. Concept of public participation for health system in Thailand comprises of creation of knowledge (evidences), political involvement (power) and social movement (actions).

To engage with civil society, society need a neutral space where government, civil society or people-organization, and academic sector can deliberate on issues, and make possible process for intersectoral actions, sharing of information, evidences, and make decision. Civil society play significant roles in setting agenda, gather evidences, formulate policy and arguments for decision makers to consider. Some groups of civil society are instruments for policy adoption and implementation. National health assembly provides the neutral space needed. HiAP is recognized as a new ways to perceive health and policies for the fact that health is not only diseases or biomedical framework, nor policy owned by authorities or government. This is a new paradigm shift in public health that has been fostering in Thai Health system reform and thus HiAP is feasible in Thailand where mutual respect and trust between government and civil society.

Four contributing factors to involve civil society in HiAP are a) the need to expand health paradigm, b) a neutral space that welcome proposed agendas and demand for policy change, c) information system that open for public sharing, accessing, and monitoring, e) mutual respect and trust.

Roles of government in implementing HiAP approach: mechanisms; leadership and coordination.

Dr Sanjiv Kumar, National Health Systems Resource center, National Health Mission, Ministry of Health and Family Welfare, Government of India, led the session on role of government in implementing health in all policies and supplements by HPE and other experts. As laid out in the Training Manual, Dr Sanjiv Kumar articulate the policy formulation and implementation cycle along with analysis on the role of Ministry of Health, particularly in taking leadership to advocate for health in all policies. Government is in the best position to advocate, implement, and support multisectoral initiatives that already exist with structural mechanisms such as inter-ministerial, intersectoral platforms, and mechanisms for collaboration. Join-government approach benefits all sectors especially in sharing resources, aligning activities, sharing information and responsibilities.

Seven major government mechanisms to consider when implement HiAP are 1) cabinet committees and secretariats; 2) parliamentary committees; 3) interdepartmental committees and units; 4) mega-ministries and merges; 5) joint budgeting programmes; 6) intersectoral policy making procedures; and 7) non-government stakeholder engagement. Dr Sanjiv Kumar also presented potential barriers and contributing factors for intersectoral actions. New ways of working, shared leadership, new incentives and accountabilities, and new ways of developing policies, designing programmes, delivering services, and joint monitoring of progress would be challenges to face in traditional structures of governments and depends on the context within political and economic of the time.

Dr Good, WHO-SEARO added training components on collaborative leadership, skills and capacities required. Techniques and tips on successful collaboration are being elaborated.

Camel Williams provided methodologies for stakeholder analysis, diplomacy and negotiation skills along with practices. Examples and roles play were used in relation to apply skills for HiAP. Tips on ethical negotiation were presented.

Sharing intersectoral action (ISA) steps at programmatic and policy level addressing health and inequity

Regional advisors from different programmes of WHO namely NCDs, Malaria, and TB programmes shared their global and regional agendas, and the need for health in all policies to support the programmes. Dr Leonard Ortega, regional advisor for malaria control clearly presented the global and regional malaria situation and why HiAP approach needed. With WHA Resolution 68.2, 2015 health in all policies to eliminate malaria is prominent to promote multisectoral collaboration, education programmes, and community involvement. Countries that need to use the approach within the years to come are Bhutan, Sri Lank, Bangladesh, DPRK and Nepal.

Similarly Dr Kwang-il Rim, technical office for TB unit sharing the vision to use health in all policies approach to support End TB Strategy 2016-2035 as the disease is a highly related to poverty and other determinants of health. The End TB Strategy composed of 3 pillars and 4 principles. The second pillar on the bold policies and supportive systems is the most relevant place to implement HiAP. The overarching poverty reduction strategies and expanding social protection will have the most impact on reducing cases of TB and ending the disease. Other components to apply HiAP for ending TB will be on improving living and working conditions, environment, reduce food insecurity, address social determinants of health of migrants, and reductions of tobacco use, alcohol, and substance abuse.

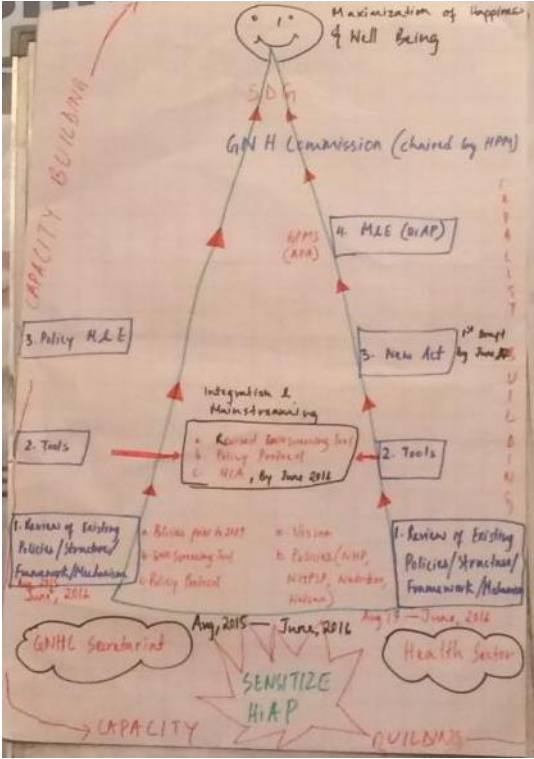
Application of HiAP in NCDs prevention and control was clearly in line with multisectoral actions for NCDs as appeared in global plan of actions. Dr Renu Garg, regional advisor for NCD shared the same and emphasize the non-health sectors that have critical roles in primary prevention of NCDs namely finance, education, urban development, law enforcement, and food/agriculture sectors. NCD need to operationalized HiAP at the high-level multisectoral-commission or political leadership with clear mandate, ear marked funds, strong secretariat capacity, and accountability indicators.

Developing roadmaps for country implementation of health in all policies

Dr Good, provided guidance for country to develop roadmap and step-by-step approach to implement HiAP. Key questions and criteria for countries to consider implementing HiAP on an issue or level of government are introduced. Example of a road map from Thailand was shown. Group work was conducted for representatives from each country to discuss and brainstorm on what would be their most feasible areas to implement HiAP and which process based on their governance and political context. Each country consider the possible entry points, context around the entry points, level of HiAP to be implement (national or sub-national, programme or project), existing legislations/strategic framework, and existing partnership or intersectoral structure.

Country Roadmaps

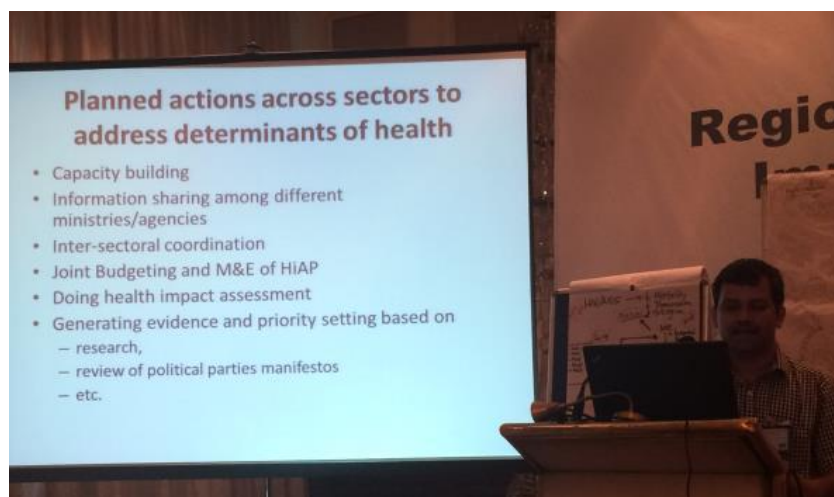
Bhutan set 3 priority areas namely nutrition, NCDs, and water-sanitation that are most feasible to apply HiAP approach. Bhutan roadmap was drawn in view of well structural mechanisms at the apex body of the government GNHC shared by Prime Minister. Clear outcomes toward sustainable development goals and the highest National aspiration to maximize happiness and well-being of the population were set. HiAP is timely for Bhutan and there are numbers of windows of opportunities and tools to support health in all policies in Bhutan. Bhutan would like to start the road map with sensitization of all sectors and health should lead the process.



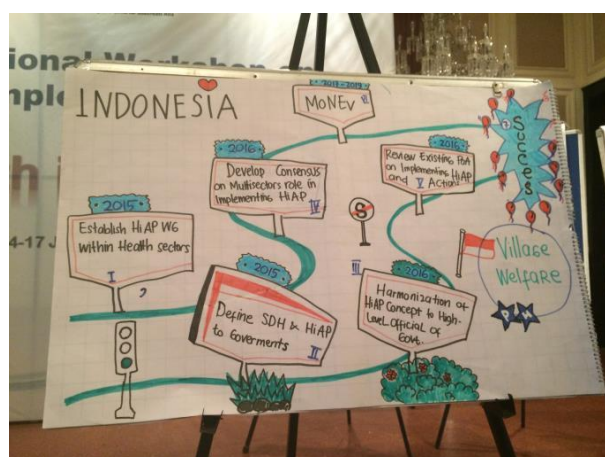
India considered water and sanitation as a key area of action to apply HiAP approach. The participants shared the challenges on implementation, thus need further capacity building, information sharing across sectors, how to develop joint budgeting, how to conduct health impact assessment, and monitoring joint-policies implementation. NCD, malaria, HIV/AIDS programmes are listed as priorities areas to use HiAP approach. Windows of opportunities for India lies in current public health act which need to bring all health programmes under one umbrella. Political campaigns for health would bring

Country Roadmaps

commitments. WHO country office for India should be champion of HiAP. Building organizational resources to train HiAP will be needed.

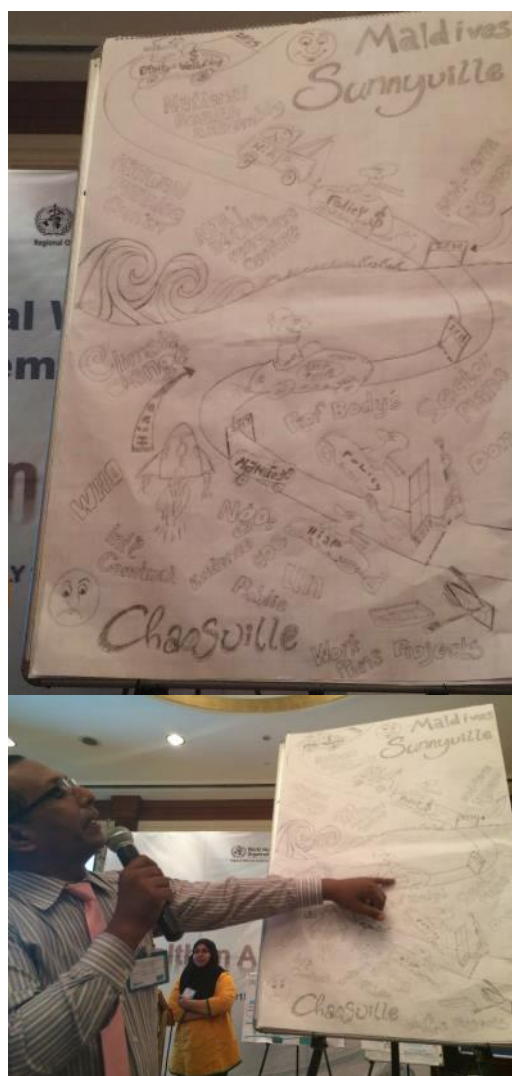


Indonesia considered implementing HiAP in the City-Friendly Initiatives for children and elderly which will be fast track to existing mechanism in the country programme. Indonesia being a large country will need different approaches to different regions and districts especially with different cultural, economic, and social contexts. Roadmap to implement HiAP will be to sensitize high-level officials in different level of the government structure. Working group or taskforce for HiAP should be established, with all ministries to be involved will find common understanding of social determinants of health. Harmonization of health concept in all sector policies should be in place and develop consensus on how to implement HiAP in the country. Universal health care could also be vehicle to promote HiAP. Monitoring and evaluation of the process should be in place by 2017-19.



Country Roadmaps

Maldives roadmap was drawn from the most relevant country political events and timeline, and aspiration to create healthier island “sunnyville.” HiAP would be applicable at the highest policy making process and taking the event of country political movement to create political manifesto for health and well-being of all population. National election in 2018 will be a mark for occasion when legislation on national planning and national health assembly to be established. Health impact assessment is recognized as important tools for healthy public policies and should be mandatory in country. The implementation plan for health in all policies will need to be operationalized and costed by 2020 and regular monitoring of this implementation is called for. It is visualized that health in all policies will be integrated into policy development process in future.



Myanmar selected practical steps to promote health and health in all policies in other sectors, thus promoting physical activities would be the best entry point for Myanmar. Existing mechanisms in the mission include national health commission, school health programmes, and others. Myanmar would formulate a taskforce to advocate and build capacity for promoting PA. In the next 5 years, Myanmar needs to conduct sport facilities/parks, raise awareness, generate evidences, and mobilize resources. Outcomes on increase level of physical activity in population would be highly relevant for all sectors to be accounted for.

Country Roadmaps



Nepal chose to work on control of communicable disease, NCDs and nutrition, and adolescent health. The whole of government approach can be replicated from lessons learnt during the earthquake response and post-earthquake reconstruction. There are numbers of legislation and strategic frameworks that Nepal can work around implement the approach. At national level National Planning Commission would be the place to start along with the women, children, elderly social welfare committee at the Parliament where Prime Minister chair the committee. District development committee and local bodies could also benefit in using the approach. Nepal roadmap for implementation of HiAP will be starting with implementing NCD work plan and coordinating with the global coordination mechanism (GCM) for NCD. Nepal outlined multisectoral plan of actions however questioned about joint-budget mechanism.



Sri Lanka presented that health is primary responsibility of health and it won't be calling as health in all policies per se. National training center will start training public health professions. It considered that policy makers and professional from other sectors are not adhered to health to provide such training. Implementation could be breakdown in three level of health system. It would be more specific to address health programmes and create

Country Roadmaps



impacts on health interventions.

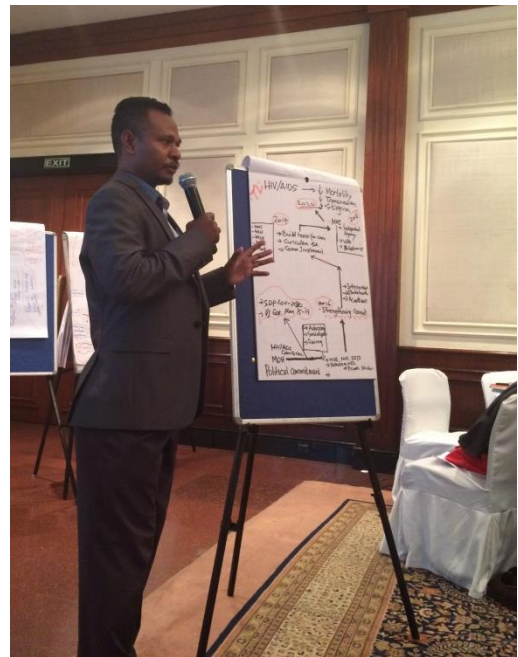
Thailand drew a specific roadmap for salt reduction programme with clear goal to reduce 25% salt consumption by 2025. Policy on salt reduction is already in place under the umbrella of National Food Strategies Act and also linked with Thailand Healthy Life Style Strategic Plan where numbers of stakeholders have been identified. National health assembly plays a big role in policy change but might not all issued and implemented in programme level. Thus mechanisms to assure implementation and develop intersectoral partners to specifically work on salt reduction in Thailand.



Thailand roadmap for salt reduction

Country Roadmaps

Timor Leste roadmap was focused on reducing mortality, transmission and stigma from HIV/AIDS. There is a commission for HIV/AIDS where ministries (education, urban planning, finance, academia, training institutions) are on board. Applying HiAP approach to public health programme will be most feasible to Timor Leste.



Conclusions and Summary of the workshop:

The Regional Workshop on the Implementation of HiAP had three specific aims; to share the progress already underway across the region to implement HiAP, to provide technical guidance on “how to” implement HiAP approach and for Member States to develop a Roadmap that further supports the implementation of HiAP in their countries. In addition, the Workshop aimed to build the capacity of key academic personal across the Region to develop and deliver HiAP training sessions through the university sector. The Workshop was delivered by Dr Suvajee Good WHO-SEARO, Social Determinants of Health (SDH) and Dr Eugenio Villar WHO-HQ, Coordinator SDH. Three key technical experts experienced in the development and implementation of HiAP assisted in the delivery of the training including Dr Sanjiv Kumar, National Health Mission India; Ms Carmel Williams, HiAP, Government of South Australia; and Ms Nanoot Mathurapte National Health Commission Office, Thailand.

The nine of the eleven countries across the region were able to participate in the Workshop, including Bhutan, Indonesia, The Maldives, Sri Lanka, Nepal, India, Myanmar, Timor-Leste and Thailand. Member states were asked to send a representative from the Ministry of Health, representative from a non-health ministry, an academic from a University with interest in HiAP, and WHO- Country office representative. The Workshop successfully attracted a diverse group of skilled and enthusiastic participants resulting in a highly interactive, participatory and stimulating meeting.

Highlights and outcomes

The Regional Workshop was a great opportunity to share and learn from the diverse experience of Member States who have been working at various levels and different ways to put the Regional Health in All Policies approach into practice. The workshop focused on the SDH and strategies to deliver the Regions commitment to implementing HiAP and improving health and health equity. Nine countries across the region examined the challenges and obstacles they faced when trying to work intersectorally.

Participants further explored and discussed the structures, processes and skills required to successfully adopt a HiAP approach within their country, drawing on the Workshop faculty and their own expertise and experience.

At conclusion of the four days each country had a clear pathway forward, a Regional Roadmap, which was tailored to their unique context and circumstances. These Roadmaps

have been documented and will be used to capture the ongoing progress of implementing HiAP across the Region.

In keeping with the theme of promoting good health for all, the Regional Workshop coordinator Dr Suvajee Good led participants in healthy meeting activities, encouraging attendees to move at key points throughout each day, often tempting and inviting participants from Member States to share a cultural experience with the group through singing and dancing. Fun was had by all.

Recommendations: Resonance with Ministries and WHO

At conclusion of the Regional Workshop participants indicated their commitment to maintain momentum and as a first step agreed to engage with their country colleagues to progress and apply the Roadmaps developed during the training. There was a recognition that responsibility for implementation rested on multiple organisations including MemberStates- Ministries of Health, WHO County Offices, WHO- SEARO and WHO-HQ. In addition the role of other government Ministries including Central and Finance Ministries, the UN and development agencies were identified as important avenues for future collaboration.

Workshop participants recommended a number of next steps and these tended to fall into three separate categories.

1. Support for countries to action their Roadmaps;
2. Build the capacity for Training within countries and across the region, and
3. Increase access to technical tools to support and monitor HiAP.

Participants suggested a number of areas where they required collaboration and support from WHO (Country Office, SEARO and HQ) to action their Roadmaps including coordinated follow up and monitoring of progress; further development and sharing of case studies; access to expertise on ‘how to’ implement HiAP; establishing a Regional network to share ideas and support and continue to build HiAP momentum; provide placement /study tour opportunities where people can “learn HiAP by doing” and finally WHO to work with UN and Development Agencies to sensitize them to the importance and benefits of a focus on SDH and HiAP.

The value of building capacity across the Region to implement HiAP was recognised and will require ongoing training opportunities. Addressing the Regions training needs will be best

met through the delivery of HiAP Train the Training courses and workshops, drawing on the WHO HiAP Training Manual.

Participants made a number of recommendations related to training and capacity building. These included offering HiAP training opportunities at country level with support from MOH, and WHO Country and Regional Offices and continued WHO-(HQ, Regional, Country) support for Train the Training sessions, working closely with key academic Institutions across the region.

Implementing HiAP requires both tactical and technical skills and to be underpinned by a sound monitoring and evaluation system. The Regional Workshop included a number of sessions designed to cover these different but equally important skills sets and the challenges and critical importance of monitoring and evaluation was also widely discussed. Participants were keen to re-engage with technical tools such as Health Impact Assessment and Health Lens Analysis, as well as further explore how to use health diplomacy and negotiation to progress HiAP.

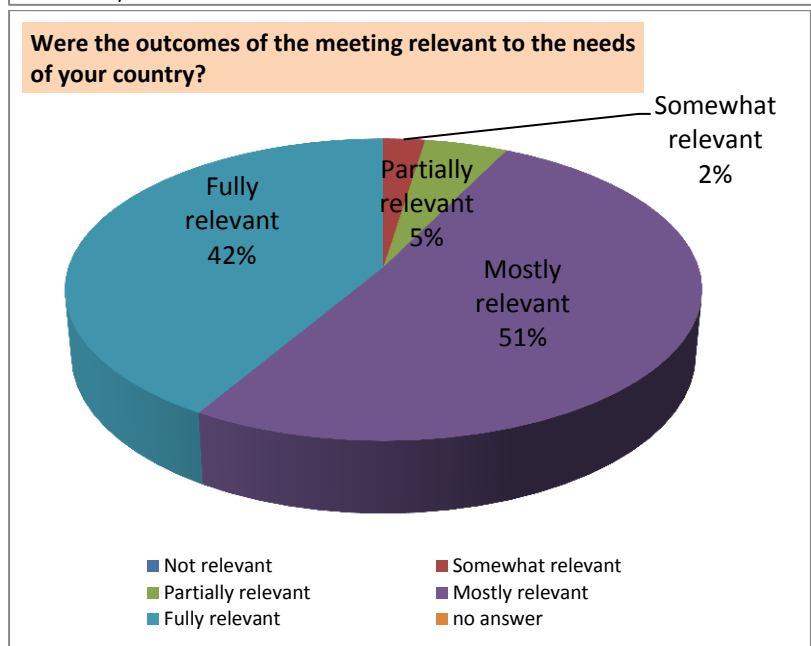
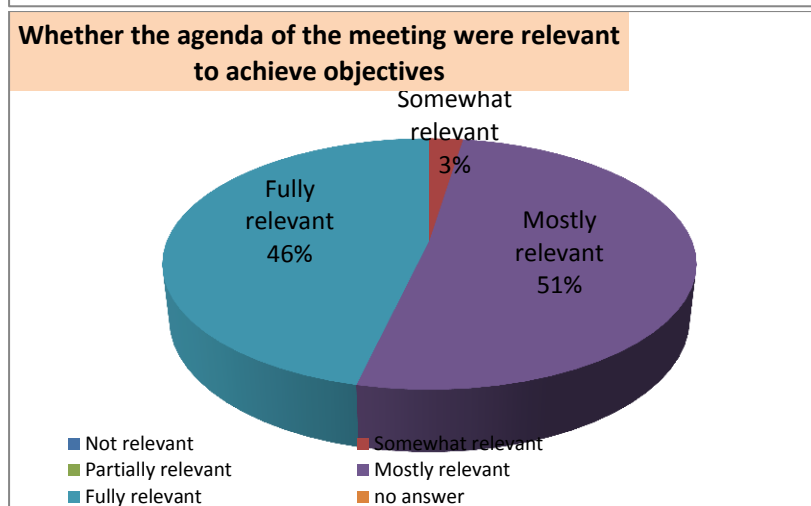
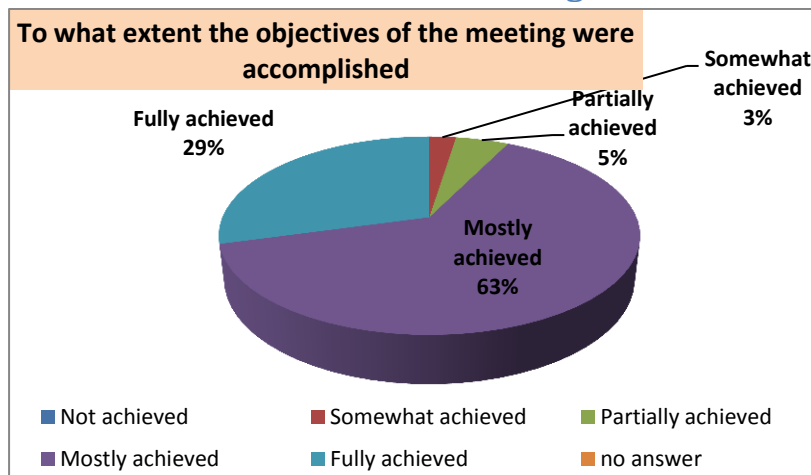
SEARO already has plans underway to conduct a Regional HIA Workshop and WHO–HQ is in the process of developing a monitoring and evaluation framework that will contribute to tracking the implementation of HiAP and its impact on health and health equity.

Closing session

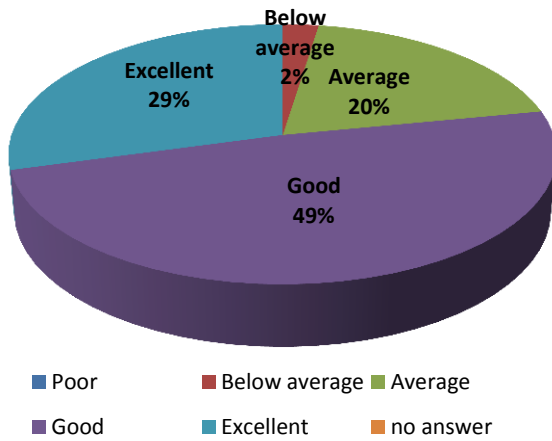
Certificates of attendance were presented to the participants by Dr Thaksaphon Thamarangsi, Dr Eugenio Villar and Ms Carmel Williams. Dr Thamarangsi provided hope and encouragement for the future leaders in Health in All Policies. Participants reflected their gratitude toward the training and expressed wishes to have continuing supports from resource persons and WHO. HPE gave a vote of thanks to all resource persons, Headquarters, WHO country offices and all the ministries which agreed to send participants to join the workshop. The active participation of the participants in all aspects of the programme was acknowledged.

Appendix I: Evaluation of workshop on implementation of HiAP

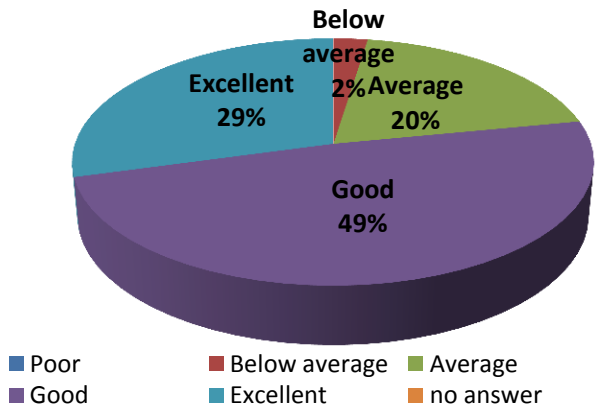
A. For the content of the meeting



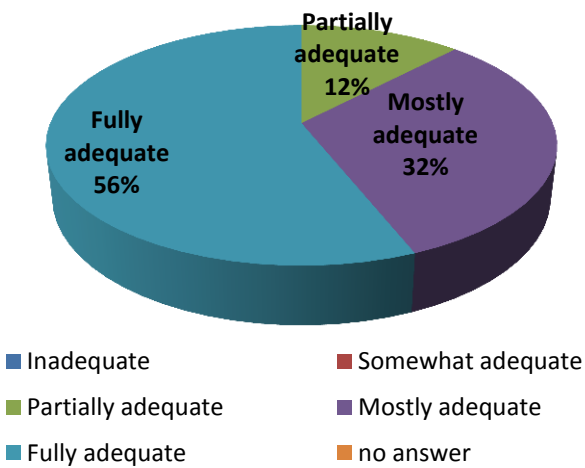
Were working papers presented substantive to the needs of the meeting?



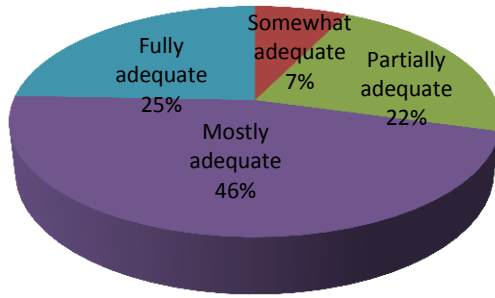
Were working papers presented substantive to the needs of the meeting?



Was the WHO/SEARO staff technical support adequate in achieving your expectation?

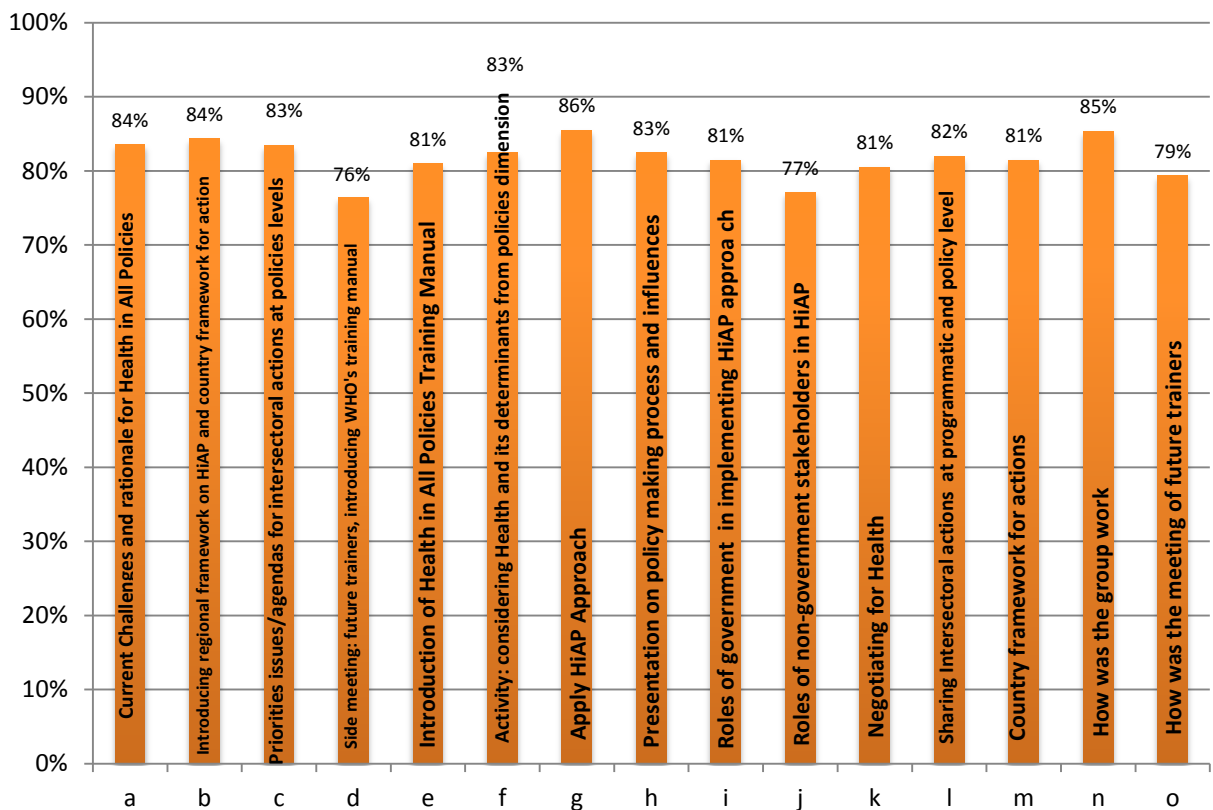


Are you in a position to integrate the outcome of this meeting to the national work plan?

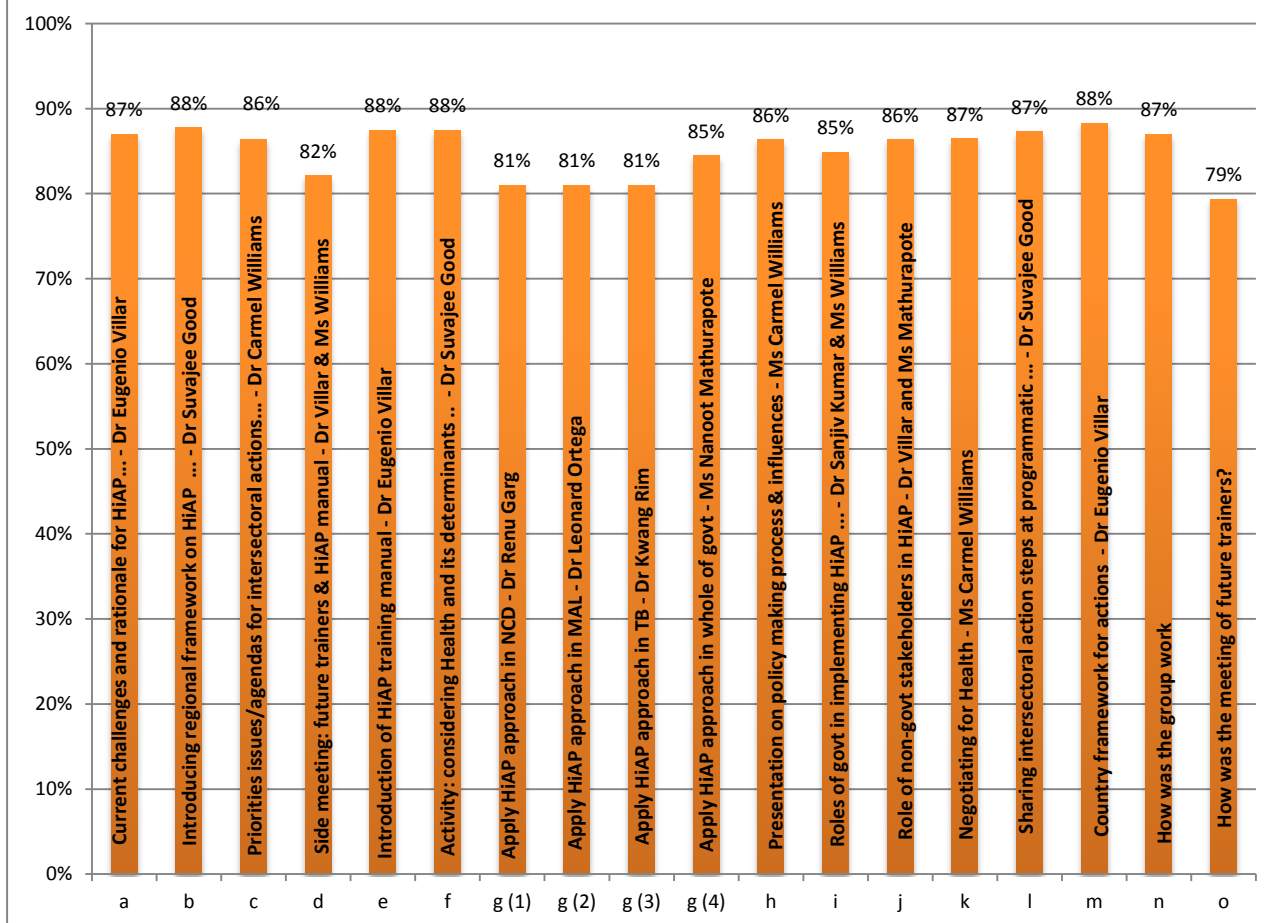


■ Inadequate ■ Somewhat adequate ■ Partially adequate
■ Mostly adequate ■ Fully adequate ■ no answer

Relevant of the topics and thier usefulness in your work

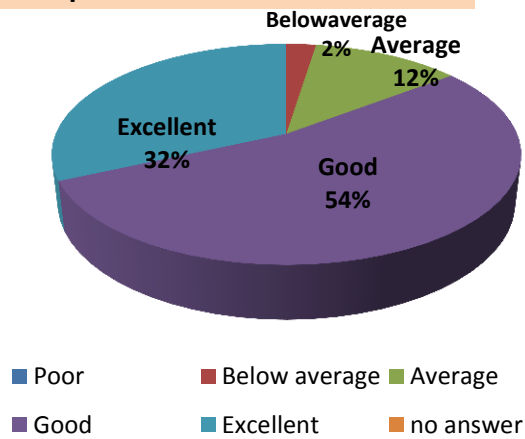


Was the resource person's or temporary advisor's technical support adequate in achieving the objectives?

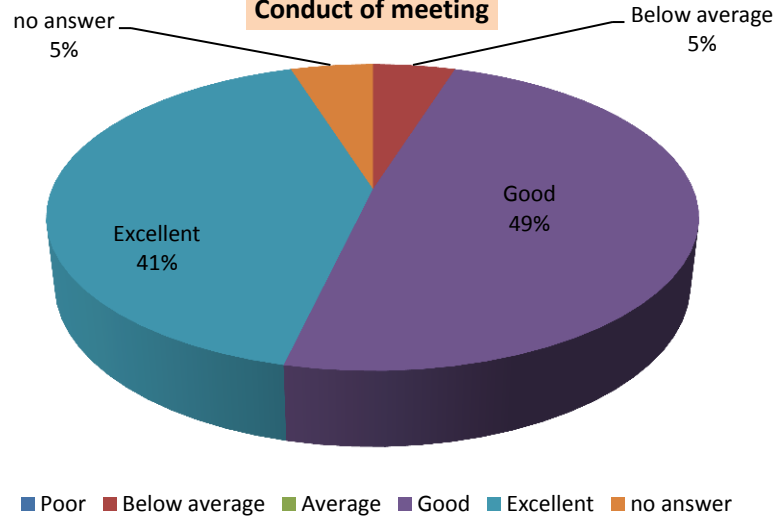


B. About the meeting style

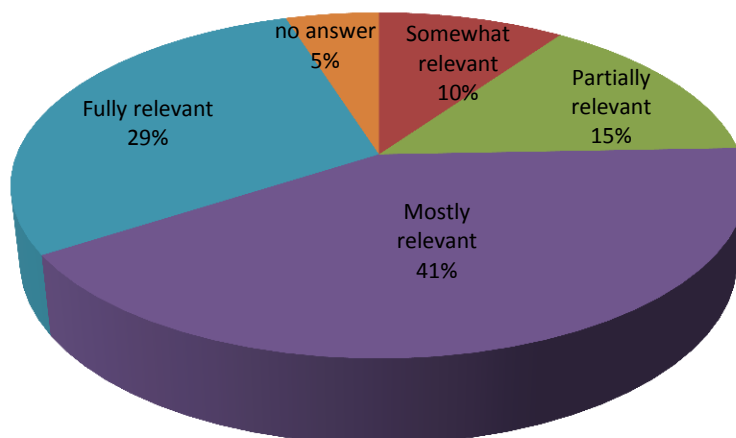
Opportunity to exchange information with other participants



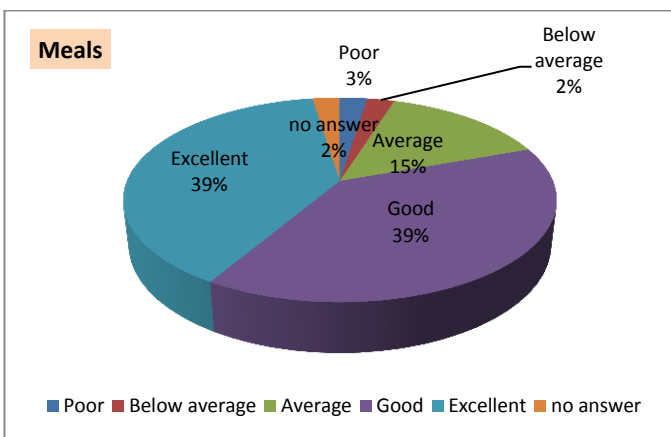
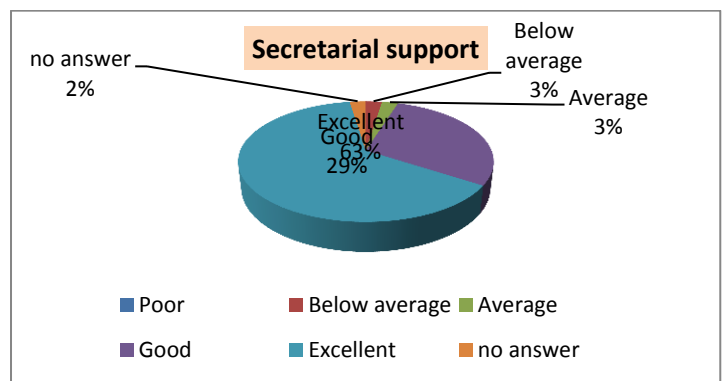
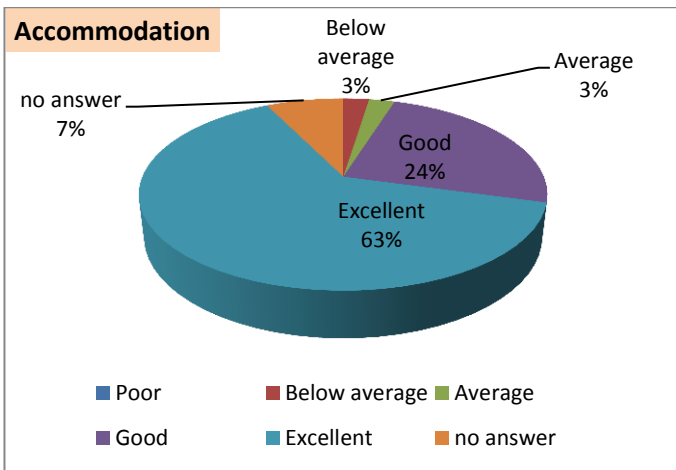
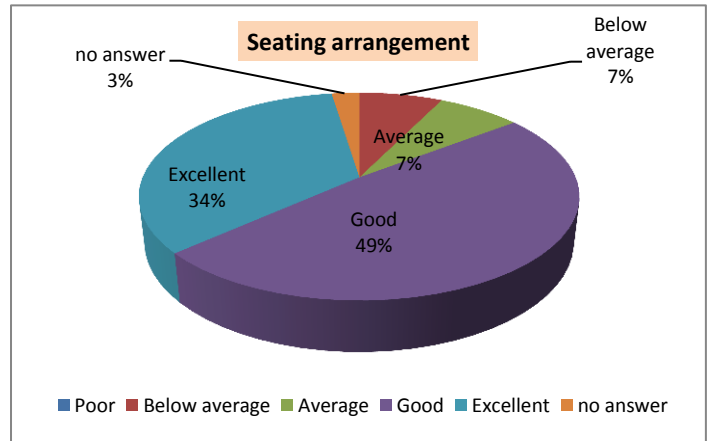
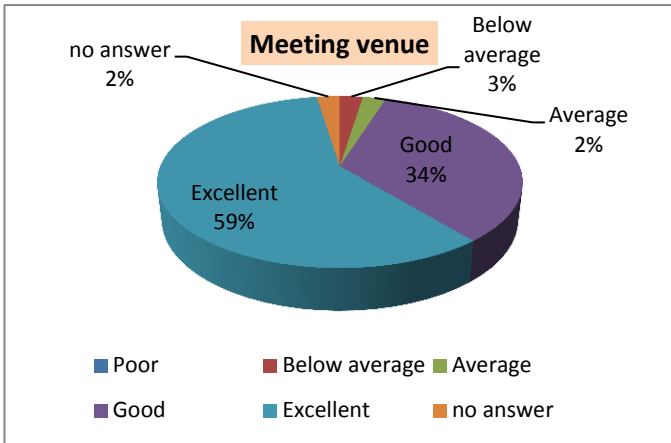
Conduct of meeting



Did you find physical activities organized inside and outside the workshop relevant and useful?



C. Meeting Management



Appendix II: PROGRAMME

**Day 1
14 July 2015**

| Date/Time | Programme | presenter/ lead / moderator] |
|---------------|--|---|
| 8.30 – 9.00 | Registration | |
| 9.00 – 9.45 | <p>Welcome participants <i>Dr Thaksaphon Thammarangsi, Director of the Department of Noncommunicable Disease and Environmental Health, WHO-SEARO</i></p> <p>Inauguration Dr Arun Thapa, Acting Director, Programme Management, WHO SEARO</p> <p>Introduction of the Meeting: Background and Objectives</p> <p>Introduction of participants</p> <p>Nomination of office bearers</p> <p>Photograph</p> | |
| 9.45 – 10.15 | Current challenges and Rationale for Health in All Policies : global, regional and country actions | Eugenio Villar |
| 10.15 – 10.45 | Tea/Coffee & Healthy break | |
| 10.45 – 12.00 | <p>Introducing Regional Framework on HiAP and Country Framework for Action</p> <p>a) Historical experiences b) Strategic directions c) Tools d) Commitments for actions</p> <p>Panel Discussion: Progress & Gaps</p> | Dr Suvajee Good Country representatives (TBA) |
| 12.00 – 13.00 | Lunch Break | |
| 13.00 – 15.00 | <ul style="list-style-type: none"> • Group work: country progress and challenges • Priorities issues/agendas for intersectoral actions at policies levels | Moderate by Ms Carmel Williams |
| 15:00 – 15.30 | Tea/coffee & healthy break | |
| 15.30 - 16.30 | <p>Group Presentations</p> <p>Panel Discussion</p> | |

| Date/Time | Programme | presenter/ lead / moderator] |
|-------------|---|--|
| 16.30 | Lucky Draw | |
| 16.30-17.30 | Side Meeting: Future Trainers, Introduction WHO's Training Manual on HiAP | Dr Eugenio Villar and Ms Carmel Williams |
| 17.30-18.30 | Resource persons' meeting | |
| 19.00-21.00 | WHO Reception | |

**Day 2
15 July 2015**

| Date/Time | Programme | [presenter/ lead / moderator |
|---------------|--|---|
| 8:30 – 9:00 | Review of the first day and overall feed back | (Rapporteur) |
| 9:00 – 9.30 | Introduction of health in All Policies Training Manual | Dr Eugenio Villar |
| 9.30-10.30 | Activity: Considering Health and Its determinants from Policies Dimension | Dr Suvajee Good |
| 10:30-10:45 | Open discussion: identify what need to be addressed in country contexts | |
| 10:45– 11.00 | Tea/Coffee & Healthy break | |
| 11.00-12.30 | Applying HiAP approach | |
| | - HiAP at national level (Thailand/Bhutan) | Ms Nanoot Mathurapote |
| | - HiAP for specific health issues (Malaria, NCD, TB,) | Dr Leonard Ortega Dr Kwang Rim Dr Renu Garg |
| 12.30 – 13.30 | Lunch Break | |
| 13.30 – 14.30 | Panel for Window of Opportunity Panelists: Dr. Sanjiv, Nanoot, Indonesia, Nepal | Moderated by Ms Carmel Williams |
| 14.30 – 15.00 | Presentation: Policy making process and influences | Ms Carmel Williams |

| Date/Time | Programme | [presenter/ lead / moderator |
|---------------|--|--------------------------------------|
| 15.00 – 15.30 | Tea/Coffee & Healthy break | |
| 15.30 – 16.00 | Roles of government in implementing HiAP approach: mechanisms, leadership and coordination | Dr Sanjiv Kumar & Ms Carmel Williams |
| 16.00 – 16.30 | Discussion | |
| 16.30 | Lucky Draw | |
| 16.30 – 17.30 | Meeting with Future Trainers (how to adapt the WHO manual) | Dr Eugenio Villar |

**Day 3
16 July 2015**

| Date/Time | Programme | presenter/ lead / moderator |
|---------------|--|---|
| 8:30 – 9:00 | Recap | (Rapporteur/country representative) |
| 9:00 – 10.00 | Role of non-government stakeholders in HiAP | Dr Eugenio Villar and Ms Nanoot Mathurapote |
| 10.00-10.30 | Group work: Stakeholder analysis & partnership building | Ms Carmel Williams |
| 10:30-11:00 | Tea/Coffee & Healthy break | |
| 11:00– 12.30 | Negotiating for health | Ms Carmel Williams |
| 12.30 – 13.30 | Lunch Break | |
| 13.30 – 14.00 | Sharing intersectoral action (ISA) steps at programmatic and policy level addressing health and inequity | Dr Suvajee Good |
| 14.00 – 14.30 | Leadership in Health in All Policies | Dr Sanjiv Kumar |
| 14.30 – 15.00 | Group work: Exercise on leadership/negotiation | |
| 15.00 – 15.30 | Tea/Coffee & Healthy break | |

| Date/Time | Programme | presenter/ lead / moderator |
|---------------|---|-----------------------------|
| 15.30 – 16.00 | Group Work Presentation | |
| 16.00 – 16.30 | Discussion | |
| 16:30 – 17:30 | Meeting with Future Trainers (Key Strategies) | Dr Eugenio Villar |

**Day 4
17 July 2015**

| Date/Time | Programme | presenter/ lead / moderator |
|---------------|---|-------------------------------------|
| 8:30 – 9:00 | Recap | (Rapporteur/country representative) |
| 9:00 – 9.30 | Country framework for actions | Dr Eugenio Villar |
| 9.30-11.00 | Group work and discussion: Developing roadmaps for country implementation of health in all policies | Dr Suvajee Good |
| 11:00– 11.30 | Tea/Coffee & Healthy break | |
| 11.30-12.30 | Presentation of group work | Country Representative |
| 12.30 – 14.00 | Lunch Break | |
| 14.00 – 15.00 | Group work and discussion On way forward & recommendation | Country Representative |
| 15.00 – 15.30 | Tea/Coffee & Healthy break | |
| 15.30 – 16.00 | Presentation & conclusion Ways forward & Recommendation | Country Representative |
| 16.00 – 16.30 | Closing remark by Dr Thaksaphon Thamarangsi, NDE, SEARO | |

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