Key Learning on Health in All Policies Implementation from Around the World

Information Brochure

Government of South Australia

World Health Organization

WHO/CED/PHE/SDH/18.1

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Printed in Geneva, Switzerland
Editing and design by Inís Communication – www.iniscommunication.com

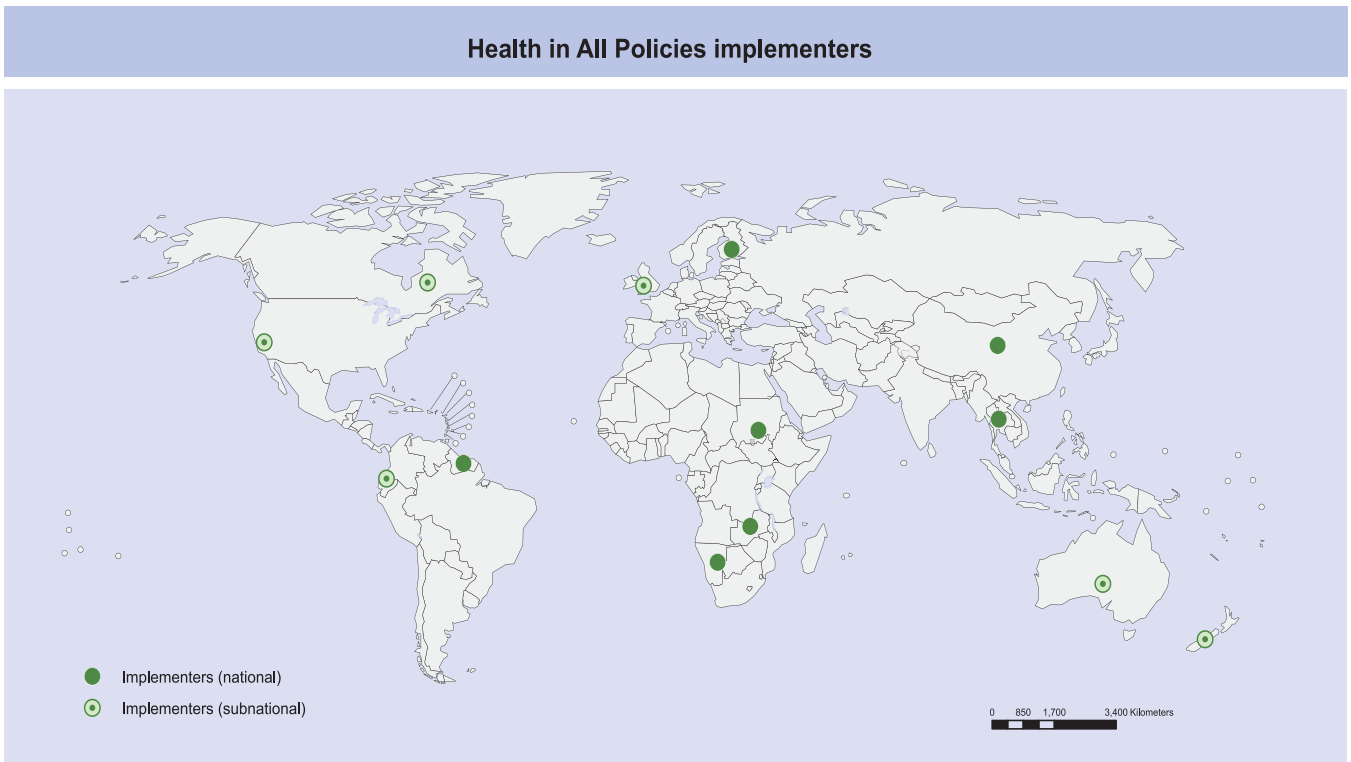
The World Health Organization (WHO) and Government of South Australia are delighted to have published the *Progressing the Sustainable Development Goals through health in all policies: case studies from around the world*, which describes experiences from around the world in the context of the 2030 Sustainable Development Agenda. This information brochure, *Key learning on Health in All Policies: implementation from around the world,* distils the lessons learnt from the *Case study* book. It also draws on some examples of learning cited from the Global Network on Health in All Policies Meeting Report (2017).

Background

Intersectoral action for health is vital for achievement of the Sustainable Development Agenda. Although policy-makers are increasingly aware of the need to work across sectors, change is not easy. Understanding and addressing the underlying determinants of health is difficult because they are complex and dynamic. Developing systems with an integrated, sustained approach to the determinants of health, as required by the (HiAP) approach, is challenging.

Despite challenges, there are examples of HiAP globally. More countries and regions are looking to embark on this path, especially in view of the Sustainable Development Agenda. There are experiences, that are quite established and those that are still emerging models. The case study book developed by WHO and the Government of State of South Australia, Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world, provides examples of population-level initiatives rather than specific programmatic interventions. These experiences will be of interest to those who want to know more about implementing HiAP. Experiences cut across multiple interventions and health issues, and cover low- to high-income settings, and countries from all parts of the world. Experiences covered in the case study book are seen in figure 1: Africa (Namibia, Zambia); the Americas (California [USA], Quebec [Canada], Quito [Ecuador], Suriname); South-East Asia (Thailand); Europe (Finland, Wales); Eastern Mediterranean (Sudan); and the Western Pacific (Canterbury [New Zealand], the People's Republic of China, South Australia [Australia]). This information brochure summarizes learning presented in the book from these cases.

Figure 1. HiAP experiences covered in this information brochure



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International frameworks

Attention to HiAP has never been more timely or relevant. The 2030 Sustainable Development Agenda challenges us to move towards whole-of-government and whole-of-society approaches that leave no one behind. HiAP is central to achieving this transformative agenda. There are currently five key global WHO action frameworks that advocate for action across multiple types of health determinants, and they also reflect the collective responsibility required for sustainable development. All the frameworks draw from several cross-cutting, essential implementation characteristics of Health in All Policies, namely good governance; strong partnerships; dedicated capacity and resources (for intersectoral work); evidence and evaluation (across determinants). While there is no single or simple model for HiAP, there is a growing evidence base of conditions that support HiAP.

Already existing cross-cutting WHO international health frameworks can be used to anchor national HiAP work. These include: **the Social Determinants of Health Action Framework (2016)**; **the Shanghai Declaration on Promoting Health (2016)** and **Shanghai Mayors' Consensus (2016)**; **the Universal Health Coverage 2030 Vision (2017); the Health and Climate Action Agenda (2016)**; WHO's work on **Human and Animal Health** related to **One Health**; the **International Health Regulations** and **Food Safety.** Upcoming future issues may provide further international anchor points, e.g. air pollution.

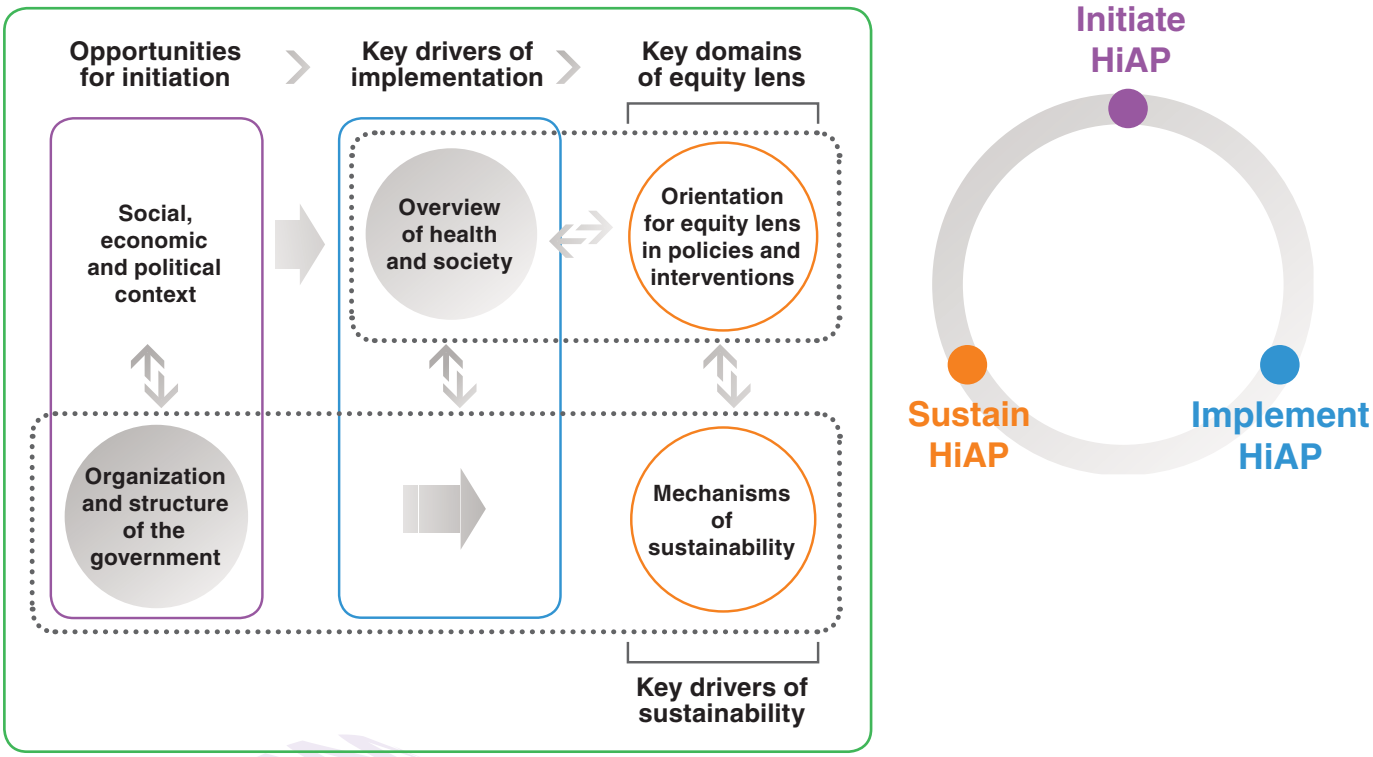
Using these frameworks at the global and regional levels to convene actors and build capacity on the determinants of health across different health (and non-health) constituents provides positive re-enforcement to national HiAP initiatives. These frameworks demonstrate the contribution of WHO in supporting the implementation of HiAP nationally and globally, and the potential for further strategic action to build capacity to address the determinants of health across multiple systems, expanding also the notion of systems for health system.

Furthermore, specific HiAP frameworks for action have been developed, more specifically, the **Framework for Action Across Sectors to Improve Health and Health Equity**.

Learning from experiences

The WHO report, **Demonstrating a health in all policies analytic framework for learning from experiences**, describes key areas for learning about intersectoral work: initiation, implementation, an equity lens and ensuring sustainability in Health in All Policies as seen in figure 2. The brochure largely adopts this structure to present the learning from the cases, with health equity referenced across each of three areas.

Figure 2. Areas for learning in Health in All Policies experiences (WHO 2013)



Source: WHO (2013) Demonstrating A Health In All Policies - Analytic Framework For Learning From Experiences

How to initiate Health in All Policies

The entry points for HiAP are context specific. Understanding the political and policy environment you are working in will help shape where you target your resources to get HiAP started. Look for windows of opportunity, define shared goals and objectives, and begin to build a solid foundation for collaboration and partnerships. Starting "small" can help to provide focus; it is important to establish trusting relationships from the outset to enable a strengthened HiAP agenda later on.

The Sustainable Development Agenda and its Sustainable Development Goals (SDGs) provide a new platform for the achievement of health and the understanding of good governance. While SDG 3 aims to "ensure healthy lives and promote well-being for all at all ages", core health and equity targets are present in the other Goals as well.

- **Position HiAP in the context of the SDGs.** The integrated nature of the SDGs calls for policies that systematically consider interlinkages between the economic, social and environmental spheres, or the "determinants of health". Framing HiAP as a strategy or tool to progress towards achievement of the SDGs is an opportunity to embed the practice of HiAP as a recognized way of working together to improve health and well-being, and promote sustainability. HiAP also provides a useful mechanism to deliver on SDG 17, also related to governance, – "Partnerships for the goals".

- **Be opportunistic.** Use an opportunity-driven approach to inform decisions, undertake action-based research, launch pilot programmes, and test prototypes. Follow a quality improvement cycle, where trial and error and a learn-by-doing approach facilitate the building blocks for HiAP in your region. Early gains can be made by taking advantage of policy windows and other opportunities.

- **Seek co-benefits and define shared goals.** Frame population health and the health sector as making a major contribution to a more productive society and thus a major goal in development plans. Having health in populations strengthens their resilience and social cohesion, empowers people, and contributes to social capital and happiness. The health sector also contributes significantly to the economy – it creates business, overcomes gaps in equity, and develops new industries around healthy products and services.

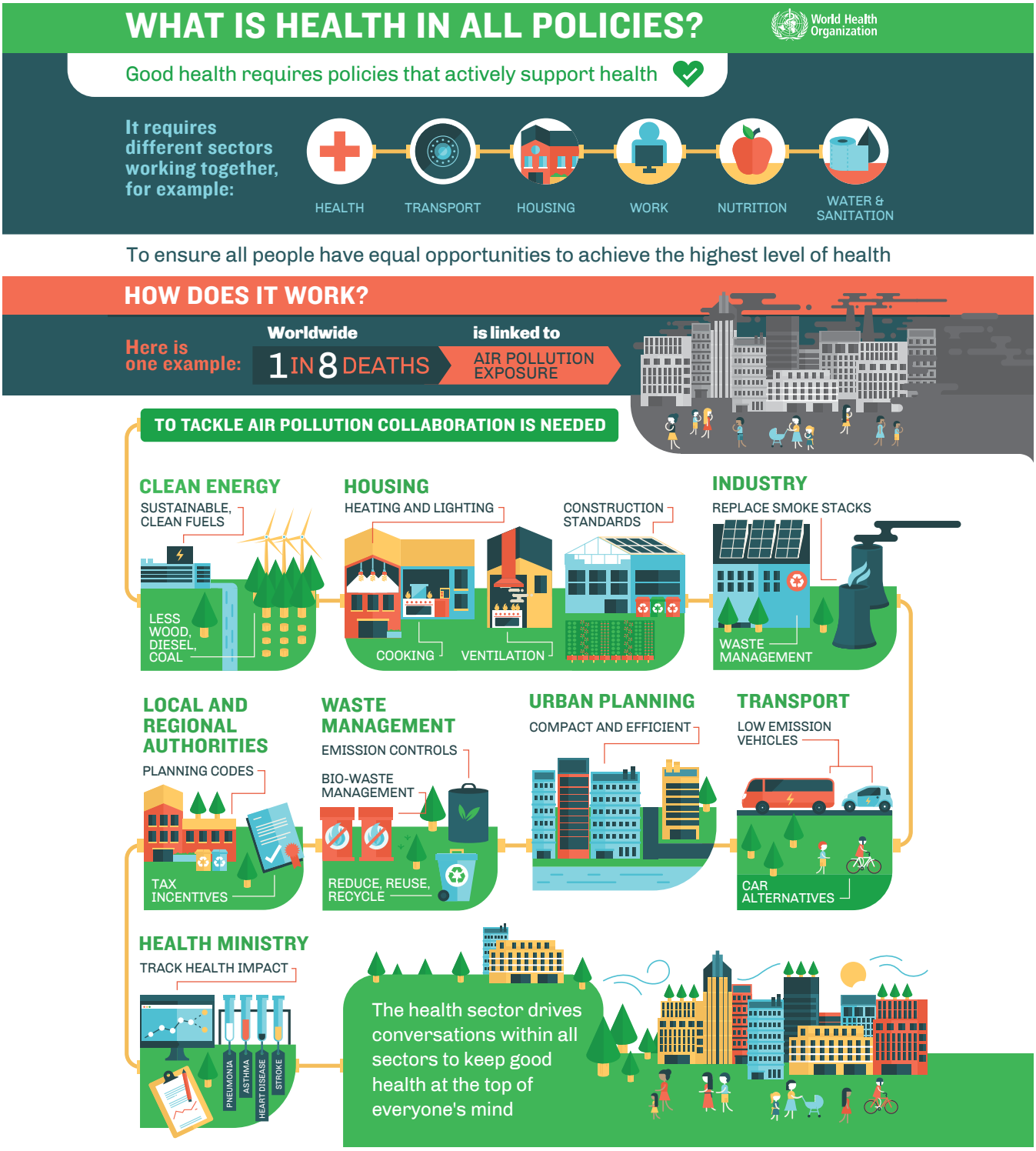
- **Find the right entry point for your situation.** Scan your policy and political environment to determine what might work best in your context. The use of existing whole-of-government strategies, international "thinkers" or a crisis or escalating problem can be the types of windows to look for when trying to initiate HiAP. For example, the links between health and the environment are well documented. Action on health and the environment can be a sensible starting point, and the co-benefits between the sectors easily highlighted. Obesity or air pollution are examples of how health and environment linkages may be visible in popular understanding. Prioritizing health and environmental goals has never been more pertinent as solutions to climate change are increasingly needed.

National HiAP workshop in Zambia, organized by Ministry of Health and Ministry of Community Development and Social Welfare with support of WHO

Countries in the early stages of establishing HiAP models, for example, Namibia and Zambia, are using the Sustainable Development Agenda as a critical driver to more closely link health with other sectors' work, given the interconnected nature of all the Goals and their interaction with the health Goal.

The use of national development plans has been a successful pathway to HiAP for Sudan, Suriname, Namibia and Zambia, which have strategically positioned health as part of achieving a whole-of-government agenda.

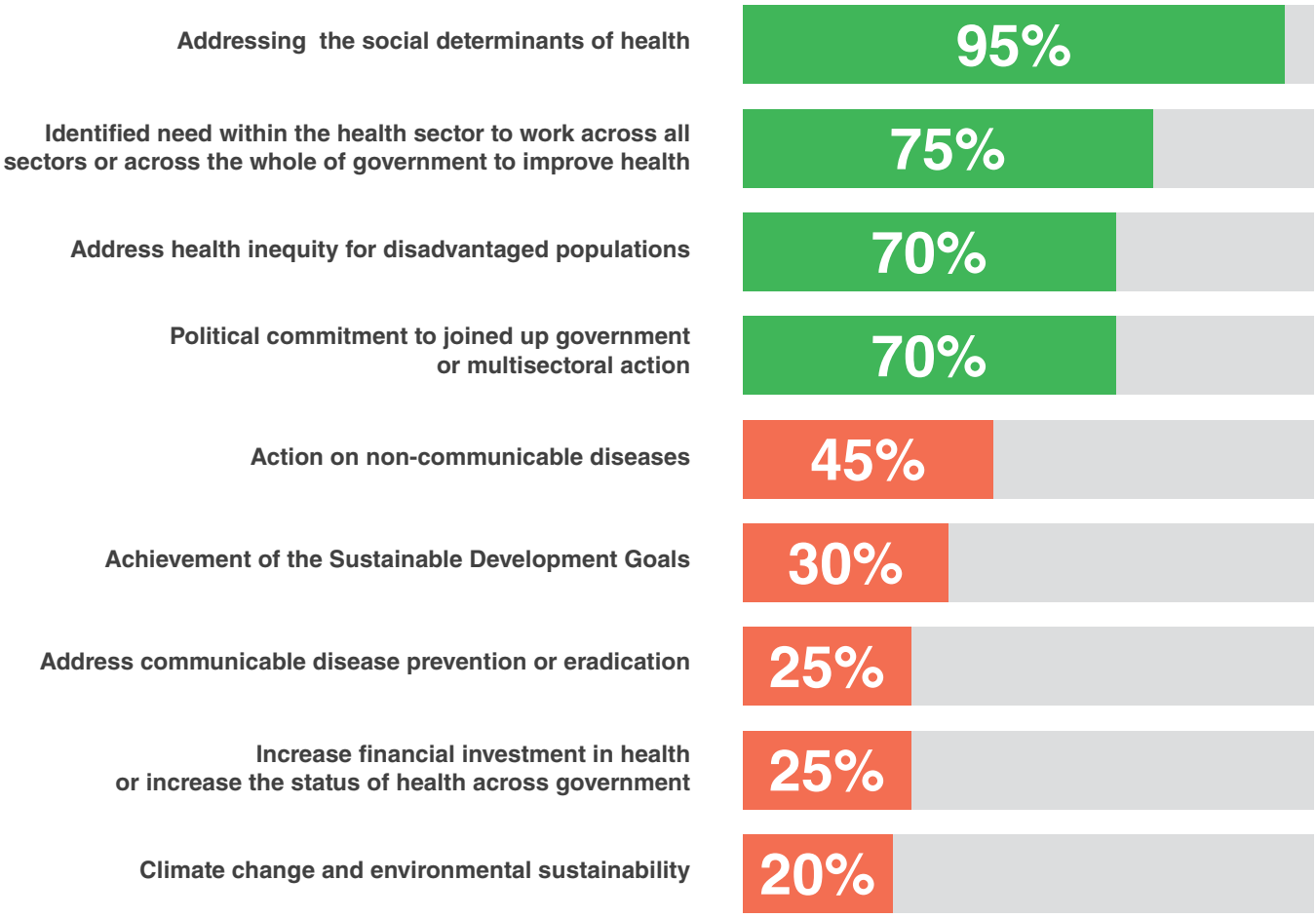
Figure 3. Health in All Policies infographic – the case of air pollution (WHO 2015)



South Australia's "Thinkers in Residence" was a programme in Adelaide, South Australia, which brought leaders in their field to work with the South Australian community and government to develop new ideas and translate them into practical solutions to improve the lives of the South Australian people. South Australia's "Thinkers in Residence" programme provided an opportunity for an international expert to explore how health and well-being could be improved in the state. A key recommendation was that a HiAP approach be applied to the government's strategic plan targets, and so HiAP was initiated.

In California, climate change and childhood obesity were key priorities for the then Governor Arnold Schwarzenegger. This was an opportunity to introduce the Governor to HiAP, as a possible way to help California simultaneously tackle both of these issues. Recognizing the complexities of the policy areas, the Californian HiAP Task Force was established as a collaborative, multiagency body charged with promoting health, equity and environmental sustainability.

Figure 4. Key drivers in the commencement and progression of HiAP among Global Network for Health in All Policies members



Source: GNHiAP Survey 2017 (https://actionsdg.ctb.ku.edu/wp-content/uploads/2018/02/GNHiAP-Thailand-meeting-report_FINAL_for-web.pdf)

- **Build on what already exists.** An important strategy, highlighted by many case studies, is to aim for policies and projects not to be optional additions, but rather established as a new way of doing business. For example, broad national policy frameworks provided an entry point in China and Sudan. This reiterates the importance of building on existing agendas while making incremental changes.
- **Find HiAP "champions" or policy entrepreneurs.** Start to create a network of engaged policy actors to champion HiAP and intersectoral collaboration. This can help to open up traditional organizational boundaries and support coordination when initiating HiAP.

How to implement Health in All Policies

HiAP is an approach to collaborative policy development and not merely a technocratic planning tool. It embodies a whole-of-society and whole-of-government vision for a healthier society. Political commitment and leadership is therefore essential for providing a foundation to support implementation of HiAP.

- **Ensure commitment and leadership at the highest level to mobilize the whole government.** Commitment needs to be clearly articulated at the highest level and supported by a strategic framework to better integrate action on the determinants of health and guide government-wide activity. In the sustainable development era, HiAP should also be explicitly linked to national strategies and action plans on the SDGs, as demonstrated by the work in Finland, Namibia and Zambia. Positioning HiAP as a governance framework in pursuit of sustainable development is a way to emphasize commitment and the significance of HiAP for all policy areas.

Photo: GHC / S. Deshapriya

- **Ministries of health need to take on a different role.** It is well known that the policy levers for action on the determinants of health often sit outside the remit of the health sector. Increased consideration and investment by ministries of health to integrate intersectoral action as part of core business is needed to magnify health benefits and advance the goals of other sectors. For example, health sector work at the global level on the health impacts of **air pollution**, **animal health** and **mercury** are some issues that have been successfully brokered through an understanding of the viewpoints of partnering sectors, while maintaining health interests. When the health sector plays the role of a facilitator in the policy-making process, and uses a broad definition of health and well-being, it drives integration across different systems.

Examples from a number of regions demonstrate how leadership and support at the highest level is critical for effective implementation of HiAP.

- In California, an Executive Order by the Governor mandated the establishment of a HiAP Task Force to oversee the initiative.
- The partnership with Central Government, through the Department of the Premier and Cabinet in South Australia, provides a clear statement of the Government's commitment to a HiAP approach.
- The Leadership Group that oversees the Canterbury HiAP Partnership (CHiAPP) in New Zealand is a city-/regional-level example of good governance in practice.
- In Quebec, Canada, HiAP is supported by the highest government officials – the Council of Ministers.

- **Intersectoral (also known as cross-sectoral and multi-sectoral) governance and a strong mandate are critical.** Putting in place a governance structure to oversee HiAP as a whole-of-government and whole-of-society approach is needed to ensure long-term benefits. Good governance drives the implementation of work across sectors, builds ownership and increases exposure to collaborative opportunities. It promotes alignment of policy priorities and provides an authorizing environment for HiAP. Good governance also ensures that policy-making is harmonized, efforts do not undermine other priorities, and conflicts of interest can be resolved in a timely and transparent manner. Consider the use of vertical and horizontal governance structures to support the move away from traditional departmental boundaries to establish joint responsibility.

Table 1. Number of staff working extensively in the development and delivery of HiAP in GNHiAP members` jurisdictions (staff who have HiAP as a significant part of their job role)

ANSWER CHOICES	RESPONSES	
1 Staff	11%	2
2 Staff	0%	0
3 Staff	37%	7
4 Staff	5%	1
5 Staff	21%	4
Other amount of staff	26%	5
TOTAL		19

Source: GNHiAP Survey 2017 (https://actionsdg.ctb.ku.edu/wp-content/uploads/2018/02/GNHiAP-Thailand-meeting-report_FINAL_for-web.pdf)

- **Dedicated resources and investment support sustained intersectoral work.** HiAP relies on appropriate resources and organizational capacity to sustain efforts. In many of the case studies, a small and dedicated team of HiAP practitioners has acted as an engine for moving forward and supporting partnerships. Having a team of core staff with a range of skills can also be useful for identifying and presenting evidence on health impacts so that the information speaks to the goals of the partnering sectors (i.e. the collaborating departments can see why their business objectives align with health and well-being).

- **Use evidence to document the links between health and other government policy priorities.** The use of evidence, which is a strong skill of health system personnel, can be harnessed to open and maintain a dialogue with partners outside of the health sector. The evidence should be framed in ways that show the connection between the determinant being explored and health and well-being outcomes. Other sectors also use evidence and apply methodologies in different ways, so it is important to understand how these contribute to the policy-making process, for example, the use of economic modelling.

- **Political context has an impact on the HiAP approach.** Political cycles that often have short-term investment of resources can inhibit the policy implementation process required to stimulate long-term benefits. Balancing the political circumstances with the need for sustained policy outcomes is difficult but can be facilitated by a clear governance and accountability framework for HiAP, which is seen as a shared responsibility. Putting in place mechanisms to enable sustained efforts beyond electoral cycles is important.

- **Policy coherence is the aim.** Greater synergies between the health sector and other sectors requires policy coherence and shared solutions across multiple sectors; this is the goal of a HiAP approach. Policy coherence is also needed to ensure progress towards sustainable development, and ultimately meeting the 17 SDGs.

Identify and implement fit-for-purpose, contextually relevant mechanisms, processes and tools for enhancing policy coherence. This requires moving beyond fragmentation to strengthened efficiencies for improved health, health equity and sustainable development. In the literature on policy coherence, it is suggested that a HiAP strategy should aim to do three things in the move towards policy coherence: (1) define the contextual environment and the extent to which that can be influenced or changed; (2) define those actions that it can control within its own strategic space; and (3) define the transactional environment where it aims to effect change together with the other actors in the space[1]. It is in the *transactional environment* where boundaries can be extended to support policy coherence based on an understanding of how each of the actors involved govern, and how their practices limit and support the aims of the policy issue being explored.

As Finland moves to a Health and Well-being in All Policies (HWHiAP) approach, there is an emphasis on documenting the connections between the core business of sectors outside of health and the impact on health and well-being. This has enabled the realization of a strengthened co-benefits approach in the era of the Sustainable Development Agenda.

[1] Ritchey T. Wicked problems: social messes. Berlin/ Heidelberg: Springer; 2011.

How to sustain Health in All Policies

HiAP is not a linear straightforward process; rather, it adapts and strengthens to changing contexts. The practice of HiAP needs to evolve and continuously adjust to maintain its strategic relevance in often dynamic political and policy environments. The well-established models of HiAP, as demonstrated by the case studies, have been able to survive due to their flexibility and ability to take advantage of new opportunities, among other success factors. For example, Finland is extending its HiAP practice to explicitly incorporate well-being, in light of the 2030 Agenda and the reference to well-being in SDG3.

Importantly, institutionalizing or systematizing HiAP as a way of working across sectors is a feature that is critical for embedding processes to achieve long-term priorities and sustaining HiAP practice. Sustaining HiAP is a new phase for many of the regions with well-established models, and as more regions are maintaining HiAP approaches, mechanisms for successfully sustaining HiAP practice are beginning to emerge. These critical success factors, however, are not as well documented as in the earlier phases of initiating and implementing HiAP.

- **Public health legislation can strengthen and provide a strong basis for institutionalizing HiAP and support systematic change.** Legislative frameworks legitimize collaboration across sectors to work on shared priorities and targets. A legislative mandate for HiAP provides a way for mechanisms and processes to be systematized, and increases the scope of and potential for HiAP work.

National health Policy Endorsement in Sudan

Legislative support provides a foundation for ongoing action on the determinants of health. The law can be a powerful tool for guiding long-term policy goals and sustaining HiAP.

- The Well-being of Future Generations Act in Wales legislates for sustainable development and embedding a HiAP approach.
- In Thailand, the National Health Act places governance at the centre of creating a healthy public policy.
- The South Australian Public Health Act is underpinned by a partnership principle and mechanisms to systematize HiAP across government.

High-level policy can achieve similar outcomes for implementing and sustaining HiAP:

- The Metropolitan Ordinance in Quito, Ecuador, enables a strong focus on citizen and community participation, supported by cross-sectoral collaboration.
- Government policy on Prevention in Health opened a window for HiAP in Quebec, Canada, which provided an opportunity to build and expand on previous policy mandates.

- **Incorporate community voices to help shape action on the determinants of health.** One of the most critical governance challenges to implementing and sustaining HiAP, and achieving the SDGs is the integration of community and civil society engagement to inform decision-making processes. A critical question for HiAP approaches – both newly established and more mature – is how to involve a broader range of stakeholders and the public, given the role the community plays as a driver for change.

National Health Assembly Thailand

The Thailand Government's mechanism of the National Health Assembly provides an exceptional example of participatory governance in action.

- **Monitor progress.** Tracking progress can allow you to work out what is working and what requires refinement in a timely manner. In addition to monitoring the processes involved in implementation, it is also important to monitor the short- and long-term outcomes. Together, process, impact and outcome evaluation can demonstrate the value of investment for health and well-being and policy collaborations.

The Healthy China 2030 Plan is underpinned by a reporting, monitoring and evaluation framework, defining 13 core indicators against which implementation of the Plan will be measured. The framework has been developed in conjunction with key policy goals, ensuring that monitoring and evaluation is not an afterthought in the implementation process.

- **Continue to invest in HiAP "champions" and a community of practice.** This maintains ownership and buy-in, which can provide a supportive mechanism to overcome threats. It enables a wider network outside of the health sector to advocate and argue for HiAP.

- **Acknowledge achievements, take time to reflect, and share lessons learnt.** Celebrate and share successes. This includes reflecting on what has worked and the challenges experienced. Documenting processes, critical success factors and outcomes in a way that speaks to decision-makers and multiple agencies can support buy-in by demonstrating the benefits of HiAP and how it can satisfy shared intersectoral goals. It is important to document such achievements for different audiences, recognizing that language, terminology and interests of stakeholders differ from that of the health sector. In addition, sharing lessons learnt with other regions can promote further exchange of information and widen networks.

- **Sustaining HiAP requires agility.** Agility is a key theme of many of the country experiences. This includes being able to adapt to changing circumstances to sustain momentum and prevent implementation failure. Failure to implement HiAP after launching it as an initiative can be discouraging and undermine future efforts. However this shouldn't be confused with adapting the approach as contexts change. The approach does not have to be called Health in All Policies to be Health in All Policies.

Key Health in All Policies resources

1. HiAP implementation tools and frameworks by WHO

    a. WHO (2018) WHO Health in All Policies Implementation Toolbox (forthcoming later in 2018) http://www.who.int/social_determinants/healthinallpolicies-hiap/en/

    b. WHO (2015) Framework for Country Action across sectors for Health and Health Equity http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_17-en.pdf

    c. WHO (2013) Practising a health in all policies approach: lessons for universal health coverage and health equity – A policy briefing for ministries of health based on experiences from Africa, South-East Asia and the Western Pacific http://www.who.int/social_determinants/publications/9789241506632/en/

    d. WHO Regional Office for Europe (2013) Governance for health equity taking forward the equity values and goals of Health 2020 in the WHO European Region http://www.euro.who.int/__data/assets/pdf_file/0020/235712/e96954.pdf?ua=1

    e. Regional frameworks for action:

        i. WHO Regional Office for the Americas (2016) Road Map for the Plan of Action on Health in All Policies http://iris.paho.org/xmlui/bitstream/handle/123456789/31313/9789275074541-eng.pdf

        ii. WHO Regional Office for Europe (2013) – Health 2020 A European policy framework and strategy for the 21st century http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf?ua=1

2. HiAP advocacy

    a. WHO (2017) Adelaide Statement on Health in All Policies II – Progressing the Sustainable Development Goals http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf?ua=1

    b. WHO (2013) The Helsinki statement on Health in All Policies http://www.who.int/entity/healthpromotion/conferences/8gchp/statement_2013/en/index.html

    c. WHO (2010) Adelaide Statement on Health in All Policies I – moving towards a shared governance for health and well-being http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

3. HiAP training

    a. WHO (2015) Health in All Policies Training Manual http://www.who.int/social_determinants/publications/health-policies-manual/en/

    b. Health in All Policies Trainers` Platform www.hiaptraining.org

    c. WHO Regional Office for Europe – eHiAP flagship course toolkit (forthcoming later in 2018) http://www.euro.who.int/en/health-topics/health-determinants/social-determinants

    d. WHO eBook on Social Determinants of Health for educators (forthcoming later in 2018) http://www.who.int/social_determinants/healthinallpolicies-hiap/en/

    e. WHO Regional Office for Western Pacific (forthcoming) - A Guide to the Health in All Policies Approach to National Action Plans for Antimicrobial Resistance

4. HiAP implementation examples

    a. Government of South Australia and WHO (2017) Progressing the Sustainable Development Goals through Health in All Policies – Case studies from around the world http://www.who.int/entity/social_determinants/publications/progressing-sdg-case-studies-2017.pdf?ua=1

    b. Global Network for Health in All Policies https://actionsdg.ctb.ku.edu/gn-hiap/ (also accessed through www.actionsdg.org)

KEY LEARNING ON HEALTH IN ALL POLICIES IMPLEMENTATION FROM AROUND THE WORLD

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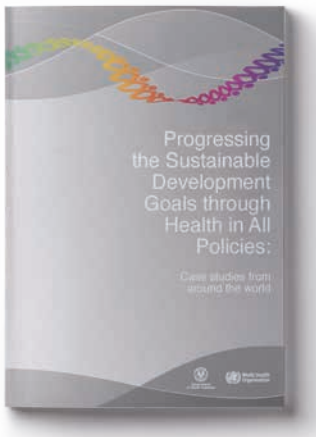

Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world served as a basis for the key learning outlined in this information brochure. The case studies presented in the book demonstrate how Health in All Policies (HiAP) can help to create an enabling environment for advancing health and health equity, and for strengthening policy coherence. The key lessons from these case studies are presented below under the broad phases of HiAP practice: initiate, implement and sustain.

The recently published report on the first **meeting of the Global Network for Health in All Policies (GNHiAP)** documents key findings from a survey of network members' experiences on implementation of HiAP. Some of these key findings are integrated into this brochure.

Further information

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