



Health in All Policies

Global training review 2015–2019



**World Health
Organization**

Health in all policies: global training review 2015-2019

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Executive summary

This review focuses on capacity building activities held from 2015 to 2019 in support of the 2015 Global Master Plan for Training in Working Across Sectors.

The World Health Organization (WHO) works to address the social determinants of health by strengthening capacity for social, economic, environmental, cultural and political factors (factors that significantly influence health but are not directly focused on health itself) to optimize investments across the life-course. The Health in All Policies (HiAP) approach provides a useful strategy to achieve this, as it encourages collaboration for shaping public policies to yield co-benefits for health and other sectors.

In the lead-up to the release of the 2015 Global Master Plan for Training in Working Across Sectors (the Master Plan) there was an appetite to build capacity to integrate health perspectives in non-health sector policies, including through the implementation of “Health in All Policies”. This included the Resolution for Sustainable Action Across Sectors to Improve Health and Health Equity (adopted at the Sixty-seventh World Health Assembly), and the publication of the WHO Health in All Policies Training Manual. This review provides a semi-formal evaluation of each of the five action areas of the Master Plan, including:

- › disseminating information on the Health in All Policies Training Manual as part of advocacy and demand generation for Health in All Policies action;
- › building support to respond to demand by policy actors through facilitating networks of institutions/trainers;
- › actively supporting interest in adapting the Health in All Policies Training Manual for other public health issues and audiences;
- › conducting regional and country trainings to promote action across sectors;
- › creating new Health in All Policies resources and promoting shared resources.

A key part of these activities was the establishment and expansion of the Health in All Policies trainer's network. The initial members of the network were from institutions nominated by WHO regional offices to attend the first Global Training of Trainers in March, 2015, in Geneva, Switzerland at WHO headquarters, which coincided with the launch of the Training Manual. Worldwide, the Health in All Policies trainings have resulted in over 100 participants trained as ‘dedicated Health in All Policies trainers from over 40 different institutions, including training or academic institutions. In addition, more than 950 people have undertaken capacity building training since 2015 through the Health in All Policies Trainers’ Network. While participants from the health sector have been the primary target audience for the courses, other audiences from outside the health sector have also been reached to a lesser extent.

Several global initiatives and tools have used the Training Manual as a reference to advance contribution to different policy settings and collaborative processes in general, including the Sustainable Development Goals (SDGs), urban health, housing, chemicals management and the environment. Generating demand in a diverse range of policy portfolios has been a key aim of the Master Plan for advocating for Health in All Policies action and reaching new audiences.

Shifts in priorities over time have meant that resources for supporting the WHO's Health in All Policies training programme were limited and challenged the progression of a coordinated programme for improving capabilities for Health in All Policies action.

Continuing to work with partners and the trainers' network to build a skilled workforce for working across sectors to address the social determinants of health and health equity remains a priority. New opportunities are taking shape, especially in light of the SDGs and organizational changes within WHO to re-position the agenda on health determinants.



Participants and course facilitators of the first meeting of trainers in Geneva following the launch of the Health in All Policies Training Manual, 2015.

Introduction

Improving the health and well-being of people worldwide, and achieving the SDGs, requires the commitment and collaboration of all sectors and stakeholders in all countries. But better health is not only a **critical outcome** of the SDGs – it is also an important **means** for reaching them.

The twin goals of meeting the SDG targets and achieving universal health coverage (UHC) require strong and structured strategies. One of the most effective is the Health in All Policies approach, which systematically takes into account the health implications of policy decisions in all sectors.

Health in All Policies involves intersectoral action that deals with the social determinants of health (see Box 1) and strives to ensure that the health and health equity implications of public policy decision-making are systematically considered, synergistic, and avoid harmful consequences. At the core of Health in All Policies practice is improving strategic health governance and partnerships for health, equity and sustainable development (Figure 1 sets out how building partnerships can benefit health).



Social determinants of health (SDH)

SDH are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems that influence daily life circumstances such as **economic policies and systems, social norms, social and environmental policies and political systems.**

A growing number of international statements advocate to address the SDH through intersectoral approaches to improve health and well-being and to reduce health inequities.

Implementing and sustaining Health in All Policies within the health sector and across government requires two key focuses:

- › considering how population health might be improved or how the health sector may benefit from any policy issue under consideration;
- › building the capacity of health leaders to influence policies across sectors for improved health outcomes (including formal knowledge of the evidence-base on the SDH and impacts of policies on health equity; and broader knowledge on interdisciplinary work, policy formulation, the policy cycle, political science, as well as soft skills related to communication and negotiation).

Purpose of this review

The WHO Health in All Policies Training Manual was the first unified resource to offer comprehensive training advice for Health in All Policies implementation in the context of modern public health practice, especially for addressing health determinants and equity. It also symbolized the first cross-regional collaborative approach to providing WHO technical support to dealing with policies addressing the SDH. Since its launch, WHO and other training institutions have organized numerous trainings worldwide, covering different regional and national contexts and addressing a range of issues, but with a core foundation based in the SDH and equity. These issues covered the environment, antimicrobial resistance, urban health and broader sustainable development. This review aims to provide a semi-formal evaluation of these capacity-building activities and to enable learning from the implementation experience.

The review describes training held in different locations and explores its impact on developing a HiAP network to advance action on the social determinants of health for advancing health equity. Furthermore, the review describes progress on Health in All Policies capacity building, including on preliminary developments for formal education curricula. This review highlights the way forward for Health in All Policies training activities and the role of this work in supporting the achievement of the SDGs. This review has three main objectives:

- › To document how the Health in All Policies Training Manual and its supporting materials have been used to promote skills and knowledge-development for HiAP implementation.
- › To evaluate progress in building a network of trainers and the promotion of Health in All Policies practice.
- › To share lessons learned and explore improvements for WHO's future Health in All Policies capacity-building activities.

Review methodology

This review is a descriptive analysis of Health in All Policies courses and other related activities that took place between January 2015 and December 2019. A number of data sources were used for analysis, including: paper-based documents and reports provided by course organizers/training leads; structured survey data collected from participants (policy-makers/government representatives) on how they use skills gained from the Health in All Policies course in their work and in implementing a Health in All Policies approach; and WHO website statistics on the use and download rates of the Training Manual. Over 100 documents were reviewed for the purpose of this report. These documents capture the following: participants from each course; course programmes and agendas; course evaluation reports; and course materials (such as presentations from the sessions).

Structured participant survey

The structured participant survey was developed and run in June 2017 to ascertain the extent to which the Health in All Policies training course has contributed to building participants' Health in All Policies knowledge and skills, and involvement in Health in All Policies activities (see component 4 on page 26).



Source: WHO and Government of South Australia 2017.

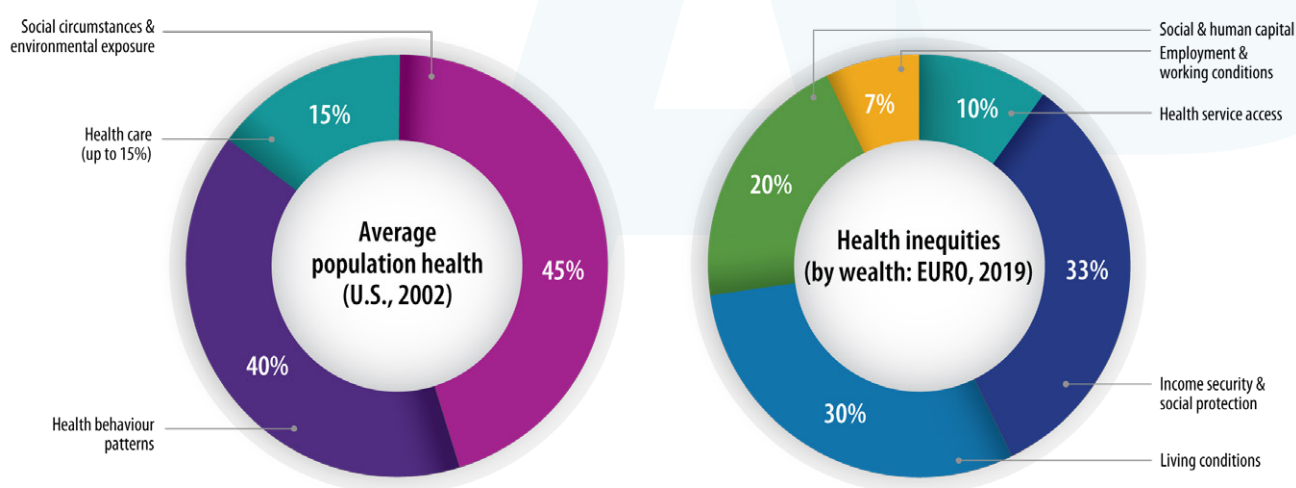
Fig. 1. SDG 17 and partnerships, which are critical for the achievement of health for all

Strengthening Health in All Policies: WHO's rationale and role

Rationale

There is an urgent need for multiple actors across different sectors and levels of government to act on health and health equity, and to support Health in All Policies capacity building (see Figure 2 and Figure 3).

Estimates are that more than 50% of population healthy life years are influenced by decisions in sectors that do not deal with medical care, but with food security, sanitation, housing, income etc. Figure 2 summarizes and compares the evidence from various studies, highlighting the importance of the determinants of health beyond medical care.



Source: Adapted from Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. "Global action on the social determinants of health." BMJ global health. 2017; and WHO. "Healthy, prosperous lives for all: the European health equity status report." Copenhagen; 2019.

Fig. 2. Health created beyond the health care sector

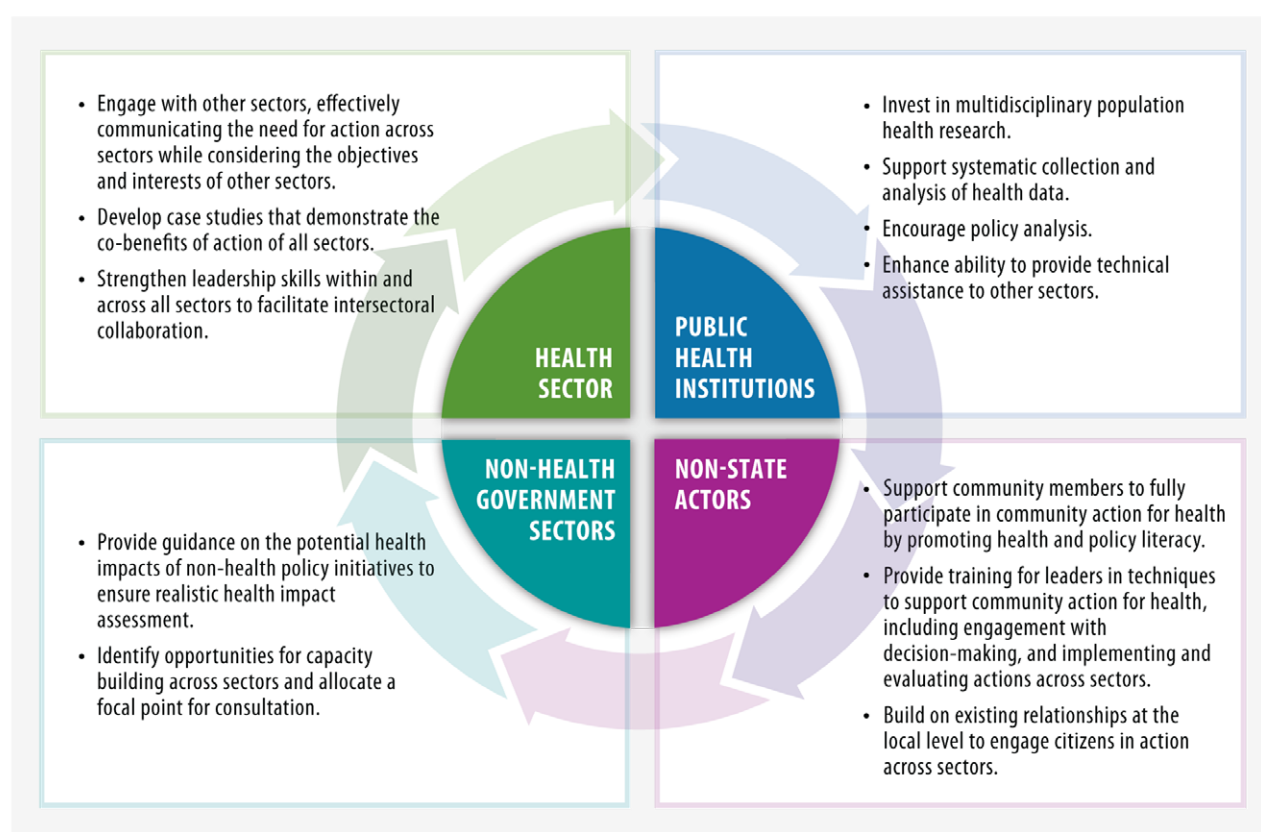
Addressing the actions of other sectors was one of the recommendations in *Health Equity in All Policies, Systems and Programmes* – the expert final report of the WHO Commission on SDH, and re-emerged in the recommendations of countries in the World Conference on the SDH (2011), as described in the Rio Political Declaration on SDH. To this end, WHO has worked to highlight the importance of Health in All Policies capabilities in the public health workforce and beyond, and to demonstrate the viability of an initial proposed set of Health in All Policies competencies and practices identified by experts in WHO's 2010 Adelaide Statement I.¹ WHO has also presented an analysis of the intersectoral platforms needed to address social determinants of health across different public health programmes.²

¹ Adelaide statement on Health in All Policies: moving towards a shared governance for health and well-being. Geneva: World Health Organization and the Government of South Australia; 2010 (<https://apps.who.int/iris/handle/10665/44365>, accessed 3 March 2021).

² Blas, E, Sivasankara Kurup, A. Equity, social determinants and public health programmes. Geneva: World Health Organization; 2010 (<https://apps.who.int/iris/handle/10665/44289>, accessed 5 March 2021).

The rationale for WHO leadership on Health in All Policies is based on:

- › Resolution WHA¹ 67.12, which stresses the importance of adapting capacity-building activities for specific country and stakeholder contexts. It recommends actors exchange experiences and lessons learned and reinforces the soft skills of diplomacy and negotiation for effective Health in All Policies practice. Furthermore, it urges Member States to develop and nurture sustainable Health in All Policies capabilities.
- › The Rio Political Declaration on SDH², which calls for building and strengthening public health capacity and supporting sectors outside of health with tools to address the SDH through strategic governance for health and well-being.
- › The Framework for Country Action Across Sectors for Health and Health Equity,³ which encourages formal training methods (for example, institution-based courses and seminars or structured online teaching approaches), rather than simply relying on ad hoc training.



Source: The Framework for Country Action Across Sectors for Health and Health Equity. Geneva: World Health Organization; 2013 (https://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_17-en.pdf, accessed 7 March 2021).

Fig. 3. Model for shared capacity building

¹ The World Health Assembly (WHA) is the decision-making body of WHO. Held annually, the WHA endorses or adopts resolutions dealing with different areas to address health priorities and challenges.

² The Rio Political Declaration was adopted during the World Conference on SDH on 21 October 2011. The declaration expresses global political commitment for the implementation of a SDH approach to reduce health inequities and to achieve other global priorities.

³ The Framework for Country Action Across Sectors provides countries with guidance for taking country-level action across sectors for improving health and health equity. It was developed in 2014 to complement the Helsinki Statement on Health in All Policies. The framework is currently under revision to capture recent Health in All Policies implementation lessons from around the world.

WHO's role: creating the tools and a masterplan to strengthen Health in All Policies

Between 2011 and 2014 WHO developed the **Health in All Policies Training Manual** (📖) – a tool for facilitators to develop Health in All Policies advocacy and capacity-building training workshops. It was launched as a generic training resource in March of 2015 with all regional offices represented at the first training of trainers workshop. It was designed to be used by a variety of stakeholders and participants and to be adapted for different contexts and purposes. The manual advocates an holistic approach for trainers, given the multi-disciplinary nature of Health in All Policies work, and recommends a participatory, “learning-by-doing” method. The manual is a tool for preparing short, professional development courses and offers sample training materials, including on the history of intersectoral action, public policy-making processes, soft skills, and evidence and analysis. Importantly, through using adaptable content and the incorporation of cross-cutting themes, the training resource can be linked to capacity development for the Sustainable Development Agenda. It can also be used to inspire governments to use the Health in All Policies approach to improve action on the social determinants of health and health equity.

Following the development of the manual, WHO (including headquarters, and regional focal advisers, with the advice of the training institutions selected to attend the first meeting of Trainers), identified a broad set of cross-regional objectives for Health in All Policies capacity building. These objectives were collectively titled the **Global Master Plan for Training in Working Across Sectors** (see Annex I).¹ Using the WHO manual, this plan has formed the basis of WHO's work to address the social determinants of health and health equity through building Health in All Policies capacity ever since.

“I highly recommend organizing a Health in All Policies workshop as it not only builds capacity in the country and region but is also a best practice to bring together government sectors for the benefit of the public's health.”

Dr Guillermo Troya
PAHO/WHO Representative in Suriname, 2015

What this review contains

The review outlines Health in All Policies capacity-building activities 2015–2019 to account for progress made on the five main objectives of the Global Master Plan for Training in Working Across Sectors. The trainings undertaken were all in person, although some mixed methods were involved, including assignments set prior to the training workshops.

The five main objectives of the Master Plan are:

- 1 disseminating information on the Health in All Policies Training Manual as part of advocacy and demand-generation for Health in All Policies action;
- 2 building support to respond to demand by policy actors through facilitating networks of institutions/trainers;
- 3 actively supporting interest in adapting the Health in All Policies Training Manual for other public health issues and audiences;
- 4 conducting regional and country trainings to promote action across sectors;
- 5 creating new Health in All Policies resources and promoting shared resources.

¹ The broad objectives were supported and agreed to informally by WHO headquarters, WHO regional offices and training institutions with expertise to undertake Health in All Policies training and facilitate the necessary implementation skills. These training institutions were nominated by each WHO regional office based on their previous training experience and technical knowledge. The broad objectives were supported by specific examples of actions to be taken as shown in Annex I, but specific formal joint workplans and agreements were not developed, beyond the general WHO programme budget. Also, a very limited budget for this work was provided owing to general funding shortages at WHO. The unfolding of the work and its achievements need to be seen in this context.

Together these objectives support a theory of change as outlined in Figure 4.

Following an overview of the Health in All Policies Training Manual and the methodology, each objective is evaluated in turn. Finally, the summary of recommendations for improvements and adaptations are listed.

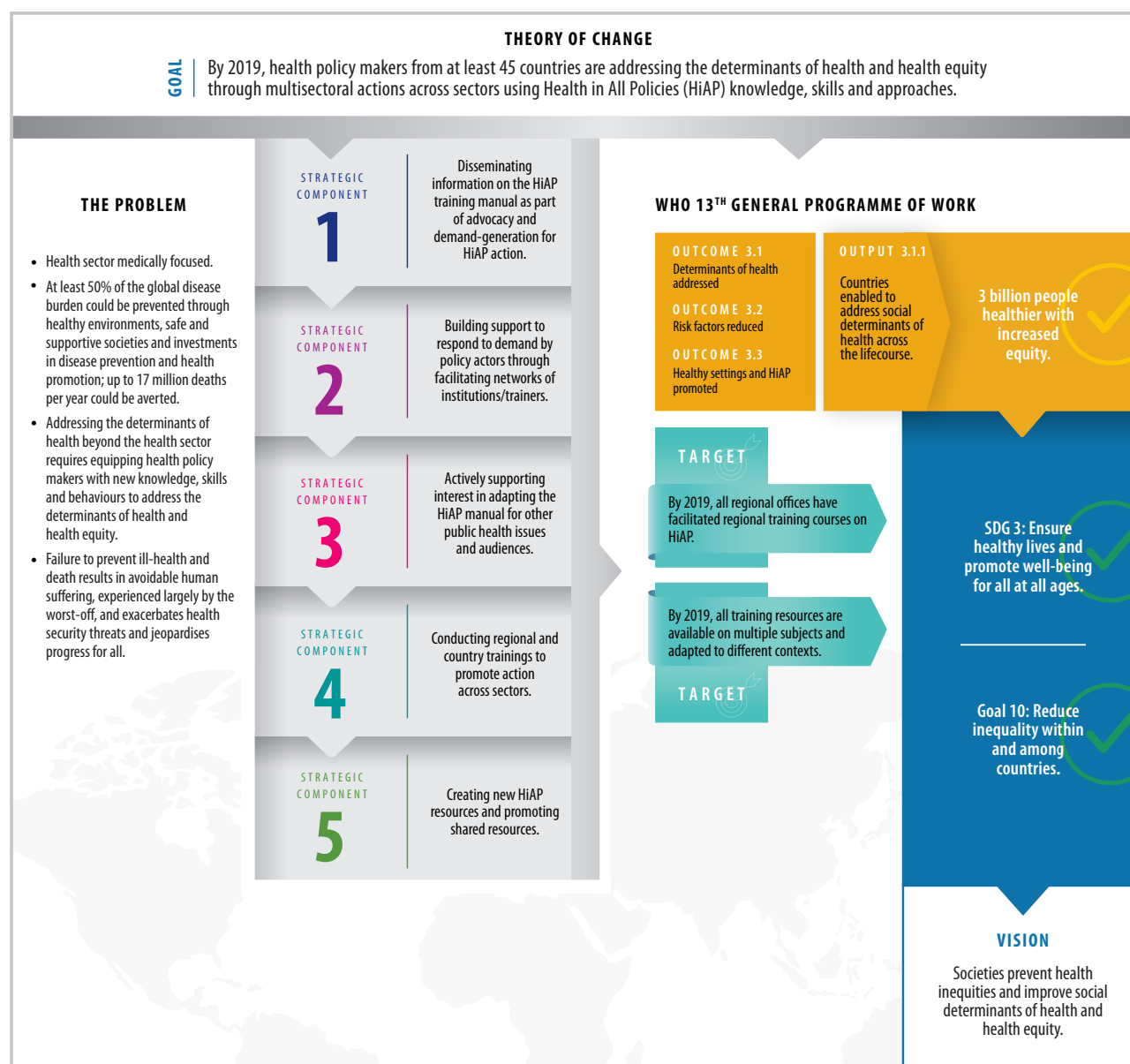


Fig. 4. Health in All Policies training programme theory of change

2015 Global master plan for training in working across sectors

The data in this review provide a semi-formal evaluation of progress against the key actions in the 2015 Global Master Plan for Training in Working Across Sectors (see Annex I). The key action areas include:

Component 1 **Dissemination, advocacy and demand generation**

This evaluates the distribution of Health in All Policies Training Manuals (hard copies and soft copies based on download statistics); analysis of materials under development for WHO country representatives; and the initiatives used to support Health in All Policies capacity building.

Component 2 **Supporting networks of institutions/trainers to deliver training**

This evaluates the work and growth of the Health in All Policies Trainers' Network in relation to the investment and technical support provided by WHO to the training of trainers and other related Health in All Policies trainer activities.

Component 3 **Actively supporting rapid adaptations of the Training Manual**

This presents new themes and materials developed to support Health in All Policies trainings; and adaptations and translations of the existing materials (e.g. equity e-tool; concept of the environment and health course; translation; antimicrobial resistance).


Component 4 **Conducting regional and country trainings**

This summarizes key training activities undertaken across the Health in All Policies network of institutions since January 2015. It reflects on the course content and design, and how the training was oriented to regional or national priorities (this was analysed through course profiles and the results of the structured survey). This component also covers technical support by WHO, in addition to the formal training used for promoting Health in All Policies action.

Component 5 **Creating, maintaining and promoting use of shared resources**

This section reflects on the Health in All Policies Trainers e-platform, and the database of training resources.

Overview: Health in All Policies training manual and supporting training mechanisms

The **Health in All Policies Training Manual**  is a facilitators training resource that aims to increase understanding of the importance of Health in All Policies among health and other professionals, providing the foundations and necessary materials to conduct two- or three-day workshops. These aim to:

- › build capacity to promote, negotiate, implement and evaluate the health impacts of policies across sectors (component 1 – dissemination, advocacy and demand generation);
- › encourage engagement and collaboration across sectors (component 2 – supporting networks of institutions/trainers to deliver training);
- › facilitate the exchange of experiences and lessons learned (component 3 – actively supporting rapid adaptations of the Training Manual);
- › promote regional and global collaboration on Health in All Policies (component 4 – conducting regional and country trainings); and
- › promote dissemination of skills to develop training courses for trainers (component 5 – creating, maintaining and promoting use of shared resources).

The manual targets experienced trainers working in universities, public health institutes, nongovernmental organizations, and training institutions in government and intergovernmental organizations. The training is structured to primarily target professional, middle- to senior-level public sector policy-makers. The content is adaptable so workshops can be tailored for regional and in-country contexts.

The manual also enables content to be specifically structured for different training course options, such as executive courses for politicians and senior policy-makers, and courses for policy and programme managers influencing health across different sectors, including health, employment, housing, economic development, finance, trade, environment and sustainability, social security, education, agriculture and urban planning. Depending on the content, civil society representatives can also be invited to participate. In addition, the training can help to promote levers of change, such as through training of trainers courses and curriculum changes in education and training institutions.

Structure of the manual

The Health in All Policies Training Manual has 12 modules (see Figure 5). Each module contains objectives, and guidance for trainers on how to run the sessions, preparatory reading materials for both trainers and participants, recommended audio-visual materials, general instructions and hand-outs for group work. The manual covers three core sets of skills for Health in All Policies practice: intersectoral work and governance, public policy-making skills, and use of evidence and monitoring (see Figure 6).



Fig. 5. Content of the Health in All Policies Training Manual

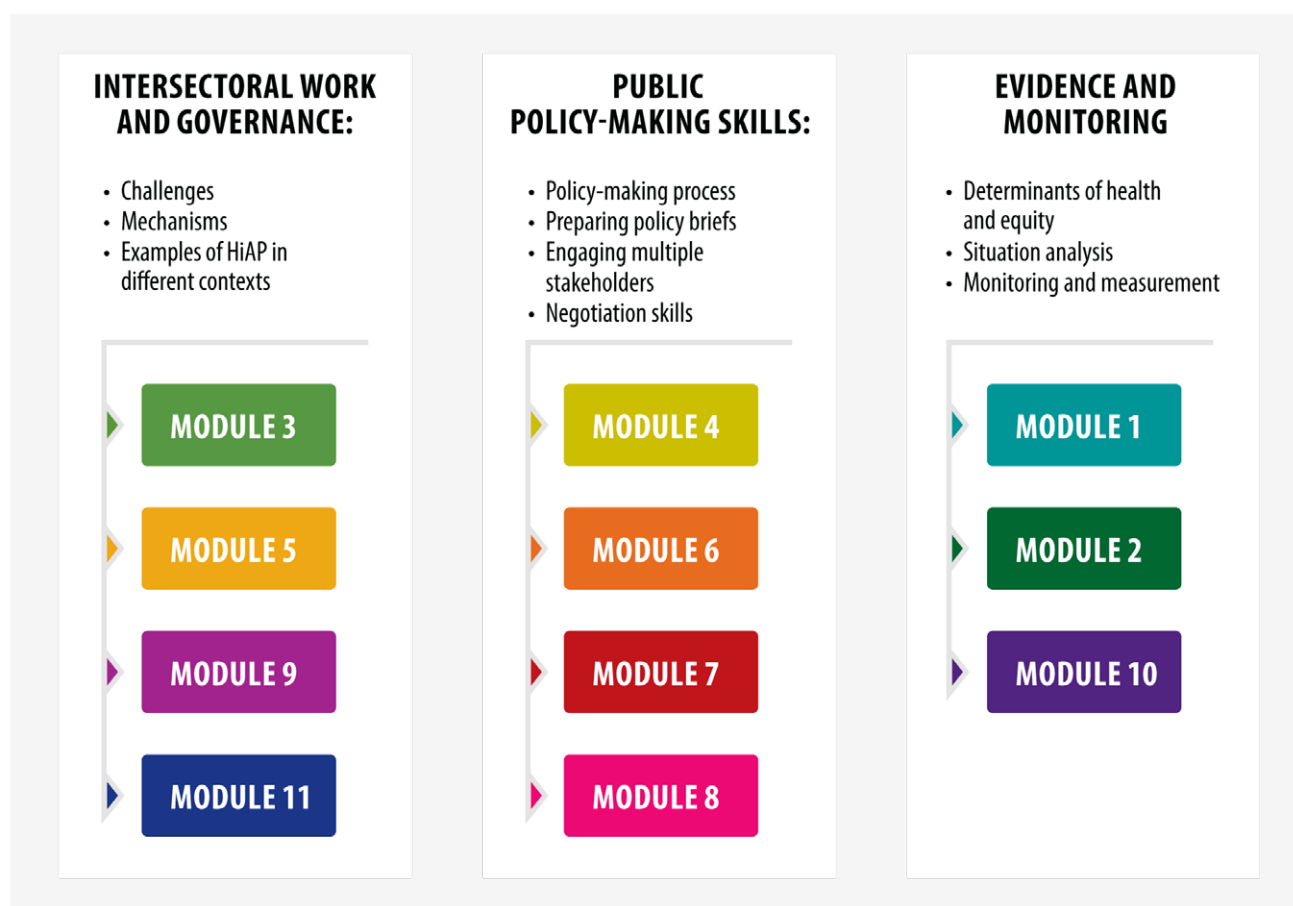


Fig. 6. Skill sets covered by the WHO Health in All Policies Training Manual

The final module (Module 12) summarizes the key messages of the training, highlights tips for trainers and facilitators for “rounding up” the course and recommends next steps for participants to consolidate their learning. To support the Training Manual, a Health in All Policies infographic was created to explain key features and concepts of the Health in All Policies approach (see Annex II). It has been translated into Arabic, Chinese, French, Russian and Spanish.

Health in All Policies Trainers e-platform

The Global Master Plan for Training in Working Across Sectors sought to encourage the establishment of a central database for archiving and storing training materials, and the sharing of training-related resources. To fulfil this ambition, the Health in All Policies Trainers e-platform was developed in 2016 and provides complementary resources for trainers. The platform provides a collection of resources that have been used in Health in All Policies trainings across WHO regions, based on the Health in All Policies Training Manual, including preparatory and guidance training documents, reports on the outcomes and results of the courses, presentations and case studies, and “road maps” or policy briefs on Health in All Policies action that have been developed by participants during the courses. To access the platform, visit www.hiaptraining.org .

A broad review of the platform’s performance and recommendations for its improvements can be found in component 5 of this review.

Health in All Policies Trainers' Network

The Global Master Plan for Training in Working Across Sectors highlights the need for support networks of trainers and relevant training institutions to advance Health in All Policies implementation. To support the creation of such a network, WHO convened a group of core members (nominated by each WHO regional office) identified as having the necessary attributes to contribute to the Health in All Policies Trainers' Network, including their:

- › high-level commitment to supporting public health training;
- › previous experience in training and facilitation;
- › representing an institution independent from WHO and stable in terms of funding and activity;
- › previous experience with WHO in supporting staff and Member States in technical work, or in a similar capacity through WHO programmatic activities;
- › working for an institution with a dedicated focus on the social determinants of health and health equity.

The Health in All Policies Trainers' Network aims to increase knowledge sharing between each actor or member and their respective institutions, and to extend Health in All Policies activities' reach through its efforts and the cascading impact of training in countries and regions. WHO has a critical role in the network and is accountable for supporting the development of courses globally and providing technical support to the institutions organizing the HiAP trainings (if the courses are not run directly by WHO). Relationships within the network are paramount for continuing to build momentum for Health in All Policies and the evidence base for effective Health in All Policies practice. Further detail on specific training conducted by the network is outlined in component 2 of this report.

Progress towards the five main objectives of the global master plan for training in working across sectors

Component ¹

Dissemination, advocacy and demand generation

In line with the 2015 Global Master Plan for Training in Working Across Sectors, dissemination and advocacy focuses on activities to raise awareness of the Training Manual including: launch events; Health in All Policies training and capacity-building promotion among WHO Country Offices, Ministries of Health and donors; and using online channels of communication (WHO main and regional websites) to reach wider target audiences.

In response to this objective, the main launch activities of the manual included: an e-launch by WHO headquarters; an in-house mission briefing and lunchtime seminar; the development of a set of key messages¹ (🌐) for dissemination; and the distribution of hard copies of the manual and Health in All Policies infographic to WHO regional offices and training institutions invited to the first Global Training of Trainers (held in Geneva, Switzerland in March 2015). The following results were found on dissemination of the Training Manual:

Online dissemination

- › E-launch on the WHO web platform on 25 February 2015 – in two days The Health in All Policies Training Manual **was visited 1590 times**, with 1122 unique visitors with average time spent of 4:08 minutes on the page.
- › Dissemination via Equidad: in 10 days bitlinks for contents: 1735 clicks (PDF) and 629 (website).
- › Overall statistics of WHO HiAP Training Manual downloads for the period 2016–17 is shown in Figure 7,² with Figure 8 presenting download information for 2016–18.

¹ The set of key messages is available in all WHO official languages in this link: http://www.who.int/social_determinants/publications/health-policies-manual/en/

² Overall data for 2015 are not available.

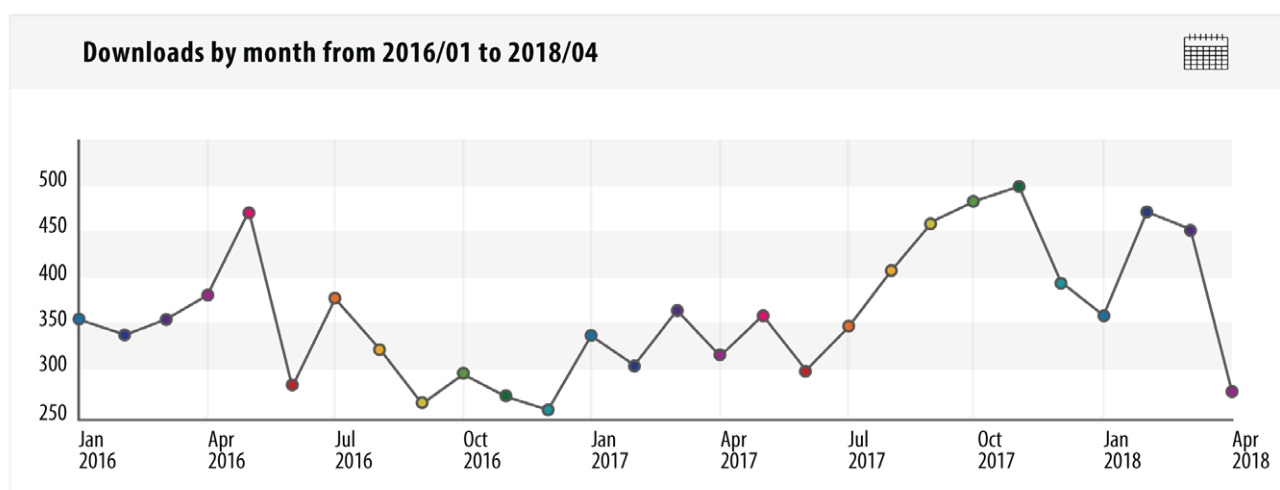
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total downloads
2016	366	371	368	383	488	306	381	333	276	299	288	278	4,137
2017	346	315	379	335	404	326	360	420	200	N/A	N/A	N/A	3,085
													7,222

Source: WHO IRIS 2017; retrieved September 2017.

Fig. 7. Number of WHO Health in All Policies Training Manual downloads, 2016–2017

Figure 8 shows that the number of downloads following the launch remained constant up to April 2018, indicating ongoing interest in, and demand for, the Training Manual. In order to improve access to the publication, it could have been highlighted more broadly on relevant websites, including on WHO Regional webpages. While downloads of the manual may have been undertaken by those outside of the primary target group (e.g. students rather than trainers), this evidence of use is indicative of dissemination.

Usage from 2016/01 to 2018/04	↓	Top countries by downloads from 2016/01 to 2018/04	↓
Total downloads	9,882	United States	844
		Australia	251
		United Kingdom	249
		Canada	240
		Spain	191



Source: WHO IRIS 2018; retrieved April 2018.

Fig. 8. Number of Training Manual downloads January 2016 to April 2018

Hard-copy distribution

Following the launch of the Training Manual, **500 copies were printed and distributed** to the six WHO regional offices, 11 country offices in the South-East Asian Region and to 25 Member States.

Demand generation

It was recognized that for sustainable uptake by the intended target audiences, a complementary strategy to create awareness and visibility of the resource was needed. Demand generation was therefore an important aspect of the Global Master Plan for Training in Working Across Sectors to ensure continued promotion and interest in the manual, and understanding of the benefits of Health in All Policies capacity building. Even though the demand-generation processes were undertaken with limited capacity and resources, they were successful in feeding into different agendas, which demonstrates the value of intersectoral governance and using the Health in All Policies approach to act on the social determinants of health. Some examples of initiatives where the manual has been used as a result of the demand-generation activities include the following:

Demand-generation through the SDGs

There has been increasing demand for the Health in All Policies course since the adoption of the 2030 Sustainable Development Agenda, given its strong emphasis on intersectoral approaches. The SDGs call on a partnership approach for stakeholders to work together to achieve sustainable development, which cannot be fully realized without the achievement of equitable health outcomes. To improve health equity, interventions are necessary across a number of public policy spheres to realign objectives and resources for health to target populations most in need, and the health sector must be equipped with the knowledge and skills to work collaboratively with other sectors to identify shared interests and opportunities for action. Several **global initiatives and tools have used the Health in All Policies Training Manual as a reference to advance contribution to the SDGs**, particularly at the policy level, and collaborative processes in general. The WHO SDG iLearn course provides one example of how the content and materials from the manual have been applied to training for the health sector to work with other stakeholders in pursuit of mutual benefits in the SDG era (see Box 2).



Health in All Policies and the SDGs – WHO's iLearn course *Accelerating Progress Towards Health-Related SDGs*

The WHO online course on the SDGs (WHO iLearn course) integrated Health in All Policies into the course content, recognizing that intersectoral action is required to advance sustainable development and support health and well-being. To support the shift in emphasis to intersectoral collaboration for health, the course explored in detail the benefits of a multisectoral approach to policy dialogue, planning, and actions, and strategies for integrating the social determinants of health and public health more broadly. The online course was available to all WHO staff, with a focus on professional staff in WHO Country Offices as the initial target. It is intended that the Health in All Policies course work embedded in this online course will be integrated into new courses as part of the WHO Academy (a state-of-the-art school to deliver high-quality, multi-lingual learning, currently under development) to continue to support the learning and development needs of WHO staff and stakeholders to progress global health outcomes and improve health and well-being for all through effective partnerships and policy coherence.

Demand-generation for Health in All Policies in urban health

Dedicated training linked to urban health has taken place, including the **“Health in All Policies workshop and the case of air pollution, urban health and sustainability”** in Washington DC (18–20 June 2018). The workshop was dedicated to developing the skills needed for facilitating collaborative approaches for promoting healthy and equitable living environments, with a focus on addressing air pollution. It was the first Health in All Policies workshop to be completely dedicated to the urban health agenda.

The brief, three-day agenda included:

- › Day 1 – Core concepts (including the social determinants of health), air pollution and Health in All Policies practice (including strategizing for public health campaigns and translating evidence into policy and action);
- › Day 2 – Urban health, role of government, and health stakeholders (including applying stakeholder engagement and negotiating solutions);
- › Day 3 – Assessing progress in Health in All Policies (including developing action plans).

The success of – and engagement with – the training led to the establishment of a network of public and environmental health practitioners (the Health in All Policies Washington Group, convened by the National Environmental Health Association (NEHA)) that regularly discuss Health in All Policies and urban health issues via conference calls. In this way, the vocational learning approach for action on the determinants of health continues.

Air pollution was also used by the Urban Air Pollution Health Project as an issue that could demonstrate the benefits of Health in All Policies principles (see Box 3).



Health in All Policies and urban pollution – The Urban Air Pollution and Health Project (UAPHP)

UAPHP, led by WHO with cities in low- and middle-income countries, aims to develop, adapt and pilot test tools, guidance, and engagement mechanisms to scale-up mitigation of indoor and outdoor air pollutants while obtaining co-benefits for health and climate. From the outset, the project was underpinned by a mandate to work across sectors to fully realize the cooperation necessary to amplify and build on action to mitigate air pollutants and reduce exposures experienced by disadvantaged populations, specifically at the urban or city level. Health in All Policies was positioned as a useful approach to support the work, in particular integrating Health in All Policies principles, processes and practices into the development of the WHO urban health tool, alongside the more technical aspects of mitigation measures to target primary sources of emissions. Discussions are underway to determine the best strategy for integrating Health in All Policies into the urban health tool, after which it is envisaged that the tool will be tested in the field for validation and refinement.

Demand-generation for Health in All Policies in housing and health

The WHO Housing and Health Guidelines provide global, evidence-based recommendations on how to improve housing conditions. These are the first guidelines to be produced on housing and health, recognizing the increasing importance of housing to health due to demographic and climate changes. The development of an implementation strategy to support the uptake of the guidelines is underway, which **will incorporate Health in All Policies modules as part of the implementation work**. The implementation strategy is well-positioned to incorporate HiAP practice, as the guidelines emphasize the importance of collaboration between health and other sectors to promote healthy housing.

Demand-generation for Health in All Policies in the field of chemicals management and health

Convened by WHO, the inaugural meeting of the **Global Chemicals and Health Network (6–8 November 2018) included a training session on Health in All Policies**, using interactive groupwork exercises with a focus on stakeholder engagement, health diplomacy and negotiating for health. Following a short overview of stakeholder engagement objectives and techniques, small groups held in-depth discussion on the weaknesses and strengths of various stakeholder engagement approaches to advance Health in All Policies, including:

- › community workshops, conversations, meetings, forums, or listening sessions;

- › web-based engagement: online discussion forums and blogs, social media, online surveys, and webinars;
- › formal or informal advisory groups;
- › one-on-one discussions; and
- › focus groups.

The stakeholder groupwork was followed by a short introduction to the concepts around ‘health diplomacy’ or ‘policy negotiation’. This covered the stages of negotiation. Workshop participants then undertook a role play to put the HiAP theory into practice. The role play focused on a scenario in a town where a proposal to invest in a chemicals plant was under consideration and a meeting of the town’s leadership group to discuss the investment was taking place. The purpose of the role play was to allow participants to explore the perspectives of different stakeholders who do not have public health as their primary goal of interest. The role play asked participants to put themselves in the position of stakeholders with different disciplinary backgrounds, and different sectoral interests, recognizing this as an important technique to use when engaging others in national chemicals management. Since the meeting, webinars continue to be developed by the global chemicals and health network, which includes HiAP concepts in the professional development sessions.

Demand-generation through the Global Network for Health in All Policies

A further key source of demand generation has been the newly created Global Network for Health in All Policies (GNHiAP). While this is a practitioner-oriented community of practice – separate to the network of trainers – several of the trainers who are themselves practitioners are involved in both networks. The purpose of the GNHiAP is to advocate for the use of the HiAP approach and to help policy-makers engaged in HiAP to share experiences and learn from peers (see Box 4).



The importance of networks: the Global Network for Health in All Policies

The Global Network for Health in All Policies (GNHiAP)  is a network of government entities (national, regional, local) and other institutions (including the UN, NGOs and INGOs, and academia) committed to working jointly on strengthening the HiAP approach for progressing the SDGs and Universal Health Coverage. Established in 2017 at a side meeting of the World Health Assembly, GNHiAP demonstrates the growing commitment to Health in All Policies at different levels of government and outside of government.

A key commitment of the GNHiAP is to generate demand and build capacity and skills for implementing the Health in All Policies approach. Specifically, the GNHiAP aims to:

- demonstrate to member countries how to align Health in All Policies with the priorities of the SDG targets, through spheres of influence;
- facilitate the development of operational guidance for the practice of the Health in All Policies approach, as public knowledge goods;
- enable learning from country experiences and inter-country knowledge sharing through South to South and Triangular Cooperation; and
- work to market and expand the network and its membership.

The network is a WHO-supported, country-led initiative, formed to increase recognition of the importance of institutionalizing sustainable governance mechanisms for health, and of the required skills set for such realization. Current members include: 30 governmental members, three NGO members, five Academic Institutions, and WHO. Currently, the government of Quebec, the current Chair of the network, supports the network secretariat through the National Collaborating Centre for Healthy Public Policy (NCCHP).

The HiAP Trainers’ Network is linked with GNHiAP, but they are two separate groups for the purposes of governance, administrative arrangements and membership (although some members are part of both groups depending on expertise and knowledge).

For more information, see: www.actionsdg.org and <https://actionsdg.ctb.ku.edu/gn-hiap/>.

Component 2

Supporting networks of institutions/trainers to deliver the training

The rationale for creating a network of Health in All Policies trainers and institutions was to rapidly “cascade” Health in All Policies knowledge, understanding and skills across different roles and settings. In addition, training supported in a systematic way can help to bridge the knowledge to policy gap, connecting different communities/practitioners and institutions to accelerate Health in All Policies capacity. The intended outcome of the trainings is to support public health practitioners and policy-makers to adapt their ways of thinking about population health and health equity, and how this translates into working (including through behaviour change) to enable policy-making to be more collaborative for health and sustainable development.

The 2015 Global Master Plan for Training in Working Across Sectors was developed by WHO to bring to the forefront an adult learning experience and package for working across sectors, and progressively strengthen the development of a Health in All Policies Trainers’ Network familiar with – and able to deliver – the Health in All Policies course. The initial goal was to have at least one Health in All Policies training in each WHO region by the end of 2017. An early training aim was having one Health in All Policies Training of Trainers organized per WHO region to expand the network of trainers equally, and in this way promote the “knock-on” effects for Health in All Policies capacity building.

The Trainers’ Network and dedicated Health in All Policies training

The first members of the Trainers’ Network were the institutions nominated by WHO regional offices to attend the first **Global Training of Trainers in March 2015** in Geneva, Switzerland (see Annex I for criteria). Additional members joined the Trainers’ Network and included academic or training institutions that had representatives at the Americas Regional Training of Trainers in 2015 in Cuernavaca, Mexico or in the other mixed courses for both trainers and policy-makers. Due to limited resources, no additional Global Training of Trainers courses were held after 2015. However, several trainings have been undertaken since 2015 by “graduates” of the initial Training of Trainers held in Geneva, and this reinforces that whilst the training programme was only in place for a short period of time, the impact has continued to grow.

Health in All Policies course structure and content

Courses delivered by participants who have completed Health in All Policies training have differed based on the training needs of new (trainee) participants, and courses have been adapted to local contexts. To illustrate this, Figure 9 shows data from a cross-section of training courses held from 2015 to 2017. The analysis was performed for these years as that was the period in which there were dedicated resources for working on the Health in All Policies Trainers’ e-platform. Although not all courses are shown due to data collection limitations, the analysis provides valuable information. This data furthermore illustrates the breadth of Health in All Policies expertise built across regions, and an indication of how the Trainers’ Network has expanded. Figure 9 also illustrates how training through a participatory approach is creating new HiAP trainers and supporting capacity building needs at regional and local levels. The initial training of trainers in Geneva was able to provide other trainers with the skills and knowledge to run their own Health in All Policies courses; either as dedicated training of trainers’ courses or as general Health in All Policies capacity-building courses (or as mixed courses). **Worldwide, over 100 participants have been trained as ‘dedicated Health in All Policies trainers’ (from over 40 different institutions, including training or academic institutions)**, albeit with an acknowledged lack of consistency and systematization in how training is implemented between and within regions and countries. Moving forward, it is recognized that Health in All Policies training needs to be better standardized (whilst still taking account of the contextual factors important for Health in All Policies action) and this work is being discussed and progressed by the GNHiAP.

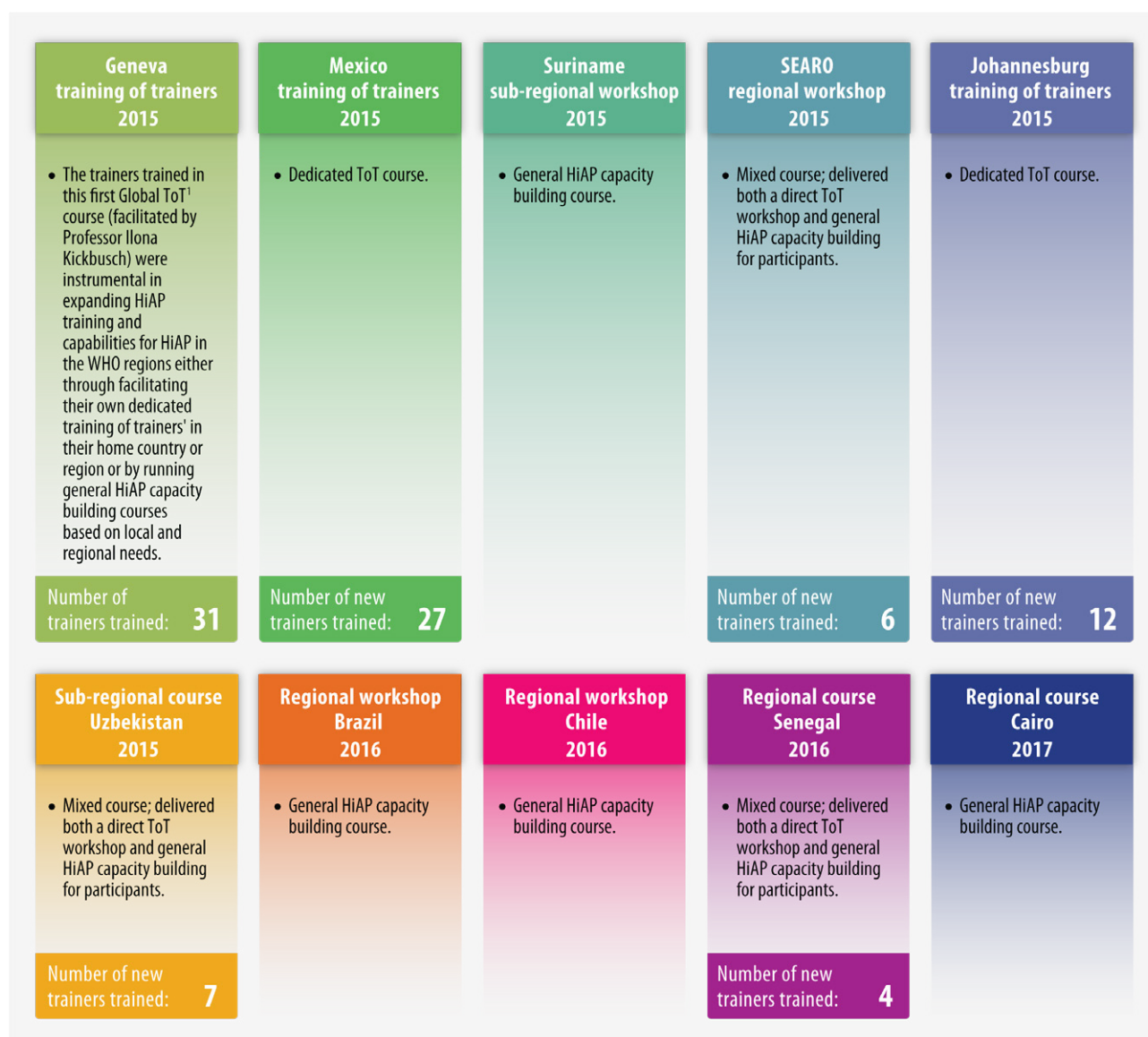


Fig. 9. Building the network of dedicated Health in All Policies trainers and capabilities for Health in All Policies action – a cross-section of courses, 2015–2017

¹ Training of Trainers.

Figure 10 illustrates progress towards building institutional involvement in Health in All Policies capacity building activities, and lists institutions (by region) that are members of or associated with the Health in All Policies Trainers' Network. It is evident from Figure 10 that in certain regions there is scope to increase the number of institutions involved in the network, in particular to further support Health in All Policies training of trainers courses (e.g. the South-East Asian and Western Pacific Regions).



Fig. 10. Training institutions that are members of (or associated with) the Health in All Policies Trainers' Network, by WHO region

Component ³

Actively supporting rapid adaptation of the Training Manual

The Global Master Plan for Training in Working Across Sectors highlights WHO priorities regarding supporting the adaptation of the Health in All Policies Training Manual for specific contextual needs. These include: translating the resource into other WHO official languages; adaptation for low-income country settings; and training in specific topics such as noncommunicable diseases (NCDs) and human resources (skill development) for health.

Translations and supporting materials

Health in All Policies Training Manual

There was a recognized need for **translations of the Training Manual**, largely initiated by interested WHO regional offices and other institutions. Whilst there was limited funding for this time-consuming but critical work, interested parties have continued to support translation of the manual into the following languages:

- Arabic – translation being undertaken by the Oman WHO Country Office with support of WHO Eastern Mediterranean Regional Office

- › Korean – discussions with WHO Collaborating Centre for Healthy Cities and Health in All Policies, Soon Chun Hyang University, Republic of Korea to progress translation process
- › French – demand for a French-language version of the manual is high. Discussions with the Ministry of Health, Quebec Province, have taken place to determine feasibility, while at the same time addressing the refreshment of the manual.

To support the dissemination and translations of the manual, supporting Health in All Policies training and promotional materials were also developed.

Health in All Policies infographic

An **infographic was created to increase awareness and understanding of Health in All Policies** that could be used for multiple purposes, including helping decision-makers to grasp Health in All Policies, and as promotional material. The infographic aims to clearly communicate the Health in All Policies concept for different audiences to tell a compelling story (i.e. why there is a need for Health in All Policies action). The infographic uses the environment sector as an example to highlight what Health in All Policies is and how it works. The infographic (see Annex II) was translated into other languages for increased exposure:

- › The infographic has been available in English and Spanish since the manual was launched
- › Translation into Arabic was undertaken by the Oman WHO Country Office with support of WHO Eastern Mediterranean Regional Office
- › Translation into Chinese, French and Russian was completed to finalize the translation process into the six WHO official languages.

Training materials

Training materials were developed to support the implementation of a Health in All Policies workshop or course, in line with the content and objectives of the Training Manual. These materials are available on the Health in All Policies e-platform (www.hiaptraining.org), including **examples of course outlines/programmes, a participant profile survey, PowerPoint slides, and evaluation forms and reports**. Most of these materials are only available in English, however, the Johannesburg course material (African Region Health in All Policies training, 2015) was translated into French and these materials were used at the 2016 training in Senegal. In addition, materials from the course in Mexico were translated into Spanish.

Adapting the manual for different settings and specific topic areas

European setting

The WHO Europe Flagship Course on Equity in Health in All Policies (eHiAP) built on the content of the Training Manual and provided capacity building and tools for European Member States to implement joint actions to improve health equity and well-being across sectors. The flagship course:

- › gave participants the knowledge and practical skills to improve intersectoral policy-making;
- › focused on reducing health inequities and tackling social and economic determinants;
- › increased knowledge and skills in agenda setting, stakeholder analysis, negotiation, alliance building and advocacy across sectors.

The impact has been positive, with one-third of all WHO European Member States taking up the course and 15% of participating countries actively implementing the learning to enhance intersectoral policy-making for health equity.

Antimicrobial resistance (AMR)

Efforts to adapt the Training Manual for action on AMR began following the **Western Pacific Region Health in All Policies course** in New Zealand, 2016. The AMR work had a regional focus and was coordinated by the Western Pacific Regional Office. It adapted the Health in All Policies Training Manual content and positioned it in terms of the One Health approach, which is a specific type of Health in All Policies approach. “One Health approach as it applies to AMR seeks to address health issues at the human–animal– environment interface with collaboration across all sectors and disciplines responsible for health in an effort to address zoonotic diseases and other shared health threats” (see: <https://iris.wpro.who.int/handle/10665.1/14416> (🔗)).

The environment

Since publication of the Health in All Policies Training Manual, and in particular thanks to a dedicated consortium within WHO and key stakeholders, there has been a growing emphasis on applying Health in All Policies learning and collaboration (including intersectoral policy-making) for health, the environment and sustainable development. The Health in All Policies workshop in Washington, “**The case of air pollution, urban health and sustainability**” was structured to support adaptation of the Training Manual for the urban health context and explicitly linked Health in All Policies core concepts to the Sustainable Cities movement. Meanwhile, the strong working relationship between WHO and other stakeholders to strengthen Health in All Policies practice in the environment sector was also evident in the field of chemicals management. The inaugural meeting of the **Global Chemicals and Health Network (6–8 November 2018)**, convened by WHO, incorporated a Health in All Policies discussion and training, which has led to strengthened Health in All Policies practice in the chemicals management area.

And WHO’s collaboration with the United Nations Environmental Programme (UNEP) in 2016–17 to develop a **Health and Environment in All Policies course** drew on the Training Manual modules. A specific outline was developed, but changes in funding meant that the course was not progressed, and the final Memorandum of Understanding between WHO and UNEP did not include this activity. However, WHO continued to pursue this agenda of bringing Health in All Policies principles and mechanisms to address environmental health exposures. The discussions around the development of this course have also since fed into other parallel opportunities, such as the air pollution and urban health course (see Box 3) as well as trainings and panel discussions at the First WHO Global Conference on Air Pollution and Health. Box 5 describes how the manual has been adapted to the environmental setting through the first-ever WHO Global Conference on Air Pollution and Health.

Education sector (building a skilled health workforce with the capabilities to work across sectors and across the health system)

As Health in All Policies practice has continued to gain traction and expand within different public health portfolios in WHO, and among WHO stakeholders, Health in All Policies practice has also broadened into health workforce education. This presents opportunities for a sustainable mechanism for growing a global Health in All Policies community of practice and action on the determinants of health. The value of this work has been reflected in a **partnership between WHO and UNESCO**. UNESCO is the lead agency on Education for Sustainable Development (ESD) and implements the Global Action Programme on ESD. The partnership promotes the use of education to address knowledge, skills, attitudes, values and behaviours for action on the social determinants of health, and the intersectoral skills needed for Health in All Policies. It recognizes that education develops the next generation of students and health workers, which can have a powerful influence for strengthening capacities for inter-disciplinary policies, practices and research to address the social determinants of health and sustainable development.



Adapting the Health in All Policies training manual to the environmental context – the First WHO Global Conference on Air Pollution and Health

The First WHO Global Conference on Air Pollution and Health was held in November 2018 in response to the urgent need to scale up the global response by health and other sectors to prevent disease related to air pollution; exposure to air pollution; and its costs to society. One of the key actions identified throughout the conference was the need to build better partnerships, programmes and initiatives in order to reduce air pollution and prevent related deaths. Addressing air pollution through multisectoral efforts that build on synergies between human health, climate change and growth priorities can draw on the Health in All Policies approach to implementing coordinated action across sectors.

The combined action required to combat air pollution was explored in detail in an education and training workshop preceding the conference called “Skills for Addressing Air Pollution and Health in All Policies: Communication, public health campaigns and negotiation” (held on 29 October 2018, Geneva). The one-day workshop focused on key skills for communicating and negotiating the problem and solutions that address air pollution, using relevant Health in All Policies Training Manual modules. Specifically, the workshop aimed to enhance the skills of participants for:

- taking evidence into policy and action to help solve complex public health challenges;
- strategizing for public health advocacy campaigns; and
- negotiating in a multi-sectoral policy environment.

The partnership work has largely focused on **the development of a WHO book on integrating a social determinants of health approach into health workforce education and training**. The book, to be published in 2021/22 will also highlight the intricacies of Health in All Policies, introducing readers to the complexities of policy-making and the challenges related to multidisciplinary action. Alongside the development of the book is a “call for examples” of education and training courses and programmes for health workers that integrate the social determinants of health. These submissions will be used to publish a collection of examples that describe a range of approaches currently being used to educate and train the health workforce on social determinants of health. It aims to inspire educators to include the social determinants of health in public health training curricula and to share innovative methods for learning.

Education and training on Health in All Policies concepts are being actively implemented by the **University of Pretoria, with their introductory Health in All Policies course** being closely structured to align with the modules of the Training Manual. In total, there are three courses, from an entry level Health in All Policies course through to a more advanced training on Health in All Policies concepts to cater for a diverse range of starting knowledge and skills.

Component 4

Conducting regional and country trainings to promote action

The 2015 Global Master Plan for Training in Working Across Sectors calls for Health in All Policies training needs to be identified in each WHO region and Member State. Since the launch of the Training Manual, all regions have expressed interest in the Health in All Policies training course and have identified it as essential to progressing Health in All Policies implementation. However, resource and capacity constraints present a major barrier to increasing training and limit Health in All Policies mobilization capabilities.

This section presents an overview of trainings held since the launch of the Health in All Policies Training Manual, including the number of trainings, the countries that have undertaken the training, the number of people trained, and the overall distribution of the backgrounds of the participants undertaking the HiAP training work. In addition, this section analyses the participant survey results and provides insights on how HiAP skills gained in the course have been applied to participants’ work. Annex III provides an overview of the courses held, and their objectives.

Summary of Health in All Policies course results

More than 20 courses have been held globally since the launch of the manual, to encourage multisectoral collaboration for health within WHO regions and country contexts. These courses have covered different health governance issues and curriculum scopes, and have targeted a variety of participants (Annex III highlights some of the Health in All Policies courses).

Overall, more than 950 people have been trained since 2015¹ (see Figure 11). Through the various trainings that were sponsored by WHO, over **100 dedicated Health in All Policies trainers** have been trained as part of this network to disseminate and develop Health in All Policies courses, including the initial set of trainers that gathered in Geneva, Switzerland. Equally important have been the workshops and trainings to support implementation of Health in All Policies in work programmes and policy development processes across all six WHO regions.



Note: Courses in 2018-19 took a different format to the previous trainings in that some were topic specific (e.g. air pollution) and others were organized outside the WHO regional office remit. While efforts were made to obtain final participant numbers for the courses, some are estimates (*estimate number of participants).

Fig. 11. Total number of participants undertaking Health in All Policies in-person training per year since the manual was launched

¹ Trained either as dedicated Health in All Policies trainers or as participants of general Health in All Policies capacity building courses (or both).

Some regions have been able to replicate the training for different audiences at a greater rate, particularly in the Region of the Americas, the African Region, and the European Region, thanks to the availability of resources and capacity. It should be noted that the number of participants in each course varies depending on the scope, resources and time available.

Figure 12 sets out participants' professional backgrounds and affiliations and shows that more than 70% are policy-makers and government representatives. Academic participants represented 18% of participants, and WHO staff accounted for just under 10%. WHO staff members work in a variety of different fields and technical areas across the health-care continuum, including prevention and health promotion. It is vital that WHO continues to strengthen its own efforts in-house for Health in All Policies capacity building to increase support to Member States. In 2019, trainings were limited due to changes in human resource capacity and as WHO focussed on other priorities for that period. Also, trainings occurring beyond the WHO network, but inspired by WHO, have not yet been recorded.

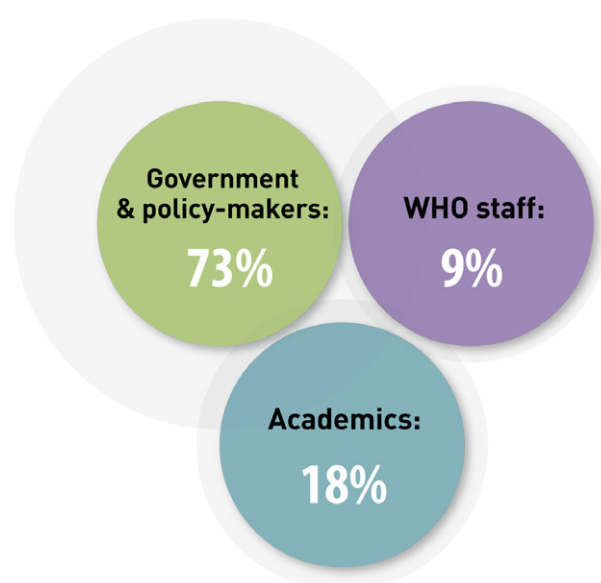


Fig. 12. Breakdown of participants attending the Health in All Policies training courses 2015–2017

Figures 12 and 13 show results from a specific analysis conducted in 2017 on the background characteristics of course attendees between 2015 and 2017. The background of participating policy-makers and government representatives was further analysed to determine the sectors they came from (see Figure 13). Not surprisingly, the majority were from the health sector (health ministry), given that the theory of change (Figure 4) was focused on improving capacity in the health sector to work across sectors to address the determinants of population health.

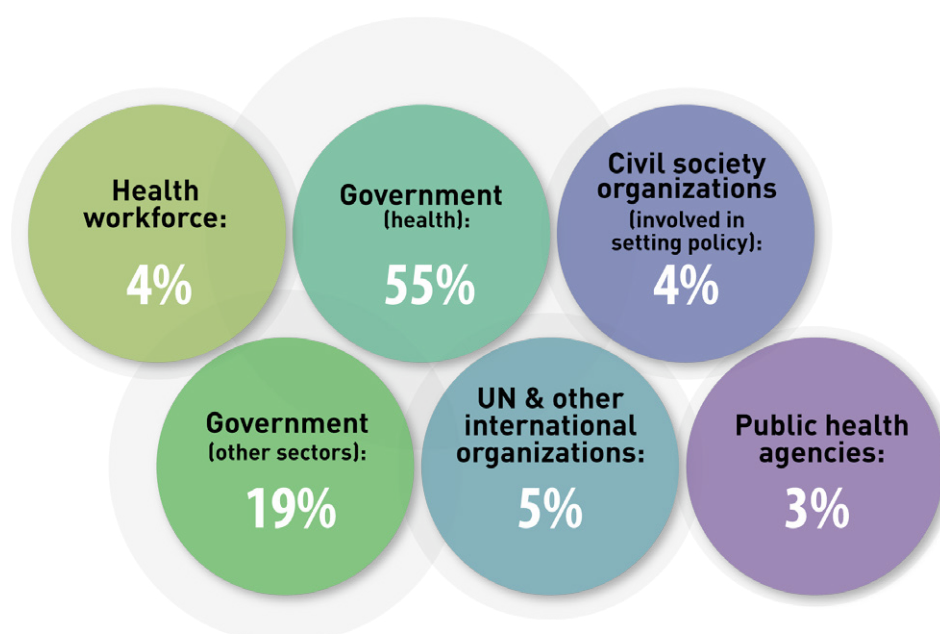


Fig. 13. Sector breakdown of participating policy-makers and government representatives (2015–2017)

Between 2015 and 2017, health policy-makers participated in Health in All Policies training organized by WHO. Some of these regional initiatives involved in-depth country workshops and others involved regional workshops to which ministries of health sent national representatives. Figure 14 lists the specific countries per region that had representatives trained in Health in All Policies between 2015 and 2017. About 80 countries had at least two representatives trained during this period, with the highest number of participants from the African Region, followed by the Region of the Americas and the European Region.

Region of the Americas 17	European Region 17	African Region 22	South-East Asia Region 9	Western Pacific Region 7	Eastern Mediterranean Region 8
<ul style="list-style-type: none"> • Argentina • Bolivia • Brazil • Canada • Chile • Colombia • Costa Rica • Dominican Republic • El Salvador • Guatemala • Mexico • Nicaragua • Panama • Paraguay • Peru • USA • Venezuela 	<ul style="list-style-type: none"> • Belgium • Denmark • Estonia • Finland • German • Iceland • Kazakhstan • Kyrgyzstan • Latvia • Lithuania • Norway • Russian Federation • Spain • Sweden • Tajikistan • United Kingdom • Uzbekistan 	<ul style="list-style-type: none"> • Benin • Botswana • Burkina Faso • Burundi • Cameroun • Chad • Congo • Guinea • Kenya • Lesotho • Madagascar • Mauritania • Mozambique • Namibia • Rwanda • Senegal • South Africa • Swaziland • Togo • Uganda • Zambia • Zimbabwe 	<ul style="list-style-type: none"> • Bhutan • India • Indonesia • Myanmar • Maldives • Nepal • Sri Lanka • Thailand • Timor Leste 	<ul style="list-style-type: none"> • Australia (South Australia) • Cook Islands • Fiji • Mongolia • New Zealand • Samoa • Tonga 	<ul style="list-style-type: none"> • Egypt • Jordan • Kingdom of Saudi Arabia • Lebanon • Oman • Sudan • Tunisia • United Arab Emirates

Fig. 14. Countries per region that had at least two representatives trained in Health in All Policies between 2015 and 2017

Annexes IV and V provide further detail on some Health in All Policies courses undertaken in different locations around the world.

Participant survey results

The survey was specifically targeted at government/policy-maker representatives who had undertaken Health in All Policies capacity building training between 2015 and 2017, and whose email addresses were available (324 participants). A total of 100 responses were received but after removing incomplete responses, the completed questionnaire response rate was 13% (41 people completed the survey, of which 37 were working in government agencies, and 28 of the 37 identified as working in the health sector, with nine identifying as working in other sectors).¹

The survey (see Annex VI) was used to determine which aspects of the training were remembered the most by participants, to identify which aspects of their daily work the training contributed to the most, and to determine what adaptations or improvements to the materials were most needed.

The survey found that 33 of the 41 respondents (80%) have been involved in Health in All Policies implementation since attending at least one HiAP course. Figure 15 shows their involvement in Health in All Policies action by

¹ Total number of incomplete surveys was more than 100, and these responses were not accounted for in the analysis of the results.

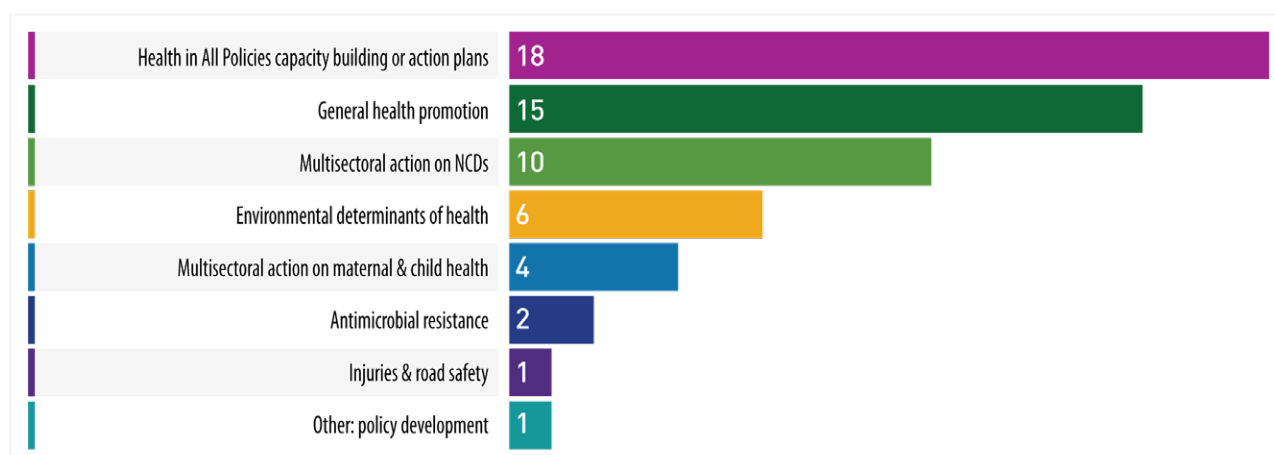
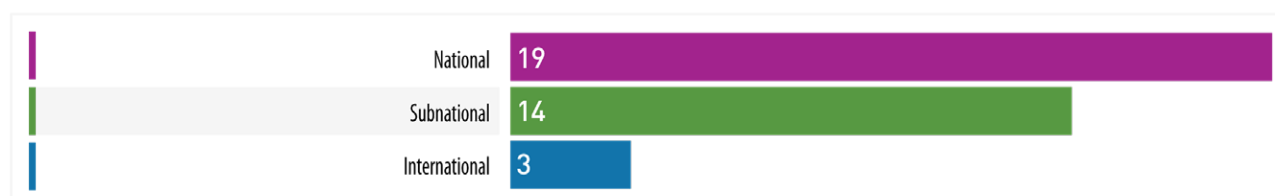


Fig. 15. Participants' involvement in HiAP implementation by topic, since attending the HiAP course

topic (participants were able to select more than one response). The top three areas included: work on Health in All Policies capacity building or supporting the development of cross-sector action plans; applying Health in All Policies through health-promotion entry points; and multisectoral action on NCDs. Given that the course aims to provide participants with the skills to expose others to Health in All Policies principles and mechanisms, the results reinforced that this objective is being met through both work on dedicated Health in All Policies capacity-building activities and through specific policy entry points such as action on NCDs and health promotion.

Figure 16 shows participants' involvement in Health in All Policies implementation by government jurisdiction or level. The majority of respondents identified their work as being at the national level, which reflects the level of participants targeted for the training courses. It should be noted that the survey did not specifically ask if any of the involvement in Health in All Policies action was at local or city level.



Note: Five respondents identified 'Other' in response to this survey question

Fig. 16. Survey results illustrating participants involvement in Health in All Policies implementation by jurisdiction or level

Figure 17 shows that public policy-making, and intersectoral work and governance, were the training aspects that respondents remembered most following the Health in All Policies course (participants were able to select more than one response). While evidence and monitoring (which links with evaluation) was also identified as a memorable element of the training, its lower ranking compared to other skills may be due to it being delivered through only one training module, in contrast with other content areas that are touched upon to varying degrees throughout the whole course (i.e. the policy-making cycle and skills for policy development is a thread that is highlighted throughout the entire course). Evidence and monitoring (in particular through measurement and evaluation) are highly technical areas unfamiliar to many policy-makers. To be fully understood these concepts may need to be discussed in longer sessions than those available through the Health in All Policies course. It is increasingly recognized that monitoring, measurement and evaluation of Health in All Policies actions needs to be strengthened by public health practitioners so impact and outcomes can be shown to support investment in Health in All Policies practice.

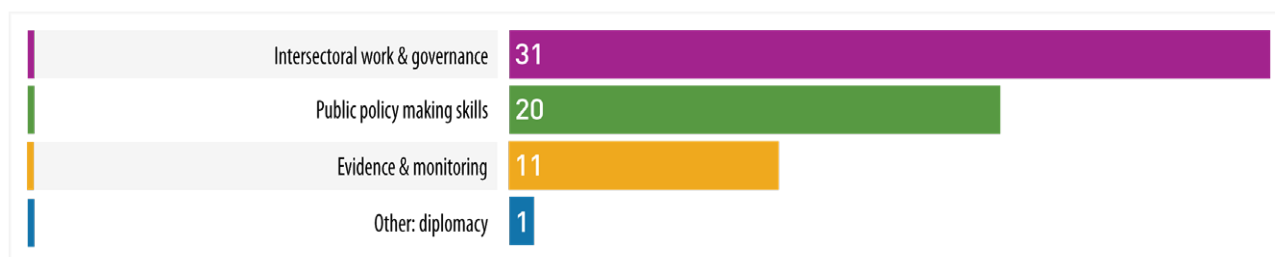


Fig. 17. Survey results illustrating the aspects of the training most remembered by respondents

Figure 18 sets out the aspects of respondents' daily work to which the training contributed most (participants were able to select more than one response). The majority of respondents reported that the training contributed to their knowledge of the determinants of health and attitudes about engaging with professionals from backgrounds other than health. While Figure 17 shows that the content on public policy-making skills was an aspect of the training that was strongly remembered (second most-reported category), Figure 18 illustrates that respondents may not have been able to translate these learnings into their day-to-day work (i.e. "confidence in dealing with policy-making processes" was the least-reported aspect of daily work to which the training contributed). This may be due in part to the course not building the high-level skills for policy work that are ultimately needed to impact policy development and policy change (and which are not the general purpose of the Health in All Policies courses). In addition, policy-making processes are highly context-specific and therefore need to be adapted to different policy and political environments. Skills in public policy-making, as shown in Figure 6, feed into other confidence-building aspects and general skills for intersectoral work (e.g. negotiation, engaging stakeholders), which were identified by the participants as aspects of their daily work to which the training did contribute (second and third most reported categories, see Figure 18). Therefore, there is some overlap and generally the results suggest that engaging in intersectoral approaches is an area of everyday work to which the Health in All Policies training has contributed, and which was a key objective of the training.

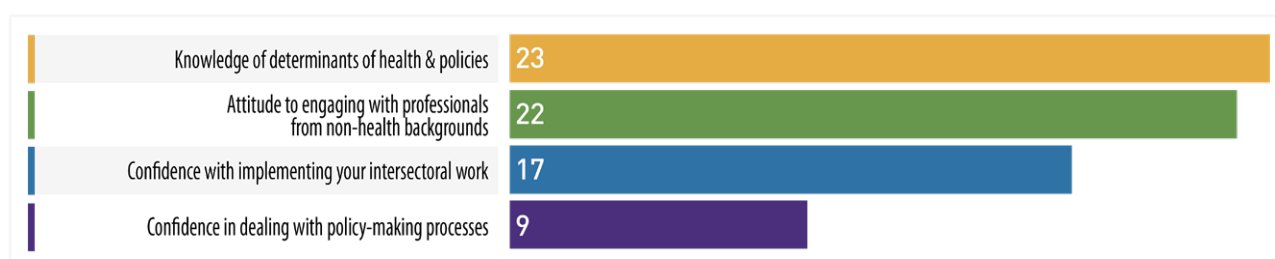


Fig. 18. Survey results illustrating the aspects of respondents' daily work to which the training contributed the most

In turn, participants were asked about adaptation of the Training Manual. Based on the participant survey, Figure 19 illustrates the themes that would be most useful for adaptation and tailoring to support Health in All Policies work. The findings confirm that current efforts to provide increased support for putting Health in All Policies into action (e.g. through practical tools) are on the right track. There has been a strong call to adapt the Training Manual for the purposes of addressing NCDs and this was also echoed in the survey findings. It is recognized that evidence, monitoring and evaluation are critical for assessing the outcomes and impacts of policies and ensuring transparency and accountability. Work on Health in All Policies will benefit from attention to the long-term measurement and evaluation of Health in All Policies – not only in measuring Health in All Policies processes but also the impacts of the SDH. Increasingly, the health and health equity impacts measurement of policies in other sectors, be they trade, finance, or social protection, are appearing in the public health literature

and will provide an important evidence resource-base for Health in All Policies practice. The survey findings reiterate that participants wanted more information on policy impacts and show that there are opportunities for adaptations specifically on monitoring and evaluating the implementation and outcomes of Health in All Policies. In addition, applying Health in All Policies at the local (e.g. city) level also continues to be an area where there is a need to adapt resources to provide strengthened support for action on healthy cities and urban governance. Other adaptation preferences included a focus on public policy-making skills (e.g. public health legislation and conducting policy reviews), universal health coverage and Health in All Policies, health impact assessments, and making the economic case for Health in All Policies and action on the SDH.

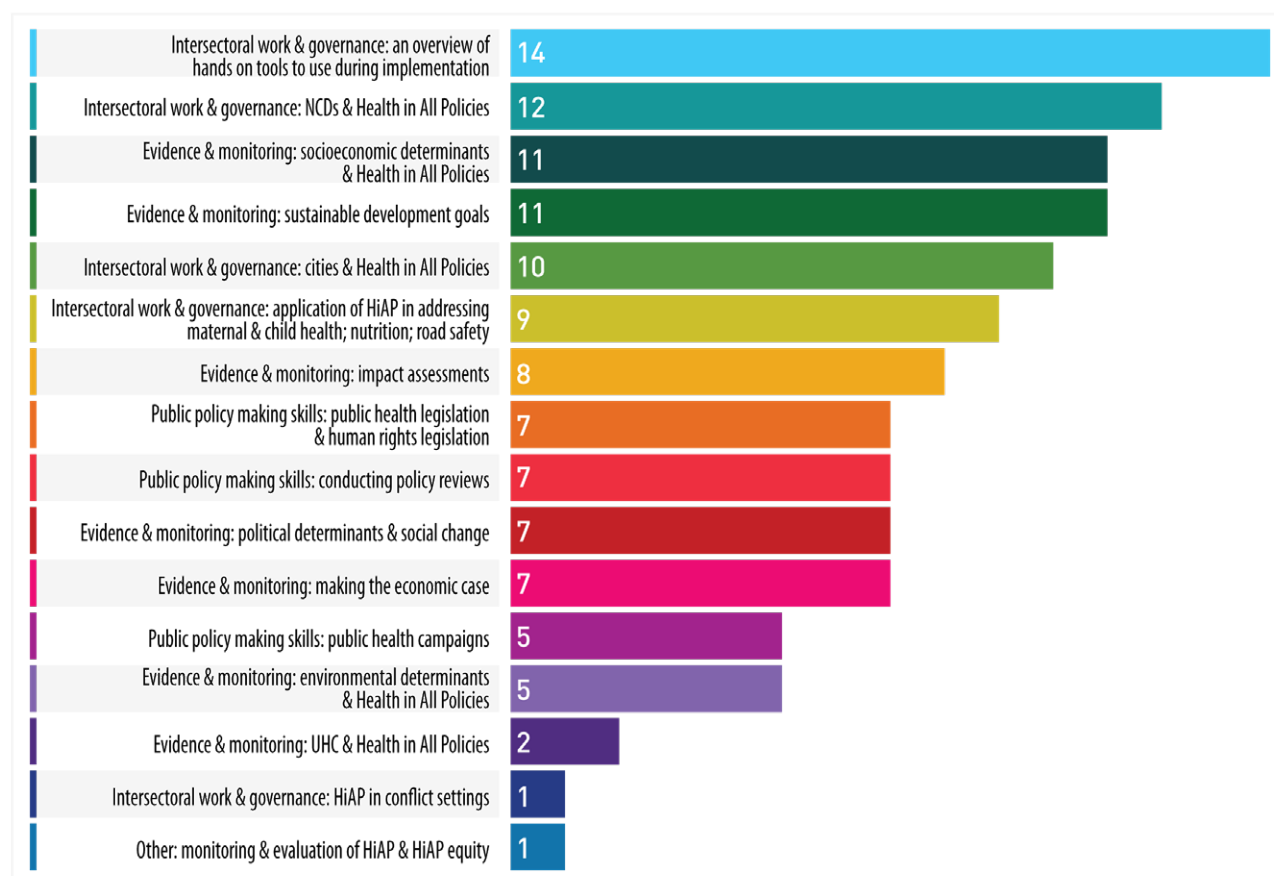



Fig. 19. Participant survey findings on preferred options for future adaptations to support Health in All Policies training in specific areas

Component 5

Creating, maintaining and promoting use of shared resources

In order to support the other components and objectives of the Global Master Plan for Training in Working Across Sectors, WHO created a platform to improve access and storage of Health in All Policies training data and materials. The idea was to enable trainers to share their resources and make them available on one platform. Having a single database for information storage also aimed to facilitate improved communication among the Health in All Policies Trainers' Network.

With that aim, WHO developed an easily accessible Health in All Policies Trainers' e-platform to provide a repository for Health in All Policies training materials (available at www.hiaptraining.org ). The e-platform hosts different types of information relevant for trainers who want to deliver Health in All Policies courses. The platform includes materials and detail on:


- › Training preparation
- › Training reporting
- › Examples of course programmes and reports
- › Content for PowerPoint presentations
- › Links and relevant sources for each module of the Training Manual
- › Template documents.

In addition, the platform provides a list of trainers from around the world, a calendar of trainings and information in relation to the GNHiAP. As resources have been constrained in recent years, the website is no longer regularly updated or managed.

Summary of Health in All Policies course results

Table 1 highlights the key findings of the semi-formal evaluation according to the five objectives of the Master Plan.

Table 1. Key findings of the semi-formal evaluation according to the five objectives of the Master Plan

Action plan component	Objective	Key findings
 Dissemination, advocacy and demand generation	Disseminating information on the Health in All Policies Training Manual as part of advocacy and demand generation for Health in All Policies action	<ul style="list-style-type: none"> › An e-launch of the Training Manual on the WHO web platform and the distribution of 500 copies of the resource to the regional offices, 11 country offices and 25 Member States formed the initial dissemination strategy. › Training based on the manual was promoted in different policy settings to generate demand for cross-sector action for health, including through the SDGs; urban health; housing; and chemicals management. › The work of the GNHiAP provided an additional mechanism to progress disseminating information on the Training Manual. Advocacy and demand generation action by the network has extended the reach of Health in All Policies activity to new and interested audiences, highlighting the manual as a valuable training tool.

Action plan component	Objective	Key findings
<p>② Supporting networks of institutions/trainers to deliver training</p>	Building support to respond to demand by policy actors through facilitating networks of institutions/trainers	<ul style="list-style-type: none"> Trainers' Network established. The first members of the network were from institutions nominated by WHO regional offices to attend the first Global Training of Trainers (ToT) in March, 2015 in Geneva, Switzerland. The Trainers' Network grows as the initial "graduates" of the ToT in Geneva train others in their own regions and countries, through either specific ToT courses or as general Health in All Policies capacity building courses (or as mixed courses). Worldwide, trainings result in over 100 participants trained as "dedicated Health in All Policies trainers" (from over 40 different institutions, including training or academic institutions). Institutional involvement in Health in All Policies capacity building activities is strengthened to support the sustainability of the Trainers' Network and the Health in All Policies training programme.
<p>③ Actively supporting rapid adaptations of the Training Manual</p>	Actively supporting interest in adapting the manual for other public health issues and audiences	<ul style="list-style-type: none"> Early on there was a recognized need for the manual to be translated into different languages and discussions and planning on this work commenced through different avenues. Updating the manual to align with the SDGs and other emerging priorities has increasingly become important. The development of communication materials focused on a Health in All Policies infographic made available in the six WHO official languages. Additional succinct and easy-to-understand material explaining HiAP and how to implement the approach forms part of continuing work. The adaptation of the manual for different settings and specific topic areas included: <ul style="list-style-type: none"> A strengthened health equity lens through the WHO Europe Flagship Course on Equity in Health in All Policies (eHiAP), developed by the Regional Office for Europe. Positioning the content in terms of the One Health approach, including action on AMR. The environment to support the growing emphasis on Health in All Policies learning, and collaboration for health, the environment and sustainable development. The education sector to build capabilities for Health in All Policies into health workforce education.
<p>④ Conducting regional and country trainings</p>	Conducting regional and country trainings to promote action across sectors	<ul style="list-style-type: none"> Over 20 courses have been held globally since the launch of the manual to encourage multisectoral collaboration for health within WHO regions and country contexts. The courses have been diverse and have covered different governance issues and curriculum scopes. More than 950 people have undertaken training since 2015 through the Health in All Policies network. Whilst participants from the health sector have been the primary target audience for the courses, other audiences have also been reached to a lesser extent (e.g. policy actors from outside the health sector). This is due to the theory of change focussing on improving capacity in the health sector to work across sectors to address the determinants of population health.
<p>⑤ Creating, maintaining and promoting use of shared resources</p>	Creating new Health in All Policies resources and promoting shared resources	<ul style="list-style-type: none"> The Health in All Policies Trainers e-platform (🌐) was developed to provide a central repository for Health in All Policies training materials and support the sharing of training resources among the network.

Reflections and lessons learned

In recent times there has been increasing acceptance of the role of the health sector as part of broader social, environmental, political and economic policy-making to influence health outcomes and achieve health equity. It is well-recognized that the health sector is part of the social fabric in any country, offering value beyond health. It is under this lens that the Health in All Policies approach operates – identifying ways in which decisions in multiple sectors affect health, and how improved health can support the goals of these multiple sectors. The semi-formal evaluation of Health in All Policies trainings presented in this report has shown many opportunities to strengthen capacity building and has highlighted the limitations and challenges to overcome.

Ensuring quality and integration of the evidence on the social determinants of health

The decentralized, cascaded and more hands-off approach used to facilitate the Trainers' Network, caused in some part by limited resources, meant that there was less cross-checking of quality and consistency between the trainings. Many different uses can be made of the Health in All Policies materials, including for short-term goals which are geared primarily towards addressing health needs rather than wider social value. Ensuring a sustained and consistent approach that integrates perspectives on addressing the social determinants of health and health equity are therefore important quality objectives. In future, more attention to the vision for the social determinants of health in addressing health across sectors, and how this is reflected in the trainings, should be prioritized. This would also support greater investment in leadership in the capacity building work by WHO headquarters programmes with WHO regional offices.

Theory of change and new audiences

Whilst the Health in All Policies Training Manual is a useful resource for working with health sector policy-makers, it is less applicable for ongoing work with policy-makers in other settings. As the main purpose of the manual was to facilitate building capacity within the health sector itself, it will also be necessary that materials are developed by and with other sectors. To fill part of this gap, a new guidance tool for multisectoral collaboration (the WHO Framework for Sustainable Multisectoral Collaboration) is under development. It is intended that work to support the Framework will form a series of implementation guidance for action across sectors for health, equity, and well-being, and include dedicated guidance for the health sector as well as central government.

Improving Health in All Policies materials for capacity building

Over the past few years the Health in All Policies capacity-building programme has brought attention to the need for concrete tools on the "how to" of implementing Health in All Policies, to complement generic training on relevant concepts and theory. This would also support on-the-job training for implementing and progressing Health in All Policies. It is recognized that without such clear "hands on" guidance, the uptake of Health in All Policies will be limited and risk not getting translated into policy-settings where the approach could provide most benefit in addressing long-standing complex societal problems. To address this, a Health in All Policies toolkit is being drafted by WHO for piloting in countries in 2020–2021. With a focus on initiating Health in All Policies, the pilot toolkit describes steps to be taken in five main work streams to support capabilities for addressing the social determinants of health and health equity. These streams include:

- › facilitating intersectoral collaboration: strengthening and creating networks across government;
- › framing and scanning the political and policy environment: connecting with broader society and influencers;
- › capabilities for HiAP: working with the HiAP team to facilitate action and progress policy priorities;

- › governance and accountability: reinforcing the critical roles of decision-makers
- › in-depth analysis to grow the scientific knowledge base: linking with academics and research institutions.

In terms of sustaining Health in All Policies, the functional components of Health in All Policies are being described in a WHO guide on Sustainable Multisectoral Collaboration as: leadership and advocacy; governance and accountability; resources and capabilities; and ways of working.

To further support more practical Health in All Policies guidance, case studies should focus more on the processes used by different stakeholders, including ministries of health and WHO support staff, to highlight how to initiate and sustain the implementation of a Health in All Policies approach.

The *Global Status Report on HiAP* (🌐) is a rich source of examples. Compiled by the GNHiAP through the Government of South Australia, Australia, the document details the structure and roles of intersectoral collaboration mechanisms, and the models for governance used in more than 30 countries.

Efforts are also underway to adapt the Health in All Policies Training Manual with these considerations in mind. The WHO Collaborating Centre for Health in All Policies and Social Determinants of Health, based in the University of Pretoria, is embarking on the development of a Health in All Policies manual geared to countries in Africa with more examples from African contexts and with reference to the SDGs.

The COVID-19 pandemic has demonstrated that the health of the population is highly interconnected with social, economic and environmental systems. Health equity - fair distribution of opportunities to be healthy - is thus not only central to managing the pandemic, but also to the economy, peace and for reducing climate change. At the same time, health equity is itself determined by broader societal decisions beyond the boundaries of clinical decision-making.

Health in All Policies enables health actors to build better collaborations to leverage policy and action across society for health. Continued training and skills development in Health in All Policies will support implementation of new conventions and agreements that leaders are making (global, regional, local) to recover from and avert future pandemics, as well as to continue implementation of the Sustainable Development Agenda.

Recommendations

Based on these reflections and lessons learned, the following broad recommendations are made to support building and strengthening capacity building for Health in All Policies to address the SDH and improve health equity:

- › Improve practical guidance and tools for the implementation of Health in All Policies and support more training on-the-job.
- › Develop standardized and consistent Health in All Policies training (while also taking account of the context specific nature of Health in All Policies implementation), which is contextualized for the SDGs.
- › Embed Health in All Policies training and teaching in education curricula to build a workforce across sectors with an understanding of Health in All Policies principles and concepts, as well as actions to implement, sustain and champion a Health in All Policies approach.

Moving forward

There are many opportunities for intensifying and extending the reach of Health in All Policies training and building on the progress to date. While resources to implement a comprehensive Health in All Policies training programme have been limited, gains have been made in terms of creating a small but agile network of Health in All Policies trainers across the six WHO regions, who have been able to continue the training work in some capacity at regional and country level. The inaugural Health in All Policies Training of Trainers course in Geneva, Switzerland, in March 2015 laid the groundwork and vision for a dedicated Health in All Policies capacity-building platform, whereby a cascading approach to training would help to improve capabilities for intersectoral action and healthy public policy-making. This vision is still present and moving forward there are new opportunities on which to capitalize.

First, it should be noted that the Trainers' Network has not been convened in some time but a network of collaborating centres working on Health in All Policies is being established. One of the outputs of this network will be the development of a capacity building strategy in the coming years. As a concrete output of this process, the refreshment of the WHO Health in All Policies Training Manual will be addressed. Such refreshment should consider the various mediums through which training will be undertaken, as well as other capacity-building tools. A Health in All Policies Toolkit to initiate Health in All Policies is being developed. In addition, new platforms for wide-scale training are emerging, such as the WHO Academy, discussed below.

Second, the establishment of the WHO training Academy in Lyon, France, is well positioned to translate Health in All Policies tools into the training curricula of relevant courses and integrate Health in All Policies principles into adult learning and professional development packages through digital and traditional learning platforms. The Academy will be open to a wide range of stakeholders that can influence health (as well as health determinants), including leaders, educators, researchers, health workers, WHO staff and the broader public. By moving the underpinnings of Health in All Policies practice into education spheres and specialized public health schools, activity can be spurred, in particular the development of standards for addressing the social determinants of health for the health workforce. The training platforms can also be used to further develop Health in All Policies implementation tools, as the Health in All Policies approach continues to evolve and evidence for the enabling conditions of Health in All Policies practice are strengthened. There are a small number of Collaborating Centres with WHO that have a focus on addressing the determinants of health, and these collaborations will increasingly be drawn upon to support and influence the development of standardized tools for Health in All Policies implementation.

Third, as WHO continues to invest in staff development, in particular for country leadership, the country support department offers training of WHO Representatives (WRs). A new online course titled "The 2030 Agenda: Working Beyond the Health Sector" is being jointly developed by WHO and the United Nations System Staff College (UNSSC) in 2020 for launch in 2021. The course follows the 2018 online training course on "Accelerating Progress Towards Health-Related SDGs" which is available on the WHO iLearn platform, and which also integrated material from the Health in All Policies capacity-building work. The 2021 iLearn course will incorporate further case studies and lessons on Health in All Policies to explain the practicalities of using the approach in countries so that WRs are confident advocates of the Health in All Policies approach.

Fourth, the creation of the GNHiAP provides a dedicated body for the strategic oversight of Health in All Policies practice and a coordinated function for enhancing Health in All Policies capabilities across WHO regions. The network has conducted a thorough analysis of the current training situation through the sharing of experiences

and knowledge, which has been highlighted in high-level discussions in a number of settings and forums, including the 70th World Health Assembly and more recently in a WHO Global Strategic Meeting on Social Determinants of Health, in September 2019. Thus, moving forward, the identified gaps and challenges for Health in All Policies implementation can be addressed with a more harmonized approach that emphasizes ground-level action and country needs; covering low-, middle-, and high-income countries.

Fifth, in mid-2019 WHO formed a new Division for Healthier Populations, which links progress to one of the three pillars of WHO's 13th General Programme of Work (GPW) – a five-year vision to achieve universal health coverage, address health emergencies, and promote healthier populations. The organizational and strategic shifts to make the organization better aligned for addressing current global health challenges places collaboration and engagement at the centre of efforts. The strategic work of the new Division serves to harness collective efforts for achieving common goals and engages the Health in All Policies programme as one mechanism to achieving healthier populations.

Finally, as mentioned previously, the support from Collaborating Centres will be critical to finding ways to make the impact of efforts far greater through the technical expertise and resources available in these institutions. Health in All Policies-related work with Collaborating Centres will help to better identify how to meet training demands, address knowledge gaps, translate evidence into practice, assist in the development of implementation tools for action on the determinants of health, and disseminate information.

The consolidation and analysis of Health in All Policies training outlined in this report demonstrates that there has been a steady accumulation of interest, knowledge and capabilities for Health in All Policies implementation in recent years, and the approach has been gaining particular traction in the environmental field aided by working partnerships established when WHO integrated the social and environmental determinants into a single department between 2014 and 2019. However, there is more to be done in terms of creating a systematic approach to Health in All Policies training and supporting the development of a skilled health workforce to implement evidence-based interventions for addressing the determinants of health. The foundations to support increased Health in All Policies learning is evident through the overarching structures which have been discussed here. The next phase for Health in All Policies implementation will need to embark on a dedicated course of action, drawing on multiple partners, to achieve the mainstreaming of Health in All Policies in policy work. This can be done through building a network of professionals and practitioners capable of acting on the underlying determinants of health and health equity and improving the availability of resources to sustain the Health in All Policies training agenda.

Annex I. 2015 Global master plan for training in working across sectors

Supporting implementation of the framework for country action across sectors for health and health equity

(Resolution 67.12 – Sixty-Seventh World Health Assembly)

Criteria for institutions selected to join the first WHO meeting of trainers in 2015

Suggested preferred institution characteristics

Institutions should preferably have all or most of the following characteristics to ensure that their attendance has the maximum likelihood in achieving the course's intended aims.

- › High level commitment to supporting public health training, including budgetary allocations.
- › Previous experience in training.
- › General financial stability and independence from WHO (similar to requirements for collaborating centres).
- › Previous experience with WHO in supporting staff and Member States in technical work, or existing formal ties.
- › An area of work in the institution on social determinants of health and health equity.

Outline of five key components

Component 1 Dissemination, advocacy and demand generation

By WHO

- › Promote a standard package for WHO Representatives (a training manual with key messages for ministries of health and donors) at the country level; priority is reaching ministries of health and other government institutions
- › Support regional and national launches
- › Provide briefings in the World Health Assembly 2015 and in WHO Regional Committees
- › Holding regional sensitization workshops

By training institutions

- › Generate demand within existing networks
- › Assist WHO with short briefings and debriefings in countries
- › Post relevant e-links on web platforms

Component 2
Supporting networks of institutions/trainers to deliver training

By WHO

- › Develop regional plans for facilitating regional training-of-trainers (ToT) in six regions by end of 2017 (development of trainers familiar with the WHO Health in All Policies (HiAP) Training Manual, by attracting key institutions recommended by the six WHO regions, and training them as trainers to be able to deliver the HiAP course)
- › Support building of trainer capacity in countries (priority goal of 21 countries by end of 2017)
- › Maintain record of HiAP trainers' profiles
- › Develop timetable of training for 2015–2017
- › Support trainers' exchange-visits across regions

By training institutions

- › Suggest options for expanding trainers to support country needs in the region
- › Develop and run courses to train trainers with WHO
- › Train trainers in your own institutions, broader professionals (e.g. summer schools), formal courses
- › Provide WHO with information on progress with ToTs beyond the work with WHO
- › Adapt and run HiAP courses upon demand

Component 3
Actively supporting rapid adaptations of the Training Manual

WHO and training institutions

- › Materials prioritized in regional trainers' networks:
 - Translation (of key messages in Training Manual (for each module))
 - Case studies
 - Data-based examples on determinants pathways
 - New role plays for training courses
 - Standard packs of Powerpoints
- › Audiences beyond health policy strategists/health promotion:
 - Health programme leaders in countries: NCDs, environment, maternal and child health
 - WHO programmes on determinant(s)

Priorities for adapted training modules/manuals

- › Different languages
- › Setting: low-income and lower-middle income countries are a priority
- › Health services: human resources

Component 4

Conducting regional and country trainings

WHO

- › Identify need through regional and country offices
- › Develop terms of reference for national and sub-national country-level trainings
- › Support training institutions: training programmes in ministries of health, broader government and related donors
- › Explore options for the potential funding of training

Training institutions

- › Develop materials for specific trainings and undertake trainings
- › Share experiences of training; linked to implementation

Component 5

Creating, maintaining and promoting use of shared resources – roles and responsibilities

WHO-HQ central functions


- › Maintain a central information hub on a shared site for trainers www.hiaptraining.org (🌐)
- › Download all resources in the Training Manual and provide access to regional focal points/trainers
- › Support opportunities in annual professional conferences
- › Support quality control process for translations
- › Consolidate adapted materials
- › Reconvene trainers and update Training Manual (every 2–3 years with most active trainers)

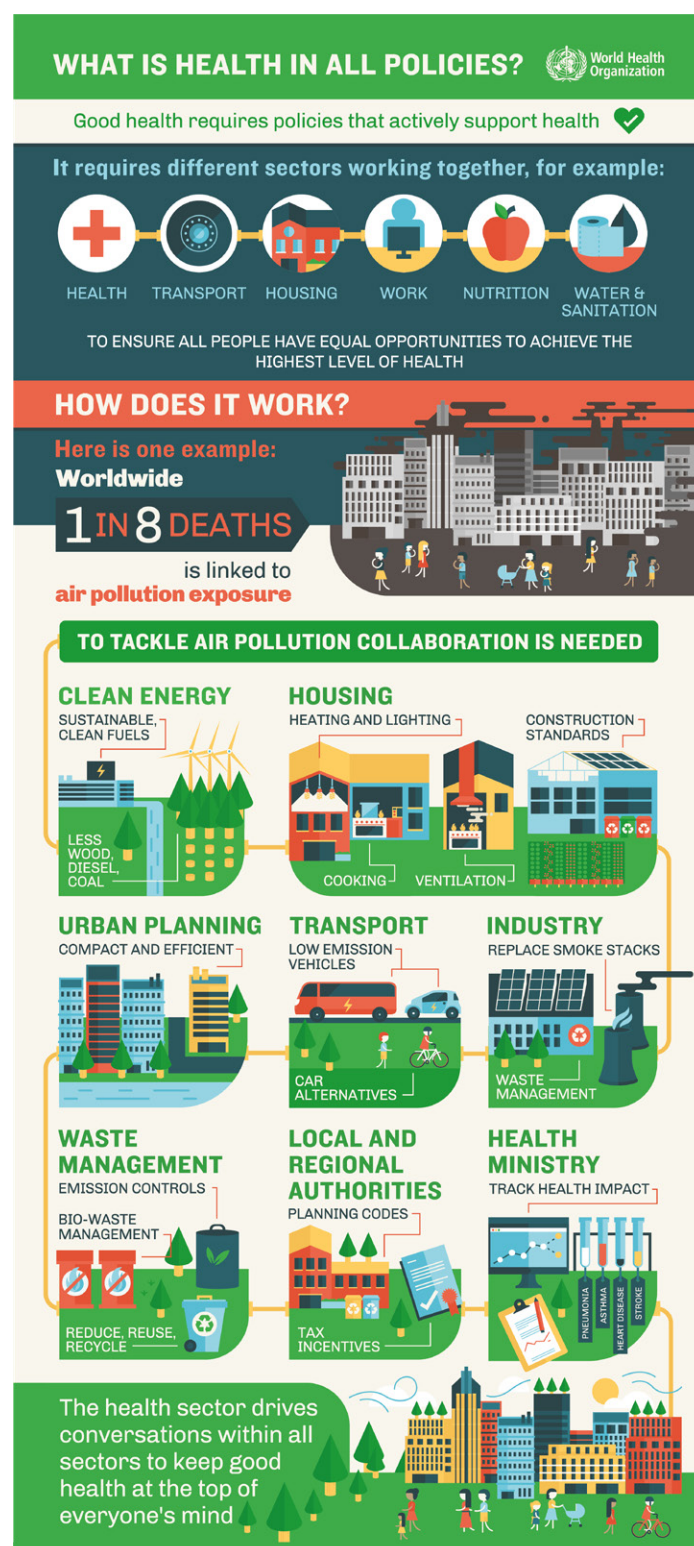
WHO regions and training institutions

- › Update www.hiaptraining.org (🌐) with lists of participants, agendas and make course materials available
- › When delivering courses, emphasize development of new case studies where possible
- › Use annual professional conferences to disseminate training
- › If working with WHO in supporting ministries of health, training evaluation reports should be provided to the central information base.

Annex II. Health in All Policies infographic (English version)

Infographic also available in Arabic, Chinese, French, Russian and Spanish at:

<https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities> 



Annex III. Examples of Health in All Policies (HiAP) courses (2015–2018)

Course	Location	Course date(s)	WHO region	Objectives/audience
First HiAP Training of Trainers <i>Training of Trainers</i>	Geneva, Switzerland	24–26 March 2015	Global	To establish a network of HiAP trainers following the launch of the Training Manual
Caribbean Sub-regional training on HiAP <i>Capacity building – general</i>	Paramaribo, Suriname	5–6 May 2015	WHO Region of the Americas	Training on intersectoral action/HiAP for mid-level technical experts from within and outside health sectors
Sub-regional training on Public Health Leadership <i>Capacity building – leadership</i>	Tashkent, Uzbekistan	15–18 June 2015	WHO European Region	Leadership and health diplomacy course for policy-makers from within and outside health sectors
Sensitization Workshop on HiAP <i>Capacity building – general</i>	Kuopio, Finland	24–25 June 2015	WHO European Region	Participants from across European countries participated in an intensive introduction to the Training Manual, HiAP principles and conditions for intersectoral work
Regional Workshop on Implementation of HiAP <i>Capacity building – general</i>	New Delhi, India	14–17 July 2015	WHO South-East Asia Region	To share HiAP progress in the region; provide technical guidance on the “how to”; and develop a roadmap to support Member States in HiAP implementation
Regional HiAP Training of Trainers <i>Training of Trainers</i>	Cuernavaca, Mexico	27–31 July 2015	WHO Region of the Americas	First Training of Trainers to be held in Spanish; building the regional network of HiAP trainers in Latin America
National Social Determinants of Health and HiAP workshop	Khartoum, Sudan	22–27 August 2015	WHO Eastern Mediterranean Region	Organized by the Institute of Public Health-MoH Sudan (IPH) and supported by the Institute of Public Health of Finland and WHO (headquarters)
Regional Training on HiAP <i>Capacity building – general and training of trainers</i>	Johannesburg, South Africa	1–4 December 2015	WHO African Region	First training held in African Region, targeted at Anglophone countries; review of status of HiAP in region; development of roadmap to support action on SDH and health equity
Regional Training on HiAP <i>Capacity building – general</i>	Rio de Janeiro, Brazil	16–18 November, 2015	WHO Region of the Americas	Operationalize the Regional Plan on HiAP and embed HiAP strategy into the political agenda; policy-makers at the national level

Course	Location	Course date(s)	WHO region	Objectives/audience
Regional Training on HiAP <i>Capacity building – general</i>	Wellington, New Zealand	15–17 February 2016	WHO Western Pacific Region	To build capacity for cross-sector policy-making for health and well-being. Participation from multiple sectors, including health
Regional Training on HiAP <i>Capacity building – general</i>	Santiago, Chile	18–22 July 2016	WHO Region of the Americas	Course targeted programme managers and policy-makers from ministries of health and other sectors to enhance competencies and skills in the application, monitoring and evaluation of intersectoral action; clear focus on equity and social policies. Included participants from different countries
Baltic Subregional Workshop on HiAP <i>Capacity building – general</i>	Stockholm, Sweden	26–27 October 2016	WHO European Region	Introduction to the Training Manual and HiAP principles for policy-makers from within and outside health sectors, including NGOs
National Training and Workshop on HiAP <i>Capacity building – general</i>	Chilanga District, Zambia	30 October to 4 November, 2016	WHO African Region	Orientation training for government ministries on how to implement HiAP. The objective of the workshop was to build capacity for implementation of HiAP in different sectors in Zambia and develop a roadmap for the roll-out of HiAP at the subnational level. The workshop was organized by the Ministry of Health and the Ministry of Community Development and Social Welfare, in conjunction with WHO
Regional Training on HiAP <i>Capacity building – general</i>	Dakar, Senegal	18–22 December 2016	WHO African Region	To support capabilities for intersectoral action; foster sharing and information exchange; clear focus on equity
Regional Training on HiAP <i>Capacity building – general</i>	Cairo, Egypt	26–28 February 2017	WHO Eastern Mediterranean Region	Introduction to the Training Manual and HiAP principles for policy-makers from within and outside health sectors
Health in All Policies Winter School: making it work in practice <i>Capacity building – general</i>	Durham, United Kingdom	30 January to 1 February 2017	WHO European Region	To support trainers, senior policy makers and practitioners from all countries to discuss best practice in implementing HiAP
Autumn school of public health 2017 <i>Capacity building – general</i>	Radenci, Slovenia	14–15 November 2017	WHO European Region	Theoretical and practical introduction to the community approach to health promotion and HiAP principles to reduce health inequities in local communities for public health practitioners
National Training and Workshop on HiAP <i>Capacity building – general</i>	Windhoek, Namibia	22–24 February 2017	WHO African Region	To sensitize leaders from different policy areas to the links between population health and their actions and key health challenges, the processes of intersectoral action, and to develop an overarching HiAP implementation strategy
National Training and Workshop on HiAP <i>Capacity building – general</i>	Dubai, United Arab Emirates	18–20 September 2017	WHO Eastern Mediterranean Region	Development of the necessary knowledge and practical skills to initiate implementing a HiAP approach and to evaluate progress

Course	Location	Course date(s)	WHO region	Objectives/audience
National Training and Workshop on HiAP <i>Capacity building – general</i>	Riyadh, Saudi Arabia	10–11 May 2017	WHO Eastern Mediterranean Region	To provide capacity building on Health in All Policies in support of the government in setting up a HiAP unit
HiAP Master Class <i>Capacity building – general</i>	Adelaide, Australia	28–29 March 2017	WHO Western Pacific Region	Targeted mid-career and emerging leaders working in the field of public policy and prevention; competencies for governance for health, negotiating for health, leadership in HiAP, and HiAP in practice. Examples tailored around co-benefits for environment and health
HiAP – The case of air pollution, urban health, and sustainability <i>Training of Trainers</i>	Washington D.C., United States of America	18–20 June 2018	Hosted by WHO in collaboration with Association of Schools and Programs of Public Health (ASPPH), National Environmental Health Association (NEHA) and the Pan American Health Organization	The workshop aimed at convening trainers to think about curriculum redesign, as well as to apply the HiAP Training Manual to contribute to addressing urban health and air pollution. A total of 23 individuals participated, including from NGOs and foundations who were setting the agenda for investments, and universities looking at redesigning curricula

Annex IV. Health in All Policies – regional and national perspectives in 2016

Health in All Policies training course in the Western Pacific Region

A Health in All Policies workshop took place in the Western Pacific Region, which aimed at supporting capacity strengthening and regional collaboration on HiAP among policy-makers in health and other sectors to tackle social determinants of health and to improve health equity. This workshop was carried out with the aim of facilitating and ensuring implementation of already agreed regional strategies and initiatives on antimicrobial resistance, noncommunicable diseases, tobacco control, water and sanitation, tuberculosis and health policy. The relevance of HiAP has increased following the launch of the SDGs. The achievement of health-related goals depends crucially on successfully implementing a social determinants approach to health and health equity. The workshop was held from 15 to 17 February 2016 at the University of Otago, Wellington, New Zealand.

Equity in Health in All Policies (eHiAP) Flagship Course in the WHO European Region

The eHiAP Flagship Course was the first of its kind in a WHO context in terms of the strong focus on soft skills and implementation at local government level. The course is a way of taking forward and expanding on the priorities and recommendations from the European policy framework, Health 2020. The two strategic objectives of Health 2020 are (i) improving health for all and reducing health inequalities and (ii) improving leadership and participatory governance for health (WHO Regional Office for Europe, 2013). Health 2020 presents ways in which policy-makers can address social, demographic, epidemiological and financial challenges – by resetting priorities, catalysing action in other sectors, and adopting new approaches to organizing the health sector with other stakeholders. The overall aim of the course was to build capacity in the soft skills needed to bridge policies and sectors for greater health equity and well-being. The objectives of the course included to:

- › increase understanding of and practice techniques for framing health equity as a shared interest across sectors and contributing to the implementation of policy priorities for social inclusion, social sustainability, community resilience and well-being;
- › increase familiarity with a range of tools to analyse stakeholder interests and practice skills in alliance-building, agenda-setting and negotiating across sectors;
- › review methods for communication and advocacy to increase political, policy and public support and engagement around implementing health equity objectives.

This first eHiAP Flagship Course was co-organized by the WHO European Office for Investment for Health and Development in Venice, Italy and the WHO Collaborating Centre on Complex Health Systems Research, Knowledge and Action at Durham University, United Kingdom. The course took place 8–10 June 2016 at UN City in Copenhagen. The course was attended by 30 participants from the Nordic and Baltic countries, representing national, regional, and local levels and working to shape and implement policies to improve social, health, and well-being outcomes.

Regional Training on Health in All Policies Santiago, Chile

This training was the fourth of a series of capacity-training workshops on HiAP in the Region of Americas, which were organized in order to operationalize the Regional Action Plan on Health in All Policies. The purpose of this training course was to enhance the competencies and abilities in the development, application, monitoring, and evaluation of intersectoral action of professionals from ministries of health in the Region of the Americas. This course sought to promote the intersectoral approach in the many programmes and activities of the ministries of health while also supporting the planning and implementation of social policies to improve health equity in the Region. The workshops at the training were led by instructors from Pan American Health Organization (PAHO) and WHO and experts from Cuba, Brazil, Chile, Canada and Australia. Thirty-seven participants from the health sector, education sector, civil society and private sector from 13 countries attended this training. Participants created a strong synergy and built on each other's strengths throughout the five-day course thanks to the built-in group work activities and panel discussions, which fostered the exchange of knowledge and experiences. The training took place from 18–22 July 2016 in Santiago, Chile and was organized by FLACSO-Chile in collaboration with FIOCRUZ-Brazil, INSP-Mexico, Chile's Ministry of Health, and the Pan American Health Organization.

National HiAP Workshop in Zambia

The national workshop on HiAP was organized in two phases: planning and orientation phase. The planning phase was organized for a group of 13 trainers on HiAP to adapt the training materials and develop an orientation training for government ministries on how to implement a HiAP approach. The main objective of this workshop was to build capacity for implementation of the HiAP initiative in different sectors in Zambia, with following specific objectives:

- › Train a core group of trainers on HiAP in Zambia.
- › Document the implementation of health in sectors policies and discuss the success, the gaps and challenges the different sectors are facing.
- › Orient key government ministries and stakeholders on HiAP implementation using the new WHO modules/manual.
- › Draft a national HiAP policy briefs on priority issues for different sectors.
- › Create a roadmap including framework for roll-out of the HiAP to the subnational levels.
- › Strengthen mechanisms for monitoring and evaluation frameworks for HiAP.
- › Strengthen mechanisms for collaboration, information sharing, and exchange of experiences and lessons learned on HiAP.

The workshop was organized by the Ministry of Health Zambia and the Ministry of Community Development and Social Welfare in conjunction with WHO, bringing together not only government ministries, but also other stakeholders needed for successful implementation of HiAP in Zambia. The workshop took place from 30 October to 4 November 2016 in Lilayi, Chilanga District, Zambia.

Annex V. Health in All Policies – a key approach in progressing the SDGs in 2017

10 Years of commitment to implementing Health in All Policies in South Australia, Australia

The Government of South Australia, sponsored by WHO, hosted a conference marking its 10-year commitment to implementing HiAP. The conference, titled “Health in All Policies: Progressing the SDGs” built on the outcomes of the 9th Global Conference on Health Promotion held in Shanghai in November 2016 by exploring the role of Health in All Policies in advancing the 2030 Agenda for Sustainable Development and provided an opportunity to share experiences in implementing Health in All Policies and to discuss what governance mechanisms best support intersectoral work for health and well-being. It also explored the role of the health sector in governance processes for Health in All Policies.

Health in All Policies workshop in Namibia: towards an implementation strategy

The Namibian government in partnership with WHO, hosted an Intersectoral Stakeholder Workshop (Action across sectors and developing an implementation strategy for Health in All Policies) in Windhoek, Namibia, from 22–24 February 2017. The aim of the workshop was to expand an initial Health in All Policies scoping exercise begun in September 2016, and to gather information for the development of a draft Health in All Policies Implementation Strategy. The Namibian work on Health in All Policies is making use of information on the burden of disease in Namibia, available evidence related to health inequities, and information on intersectoral mechanisms and priorities from the workshop and from interviews with key stakeholders. Thus far, Namibian representatives from over 13 policy sectors across government and from local universities have been engaged in the discussion on the formulation of the strategy. The core team supporting the Implementation Strategy development is being constituted with representatives from the Ministry of Health, the National Planning Commission, the Office of the Prime Minister, the University of Namibia, University of Pretoria, and WHO.

Health in All Policies: an approach to achieve SDGs in the Eastern Mediterranean Region

WHO Regional Office for the Eastern Mediterranean (EMRO) and the Arab-German Young Academy of Sciences and Humanities (AGYA) recently collaborated on a workshop on “Health in All Policies: An approach to achieve SDGs in the Eastern Mediterranean Region”. The output of the workshop was the identification of entry points and the development of preliminary plans for taking forward a Health in All Policies approach within countries and institutions in the region in order to support the advancement of the 2030 Sustainable Development Agenda. The workshop introduced the key concepts and regional and global frameworks, commitments and applications related to Health in All Policies. The overarching objective was to explore how the Health in All Policies approach can contribute to the achievement of Universal Health Coverage and the SDGs in countries in the WHO Eastern Mediterranean Region. Examples and lessons learned from country efforts to advance the Health in All Policies agenda at national level were presented and discussed, including the development of a national Health in All Policies Roadmap in Sudan, intersectoral action by the National Council for Motherhood and Childhood and by Parliamentarians in Egypt as well as examples of intersectoral efforts to improve nutrition at regional level. There was also a focus on the challenges and opportunities for advancing and operationalizing intersectoral commitments, generally and specifically within the Eastern Mediterranean regional context. Specific components of a Health in All Policies approach were introduced and explored – through presentations, panels and working group activities – including the policy making process, the role of different key actors, the institutional mechanisms and conditions that are required to support intersectoral work and the importance of

integrating inequalities into the monitoring and evaluation framework. Approximately 50 participants attended the workshop, including AGYA participants from Germany, Egypt, Iraq, Sudan and the United Arab Emirates (UAE); representatives from governmental, academic and other institutions in countries from the region, including Egypt, Jordan, Lebanon, Oman, the Kingdom of Saudi Arabia, Sudan, Tunisia and UAE; and representatives from WHO and the League of Arab States, among others. The workshop took place on 26–28 February 2017 and was held at the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt.

Strategic evaluation of capacity building for Health in All Policies in the Region of the Americas

In September 2014, the Region of the Americas became the first region in the world to adopt a Plan of Action on Health in All Policies. Drafted by PAHO/AMRO with significant input from Member States and regional and global experts, the Plan of Action explicitly set out HiAP as an innovative approach for the Region to improve human development and put health at the crux of policy-making. The plan defines concrete steps to implement HiAP in the Americas, including a key recommendation to emphasize capacity building at national, regional and local levels. To advance capacity building, four workshops were organized across the Region of the Americas, in Suriname, Mexico, Brazil and Chile. These workshops were led by a core group of trainers from the Global and Regional Trainers and Experts network for Health in All Policies Trainings (hiaptraining.org). To reflect on progress in HiAP capacity building on a Regional level, PAHO convened a Strategic Evaluation Meeting, which aimed to:

- › review progress made under the Regional Plan of Action for Health in All Policies over the last 2 years;
- › evaluate the strengths and challenges of each regional training, with a focus on taking forward lessons learned;
- › identify next steps for capacity building for Health in All Policies for the Region of the Americas.

The meeting concluded that Health in All Policies offers the best whole-of government policy-making framework adapted to achieve the SDGs. Health is present in all SDGs. As governance and global development become increasingly complex, Health in All Policies is uniquely positioned to provide governments and public health professionals with a road map to meet the needs of a healthy yet sustainable future. The strategic evaluation was held from 8–9 February 2017 in Washington D.C., United States of America.

Annex VI. Health in All Policies participant survey

1. Participant details

2. Participant details: Institution, affiliation and area of work within your institution

3. Which Health in All Policies training/course did you participate in?

4. Since attending the abovementioned training(s), have you been involved in any work applying the Health in All Policies approach? Yes, No

4.1. If yes, can you please specify (you may select more than one):

- › Health in All Policies capacity building or action plans
- › Health Promotion
- › Environmental Determinants of Health
- › Multisectoral Action on NCDs
- › Multisectoral Action on Maternal and Child Health
- › Antimicrobial Resistance
- › Injuries and Road Safety
- › Other

4.2. If yes, how would you characterize this work as being mostly (kindly select only one):

- › At the national level
- › At the subnational level
- › Other

5. The Health in All Policies Training Manual modules cover different aspects of intersectoral knowledge and skills. Which aspects of the training do you remember most in your everyday work?

- › Intersectoral work (challenges, mechanisms and examples of Health in All Policies in different contexts)
- › Public policy (policy-making process, writing a policy brief, whole of government/whole of society approach)
- › Evidence and analysis (determinants of health, situation analysis, monitoring and measurement)
- › Other

6. Which aspects of your daily work do you feel that the course contributed to most:

- › Knowledge of determinants of health
- › Attitude to engaging with professionals from non-health backgrounds
- › Confidence with implementing your intersectoral work
- › Confidence in dealing with policy-making processes
- › Other

7. We are working on adapting the Health in All Policies in different contexts and public health frameworks. Therefore, we would like to know which additional modules could benefit participants:

- › Intersectoral work: NCDs and Health in All Policies
- › Intersectoral work: Cities and Health in All Policies
- › Intersectoral work: Application of HiAP in addressing Maternal and Child Health; Nutrition; Road Safety
- › Intersectoral work: HiAP in conflict settings
- › Intersectoral work: An overview of hands-on tools to use during implementation
- › Public Policy: Public Health campaigns
- › Public policy: Public Health Legislation and human rights legislation
- › Public Policy: Conducting policy reviews
- › Environmental determinants and Health in All Policies
- › Evidence and analysis: Socioeconomic determinants and Health in All Policies
- › Evidence and analysis: UHC and Health in All Policies
- › Evidence and analysis: Political determinants and social change
- › Evidence and analysis: the SDGs
- › Evidence and analysis: Making the economic case
- › Evidence and analysis: Impact assessments
- › Other

Annex VII. Health in All Policies staffing and funding: 2014–2019

2014–2015

Staff – 3: 0.5 P4; 0.2 P5; Consultant P2 (0.25)

Activities: US\$ 90 000 (e.g. publication of Training Manual, launch Health in All Policies meeting, printing, follow-up)

2016–2017

Staff – 3: 0.4 P4; 0.4 P5; 0.5 P2

Activities: US\$ 130 000 (including supporting consultants in countries, travel to countries, WHO run workshops supported globally)

2018–2019

Staff – 2: 0.25 P3; 0.25 P4

Activities: US\$ 80 000 (including workshop in USA, GNHiAP meeting; First WHO Conference on Air Pollution and Health, support to the WHO African Region, Saudi Arabia; finalizing toolkit, website)



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