Regional Workshop on Implementation of Health in All Policies

New Delhi, India, 14-17 July 2015
Regional Workshop on Implementation of Health in All Policies
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## Acronyms

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<th>Description</th>
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<tbody>
<tr>
<td>GNH</td>
<td>Gross National Happiness</td>
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<td>GNHC</td>
<td>Gross National Happiness Commission</td>
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<td>HiAP</td>
<td>health-in-all-policies</td>
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<td>NCD</td>
<td>noncommunicable diseases</td>
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<td>NHA</td>
<td>National Health Assembly</td>
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<td>NHC</td>
<td>National Health Commission</td>
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<td>NHM</td>
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1. Background

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

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

- The World Health Assembly Resolution, Reducing Health Inequities through Action on the Social Determinants of Health (2009) which urges Member States to improve health efficacy in tackling the determinants of health and health equities through a “Health in All Policies (HiAP)” approach, and for the WHO to provide necessary assistance and guidance to enable action.

- The Adelaide Statement on Health in All Policies 2010 explained/stated that HiAP consists of “institutionalized processes which value cross-sector problem solving and address power imbalances. This includes providing the leadership, mandate, incentives, budgetary commitment and sustainable mechanisms that support government agencies to work collaboratively on integrated solutions.”

- The First World Conference on Social Determinants of Health was organized in Rio de Janeiro, Brazil in 2011 to convene high-level multisectoral actions addressing determinants of health from community interventions to policy interventions beyond health sectors and to reconfirm
the commitment to address SDH and demonstrated concrete actions to address SDH across the world. The *Rio Political Declaration on SDH* is an outcome where by WHO was requested to (a) strengthen capacity for prioritizing work on social determinants, (b) provide support to Member States in implementing a *health in all policies approach*, (c) provide support to Member States in strengthening efforts on measuring determinants of health and *evaluate actions to address health determinants*, (d) support research on *effective policies and interventions to improve health equity*; and (e) address the performance of existing global governance.

- The UN Summit on Non-communicable Diseases in 2011, which was followed by the Global Plan of Action to prevent and control NCDs. It recognized the need for multisectoral actions to be taken at all levels, and the need to address NCD risk factors and their determinants through health in all policies.

- The Regional Consultation on Intersectoral Actions to address Social Determinants of Health held in WHO-SEARO in August 2011, called to provide technical support to build the capacity of Member States in assessing health impacts and health equity and to move towards health in all policies.

- The Regional Workshop on Urban Health Equity Assessments and Intersectoral Responses which the Ministries of Health and other ministries participated in convened to address the values of equity assessments and create plans for health in all urban policies.

- Meeting of Experts (2012) to develop a draft of a regional framework on health in all policies and consult the ways forward.

- A Regional Consultation to finalize the Regional Framework on Health in All Policies (2013) with strategic directions for the region that contributed to the global framework for country action.
the 8th Global Conference on Health Promotion, the Helsinki Statement, and the Country Framework for Action on Health in All Policies (2013)

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

The WHO South East Asia Regional Office also documented numbers of case studies which exemplify intersectoral actions at policies levels in Bhutan, India, Nepal, Thailand, Sri Lanka, and Timor-Leste. Bhutan and Thailand were the two countries that have explicit roadmaps and strategic plans for the implementation of Health in All Policies.

WHA 67.12 called upon Member States to implement the HiAP approach and report back to the World Health Assembly in May 2016, with WHO as secretariat providing technical support and strengthening capacity building among Member States. In February 2015, the “WHO Training Manual on Health in All Policies” was launched to support Member States in implementing HiAP World Health Assembly Resolutions.

1.1 Objective

To provide support to countries to develop a roadmap for the implementation of Health in All Policies

1.2 Specific objectives

The specific objectives of the workshop were:

(1) To share progress and concrete evidence towards Health in All Policies.

(2) To provide technical guidance and a step-wise approach on ‘how to’ implement Health in All Policies.
(3) To develop a country roadmap on implementing Health in All Policies.

1.3 Agenda

(1) Introduce the Regional Framework on HiAP and the Country Framework for Action
   - Strategic directions
   - Past country experiences
   - Commitments

(2) Introduce the WHO Training Manual for HiAP
   - Policy making process, policy brief, and role of the government in HiAP/whole-of-government approaches
   - Role of non-government stakeholders in HiAP/whole-of-society approaches
   - HiAP implementation at local, regional, and global levels
   - Negotiation for Health and Leadership roles
   - Measuring progress

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

(4) Developing roadmaps for country implementation of Health in All Policies

1.4 Methodology

The workshop was conducted in consideration of adult learning styles, with sharing and learning from different experiences was encouraged. Presentations on the key components of each subject were introduced by experts/key persons, followed by discussions and group work. Group work fostered partnership building within and between countries, encouraged team building, and developed concrete actions for countries.
2. Opening session

Keynote address

Director of Programme Management, at WHO SEARO, Dr Arun Thapa, spoke to the participants on the importance of “Health in All Policies” (HiAP) and delivered the Regional Director’s speech. Key message from the Regional Director emphasized the political, economic, and sociocultural factors that are prerequisites to health and that limit people’s choices to maintain healthy behaviour in countries with a changing demographic and environment, and revealed how inequities in a society and across the globe affect the spread of illness and the ways we respond to emerging diseases. Promoting health and solving health problems is the primary mandate of the health sector, however success lies in coordination and collaboration across sectors. Countries of the South-East Asia Region have countless examples of successful intersectoral/multisectoral collaboration across sectors that have contributed to positive health outcomes and the prevention of diseases. The concept of HiAP is rapidly gaining global attention, and the Member States of South East Asia region have made a commitment since 2009 to ensure Health Equity in All Policies as a result of a regional consultation on social determinants of health.

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

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

3. Proceedings

3.1 Introducing the Regional framework on HiAP and the Country Framework for Action: strategic directions; past country experiences; commitments

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

3.2 **Introducing the WHO training manual for HiAP**

Coordinator, Dr Eugenio Villar from WHO-HQ, in Geneva presented the rationale behind the development of the Health in All Policies approach and how challenging the implementation could be. The implementation of the approach could be a daunting task for countries and advocates to demonstrate feasibility and impact through dialogue, to provide concrete linkages with basic health care services and communities, to address equity for health, and to build systems linking to SDGs or to the inequity trends that pose difficulties to addressing health determinants and impacts. Most of the subjects are cross-cutting areas ranging from environmental health, climate change, economic disruption, and outbreak to migration and uncertainties in local livelihood. The WHO and global experts developed a training manual on Health in All Policies and provided training for master trainers that include selected persons from SEAR countries, namely Thailand and India, along with the regional focal point on SDH, Dr Suvajee Good. The training manual is also a resource document for finding support and adaptation of the course to fit country needs. It is important for public policies to not only look at the effects of their decisions on health but also have an equity lens in designing policies, monitoring and evaluating elements that affect the health of populations.

One of the key global experts on Health in All Policies, Ms Carmel William, who is also a champion in implementing HiAP for the South Australia Government, elaborated on elements within the WHO and South Australia training manuals. Beyond the manuals, the experts also identified common challenges from the government side and new ways of thinking required for whole-system thinking and social learning to be present in the process of implementing HiAP.
3.3 The policy making process, the policy brief and the role of government in HiAP/whole-of-government approaches

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

The HiAP manual provides guidance for the audience to adapt to context and participants who can be international, intersectoral, or interdisciplinary. Skills required for this process include conducting stakeholder analysis, preparing policy briefs, conducting role play situations, carrying out negotiations, and preparing health impact assessments. Key messages were to shift perspectives and create a shared mental map for policy makers to realize overarching social goals fostering health and wellbeing.

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

3.4 The role of non-government stakeholders in HiAP/whole-of-society approaches

Ms Nanoot Maturapote, National Health Commission Office, MOPH, Thailand shared her experiences on the role of civil society in HiAP. As with the experience in Thailand, the government would benefit from having public participation and would play an important role as a stakeholder for health. One common situation often found in the region is a lack of linkages between people and the government, and between government policy and people’s demands, needs and wills. Public participation in policy making, planning, or any form of decision making takes an evolutionary process and depends on the country context, and how the government opens doors to involve,
engage, empower and build trust for people to voice their concerns, demands, and wills to support policy development. In the case of Thailand, the revolutionary policy in primary health care that changed the arena of public health in Thailand began 30 years ago, and sparked greater participation in public health. The second wave was the development of universal health coverage, when people participated in advocating for health care reform and participated in public health decision-making. Health in All Policies will be the next best action to further engage populations/people from different parts of society to advocate, design, plan, and implement health policies beyond the health sector. The concept of public participation in the health system in Thailand includes the creation of knowledge (evidence), political involvement (power) and social movement (actions).

To engage with civil society, society needs a neutral space where the government, civil society or people-organization, and the academic sector can deliberate on issues, and make possible the process for intersectoral action, sharing of information, evidence, and decision-making. Civil society plays a significant role in setting the agenda, gathering evidence, and formulating policy and arguments for decision makers to consider. Some groups of civil society are instruments for policy adoption and implementation. The National Health Assembly provides the neutral space needed. HiAP is recognized as a new way to perceive health and policies since health is not only a disease or a biomedical framework, nor a policy owned by authorities or the government. This is a new paradigm shift in public health that has been fostered in the Thai Health system reform, thus HiAP is feasible in Thailand where mutual respect and trust between the government and civil society exists.

Four contributing factors to involving civil society in HiAP are a) the need to expand health paradigm, b) a neutral space that welcomes proposed agendas and the demand for policy change, c) information systems that are open for public sharing, accessing, and monitoring, e) mutual respect and trust.
3.5 Roles of government in implementing the HiAP approach: mechanisms; leadership and coordination.

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

Seven major government mechanisms to consider when implementing HiAP are 1) cabinet committees and secretariats; 2) parliamentary committees; 3) interdepartmental committees and units; 4) mega-ministries and merges; 5) joint budgeting programmes; 6) intersectoral policy making procedures; and 7) non-government stakeholder engagement. Dr Sanjiv Kumar also presented potential barriers and contributing factors for intersectoral actions. Some challenges that countries with traditional government structures may face include: new ways of working, shared leadership, new incentives and accountabilities, and new ways of developing policies, designing programmes, delivering services, and joint monitoring of progress. This depends on a country’s current political and economic context.

Dr Good, WHO-SEARO added training components on collaborative leadership, and spoke about skills and capacities required to implement HiAP. Techniques and tips on successful collaboration are being considered.

Camel Williams provided participants with methodologies for stakeholder analysis, as well as diplomacy and negotiation skills. Examples and role play were used in relation to HiAP. Tips on ethical negotiation were also presented.
3.6 **Sharing intersectoral action (ISA) steps at a programmatic and policy level addressing health and inequity**

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

Similarly, Dr Kwang-il Rim, Technical officer for TB unit, shared a vision of using the Health in All Policies approach to support the End TB Strategy (2016-2035), as the disease is highly related to poverty and other determinants of health. The End TB Strategy is composed of 3 pillars and 4 principles. The second pillar on the bold policies and supportive systems is the most relevant place to implement HiAP. The overarching poverty reduction strategies, specifically expanding social protection, will have the most impact on reducing cases of TB and eradicating the disease. Other strategies to apply HiAP for ending TB include improving living and working conditions, and the environment, reducing food insecurity, addressing social determinants of health of migrants, and the reduction of tobacco use, alcohol, and substance abuse.

The application of HiAP in the prevention and control of NCDs was clearly in line with multisectoral actions for NCDs as appeared in the global plans of action. Dr Renu Garg, Regional Advisor for NCDs shared the same commitment and emphasized the non-health sectors that have critical roles in the primary prevention of NCDs namely the finance, education, urban development, law enforcement, and food/agriculture sectors. The NCD need teams to operationalize HiAP at the high-level multisectoral-commission or political leadership level with a clear mandate, ear marked funds, a strong secretariat capacity, and accountability indicators.
4. Developing roadmaps for country implementation of Health in All Policies

Dr Good, provided guidance for countries to develop roadmaps and step-by-step approaches to implement HiAP. Key questions and criteria for countries to consider implementing HiAP on an issue or at the government level were introduced. An example of a road map from Thailand was shown. Group work was conducted in which representatives from each country discussed and brainstormed the most feasible areas for them to implement HiAP and the best process to follow based on their governance and political context. Each country considered possible entry points, the context around the entry points, the level of HiAP implementation (national or sub-national, programme or project), existing legislations/strategic frameworks, and existing partnerships or intersectoral structures.

Country Roadmaps

**Bhutan** set 3 priority areas namely nutrition, NCDs, and water-sanitation that are the most feasible areas to apply the HiAP approach. Bhutan’s roadmap was drawn in view of well structured mechanisms at the apex body of the government GNHC and was shared by the Prime Minister. Clear outcomes toward the Sustainable Development Goals (SDGs) were set, considering the national aspiration to maximize happiness and well-being of the population. There are a number of windows of opportunities and tools to support Health in All Policies in Bhutan. Bhutan would like to start the road map, starting with the sensitization of all sectors, including the health sector.

**India** considered water and sanitation as a key area of action to
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apply the HiAP approach. The participants shared the challenges of implementation, including the need for further capacity building, information sharing across sectors, and training in how to develop joint budgets, how to conduct health impact assessments, and how to monitor joint-policies. The NCD, malaria and HIV/AIDS programmes are listed as priority areas to use the HiAP approach. Windows of opportunity for India lie in the current Public health act which must bring all health programmes under one umbrella. Political campaigns for health would bring about commitments to HiAP. The WHO country office for India should be a champion of HiAP. Building organizational resources to train people in HiAP will be needed.

**Indonesia** considered implementing HiAP via the City-Friendly Initiatives for children and the Elderly, which will become a useful mechanism in the country programme. Indonesia, being a large country will need to take different approaches in different regions and districts, especially in those with different cultural, economic, and social contexts. The roadmap to implement HiAP will involve sensitizing high-level officials in different levels of the government. A working group or taskforce for HiAP should be established, with all ministries involved in order to ensure a common understanding of the social determinants of health. Harmonization of health as a concept in the policies of all sectors should be in place, and we should develop a consensus on how to implement HiAP within the country. Universal health care could also be a vehicle to promote HiAP. Monitoring and evaluation of the process should be in place by 2017-19.

**Maldives’** roadmap was created considering the country’s relevant political events and historical timeline, and it included an aspiration to create a healthier "sunnyville" Island. HiAP would be applicable at the highest policy-making level, and take into account the
events of the country’s political movement in order to create a political manifesto for the health and well-being of the whole population. The national election in 2018 will be an occasion for the legislation on national planning and the National Health Assembly to be established. Health impact assessment is recognized as an important tool for healthy public policies and should be mandatory in the country. The implementation plan for Health in All Policies will need to be operationalized and costed by 2020, and regular monitoring of this implementation is needed. The country’s vision is that Health in All Policies will be integrated into the policy development process in the future.

Myanmar selected practical steps to promote Health in All Policies in other sectors, deciding that promoting physical activity would be the country’s best entry point. Existing key players include the National Health Commission, School Health Programmes, and others. Myanmar will formulate a taskforce to advocate and build capacity for promoting physical activity. In the next 5 years, Myanmar needs to conduct sports facilities/parks, raise awareness, generate evidence, and mobilize resources. Outcomes on the increased level of physical activity in the population would be highly relevant for all sectors.

Nepal chose to work on the control of communicable disease, NCDs and nutrition, and adolescent health. The whole-of-government approach can be replicated from lessons learnt during the earthquake response and post-earthquake reconstruction. There are a number of legislative and strategic frameworks that Nepal can use to implement the approach. At the national level, the National Planning Commission would be the place to start along with the Women, Children, and Elderly Social Welfare Committee at the Parliament where the Prime Minister chairs the committee. The District Development Committee and local bodies
could also benefit in using the approach. The Nepal roadmap for the implementation of HiAP will start with implementing a NCD work plan and coordinating with the global coordination mechanism (GCM) for NCDs. Nepal outlined a multisectoral plan of action but had questions about the joint-budget mechanism.

Sri Lanka representative, explained that health is a primary responsibility of health sector, thus HiAP is responsibility of health to promote it to other policy makers. The national training centre should start training public health professionals about HiAP. The representative from Sri Lanka considered that policy makers and professionals from other sectors are not necessary accept training provided by health. Implementation of health in all policies could be broken down into three levels of the health system. It would be more specific to address health programmes and create impacts on health interventions.
Thailand drew a specific roadmap for a salt reduction programme with a clear goal to reduce overall salt consumption by 25% by 2025. Policy on salt reduction is already in place under the umbrella of the National Food Strategies Act and also linked with Thailand’s Healthy Life Style Strategic Plan where a number of stakeholders have been identified. The National Health Assembly plays a big role in policy change but may not implement all issues at a programme level. Thus mechanisms were considered/developed/brainstormed to assure implementation and develop intersectoral partnerships to specifically work on salt reduction in Thailand.

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

5. Conclusions and Summary of the workshop

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

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

5.1 Highlights and Outcomes

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

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

At the conclusion of the four days each country had a clear pathway forward and a Regional Roadmap, which was tailored to their unique context and circumstances. These Roadmaps have been
documented and will be used to capture the ongoing progress of implementing HiAP across the Region.

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

5.2 Recommendations: Resonance with Ministries and WHO Collaboration

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

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

(1) Support countries in implementing their Roadmaps

(2) Build the capacity for training within countries and across the region, and

(3) Increase access to technical tools to support and monitor HiAP

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

The value of building capacity across the region to implement HiAP was recognised and will require ongoing training opportunities. Addressing the region’s training needs will be best met through the delivery of HiAP “Train the Training” courses and workshops, drawing on the WHO HiAP Training Manual.

Participants made a number of recommendations related to training and capacity building. These included offering HiAP training opportunities at the country level with support from MOH, and WHO Country and Regional Offices. Support from all levels of WHO for Training of the Trainers, and working closely with key academic Institutions across the region will be useful.

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

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

6. **Closing session**

Certificates of attendance were presented to the participants by Dr Thaksaphon Thamarangsi, Dr Eugenio Villar and Ms Carmel Williams. Dr Thamarangsi provided hope and encouragement for the future leaders in Health in All Policies. Participants expressed their gratitude for the training and expressed wishes to have continued
support from the resource persons and WHO. HPE gave a vote of thanks to all resource persons for their technical inputs, Headquarters, WHO country offices and all of the ministries which agreed to send participants to join the workshop. The active participation of the participants in all aspects of the programme was acknowledged.
Annex 1

Evaluation of workshop on implementation of HiAP

A. For the content of the meeting

To what extent were the objectives of the meeting were accomplished?

- Fully achieved: 29%
- Mostly achieved: 63%
- Partially achieved: 5%
- Somewhat achieved: 3%
- Not achieved: 1%

Was the agenda of the meeting relevant to achieve its objectives?

- Fully relevant: 46%
- Mostly relevant: 51%
- Somewhat relevant: 3%
- Not relevant: 1%
**Regional Workshop on Implementation of Health in All Policies**

**Were the outcomes of the meeting relevant to the needs of your country?**

- Fully relevant: 42%
- Mostly relevant: 51%
- Partially relevant: 5%
- Somewhat relevant: 2%
- Not relevant: 2%

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

- Excellent: 29%
- Good: 49%
- Average: 20%
- Below average: 2%
- No answer: 2%
Was the WHO/SEARO staff technical support adequate in achieving your expectation?

- Fully adequate: 56%
- Mostly adequate: 32%
- Partially adequate: 12%
- Inadequate: 7%
- Somewhat adequate: 22%
- No answer: 7%

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

- Mostly adequate: 46%
- Fully adequate: 25%
- Partially adequate: 7%
- Somewhat adequate: 12%
- Inadequate: 22%
- No answer: 7%
B. About the meeting style

 Opportunity to exchange information with other participants

 Conduct of meeting
Regional Workshop on Implementation of Health in All Policies

**Conduct of meeting**

- Excellent: 41%
- Good: 49%
- Below average: 5%
- No answer: 5%

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

- Mostly relevant: 41%
- Partially relevant: 15%
- Somewhat relevant: 10%
- Fully relevant: 29%
- No answer: 5%
C. Meeting Management

**Meeting venue**
- Excellent: 59%
- Good: 34%
- No answer: 2%
- Below average: 3%
- Average: 2%

**Accommodation**
- Excellent: 63%
- Good: 24%
- No answer: 7%
- Below average: 3%
- Average: 3%
Annex 1

Programme

Day 1, 14 July 2015

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Programme</th>
<th>presenter/ lead / moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Registration</td>
<td></td>
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<tr>
<td>9.00 – 9.45</td>
<td>Welcome participants</td>
<td>Dr Thaksaphon Thammarangsi,</td>
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<tr>
<td></td>
<td>Dr Thaksaphon Thammarangsi, Director of the Department of Noncommunicable</td>
<td>Director of the Department</td>
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<tr>
<td></td>
<td>Disease and Environmental Health, WHO-SEARO</td>
<td>of the Department of Noncom-</td>
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<td>municable Disease and</td>
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<td>Environmental Health, WHO-</td>
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<td>SEARO</td>
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<tr>
<td></td>
<td>Inauguration</td>
<td>Dr Arun Thapa, Acting Director,</td>
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<td></td>
<td></td>
<td>Programme Management, WHO SEARO</td>
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<tr>
<td></td>
<td>Introduction of the Meeting: Background and Objectives</td>
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<td></td>
<td>Introduction of participants</td>
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<td></td>
<td>Nomination of office bearers</td>
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<tr>
<td>9.45 – 10.15</td>
<td>Current challenges and Rationale for Health in All Policies: global, regional and country actions</td>
<td>Eugenio Villar</td>
</tr>
<tr>
<td>10.15 – 10.45</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
<td>Dr Suvajee Good Country</td>
</tr>
<tr>
<td>10.45 – 12.00</td>
<td>Introducing Regional Framework on HiAP and Country Framework for Action</td>
<td>representatives (TBA)</td>
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<tr>
<td></td>
<td>a) Historical experiences</td>
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<td>b) Strategic directions</td>
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<td></td>
<td>c) Tools</td>
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<tr>
<td>Date/Time</td>
<td>Programme</td>
<td>presenter/ lead / moderator</td>
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<td>d)</td>
<td>Commitments for actions</td>
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<tr>
<td>12.00 – 13.00</td>
<td>Panel Discussion: Progress &amp; Gaps</td>
<td>Lunch Break</td>
</tr>
<tr>
<td>13.00 – 15.00</td>
<td>• Group work: country progress and challenges</td>
<td>Moderate by Ms Carmel Williams</td>
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<tr>
<td></td>
<td>• Priorities issues/agendas for intersectoral actions at policies levels</td>
<td></td>
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<tr>
<td>15:00 – 15.30</td>
<td><strong>Tea/coffee &amp; healthy break</strong></td>
<td></td>
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<tr>
<td>15.30 - 16.30</td>
<td>Group Presentations</td>
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<tr>
<td>16.30</td>
<td>Panel Discussion</td>
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<tr>
<td>16.30-17.30</td>
<td>Lucky Draw</td>
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<tr>
<td>16.30-17.30</td>
<td>Side Meeting: Future Trainers, Introduction WHO’s Training Manual on HiAP</td>
<td>Dr Eugenio Villar and Ms Carmel Williams</td>
</tr>
<tr>
<td>17.30-18.30</td>
<td>Resource persons’ meeting</td>
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<tr>
<td>19.00-21.00</td>
<td><strong>WHO Reception</strong></td>
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</tbody>
</table>
### Day 2, 15 July 2015

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Programme</th>
<th>[presenter/ lead / moderator]</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Review of the first day and overall feedback</td>
<td>(Rapporteur)</td>
</tr>
<tr>
<td>9:00 – 9.30</td>
<td><strong>Introduction of health in All Policies Training Manual</strong></td>
<td>Dr Eugenio Villar</td>
</tr>
<tr>
<td>9.30-10.30</td>
<td><strong>Activity: Considering Health and Its determinants from Policies Dimension</strong></td>
<td>Dr Suvajee Good</td>
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<tr>
<td>10:30-10:45</td>
<td>Open discussion: identify what need to be addressed in country contexts</td>
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<tr>
<td>10:45– 11.00</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
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<tr>
<td>11.00-12.30</td>
<td>Applying HiAP approach</td>
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<tr>
<td></td>
<td>- HiAP at national level (Thailand/Bhutan)</td>
<td>Ms Nanoot Mathurapote</td>
</tr>
<tr>
<td></td>
<td>- HiAP for specific health issues (Malaria, NCD, TB,)</td>
<td>Dr Leonard Ortega Dr Kwang Rim Dr Renu Garg</td>
</tr>
<tr>
<td>12.30 – 13.30</td>
<td><strong>Lunch Break</strong></td>
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<tr>
<td>13.30 – 14.30</td>
<td>Panel for Window of Opportunity</td>
<td>Moderated by Ms Carmel Williams</td>
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<tr>
<td></td>
<td>Panelists: Dr. Sanjiv, Nanoot, Indonesia, Nepal</td>
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</tr>
<tr>
<td>14.30 – 15.00</td>
<td>Presentation: Policy making process and influences</td>
<td>Ms Carmel Williams</td>
</tr>
<tr>
<td>15.00 – 15.30</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
<td></td>
</tr>
<tr>
<td>15.30 – 16.00</td>
<td>Roles of government in implementing HiAP approach: mechanisms, leadership and coordination</td>
<td>Dr Sanjiv Kumar &amp; Ms Carmel Williams</td>
</tr>
<tr>
<td>16.00 – 16.30</td>
<td>Discussion</td>
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<tr>
<td>16.30</td>
<td>Lucky Draw</td>
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<tr>
<td>16.30 – 17.30</td>
<td>Meeting with Future Trainers (how to adapt the WHO manual)</td>
<td>Dr Eugenio Villar</td>
</tr>
</tbody>
</table>
### Day 3, 16 July 2015

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Programme</th>
<th>presenter/ lead / moderator</th>
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</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Recap</td>
<td>(Rapporteur/country representative)</td>
</tr>
<tr>
<td>9:00 – 10.00</td>
<td>Role of non-government stakeholders in HiAP</td>
<td>Dr Eugenio Villar and Ms Nanoot Mathurapote</td>
</tr>
<tr>
<td>10.00-10.30</td>
<td>Group work: Stakeholder analysis &amp; partnership building</td>
<td>Ms Carmel Williams</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
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<tr>
<td>11:00– 12.30</td>
<td>Negotiating for health</td>
<td>Ms Carmel Williams</td>
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<tr>
<td>12.30 – 13.30</td>
<td><strong>Lunch Break</strong></td>
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</tr>
<tr>
<td>13.30 – 14.00</td>
<td>Sharing intersectoral action (ISA) steps at programmatic and policy level addressing health and inequity</td>
<td>Dr Suvajee Good</td>
</tr>
<tr>
<td>14.00 – 14.30</td>
<td>Leadership in Health in All Policies</td>
<td>Dr Sanjiv Kumar</td>
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<tr>
<td>14.30 – 15.00</td>
<td>Group work: Exercise on leadership/negotiation</td>
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<tr>
<td>15.00 – 15.30</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
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<tr>
<td>15.30 – 16.00</td>
<td>Group Work Presentation</td>
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<tr>
<td>16.00 – 16.30</td>
<td>Discussion</td>
<td>Dr Eugenio Villar</td>
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<tr>
<td>16:30 – 17:30</td>
<td>Meeting with Future Trainers (Key Strategies)</td>
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</tbody>
</table>
### Day 4, 17 July 2015

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Programme</th>
<th>presenter/ lead / moderator</th>
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</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Recap</td>
<td>(Rapporteur/country representative)</td>
</tr>
<tr>
<td>9:00 – 9.30</td>
<td>Country framework for actions</td>
<td>Dr Eugenio Villar</td>
</tr>
<tr>
<td>9.30-11.00</td>
<td>Group work and discussion: Developing roadmaps for country implementation</td>
<td>Dr Suvajee Good</td>
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<td></td>
<td>of health in all policies</td>
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<tr>
<td>11:00– 11.30</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
<td></td>
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<tr>
<td>11.30-12.30</td>
<td>Presentation of group work</td>
<td>Country representative</td>
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<tr>
<td>12.30 – 14.00</td>
<td><strong>Lunch Break</strong></td>
<td></td>
</tr>
<tr>
<td>14.00 – 15.00</td>
<td>Group work and discussion</td>
<td>Country representative</td>
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<td></td>
<td>On way forward &amp; recommendation</td>
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<tr>
<td>15.00 – 15.30</td>
<td><strong>Tea/Coffee &amp; Healthy break</strong></td>
<td></td>
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<tr>
<td>15.30 – 16.00</td>
<td>Presentation &amp; conclusion Ways forward &amp; Recommendation</td>
<td>Country representative</td>
</tr>
<tr>
<td>16.00 – 16.30</td>
<td>Closing remark by Dr Thaksaphon Thamarangsi, NDE, SEARO</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2

List of participants

**Bhutan**

Mr Sherub Gyeltshen  
Sr. Planning Officer  
Plan Monitoring and Coordination Division  
Gross National happiness Commission  
Thimphu

Mr Tshering Gyeltshen  
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Health Promotion Division  
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Ms Sangay  
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KGUMSB U  
Thimphu

Mrs Kinzang Wangmo  
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Ministry of Health  
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Dr I Wayan Eka Sandiarttha  
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Ministry of Health  
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Mr Mohamed Imad  
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Ministry of Finance and Treasury  
Male

Mr Hassan Mohamed  
Deputy Director  
Health Protection Agency  
Male  
Ms Khadheeja Shakir
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Ministry of Health
Male

Ms Aishath Shaheen Ismail
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Male

Myanmar

Dr Myint Shwe
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(Non Communicable Disease)
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Ms Nyunt Nyunt Shwe
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Planning Department
Ministry of National Planning and Economic Development
Naypyitaw

Dr Hla Hla Win
Professor/Head
Department of Preventive and Social Medicine
University of Medicine
Yangon

Nepal

Mr Bishnu Prasad Nepal
Joint Secretary
Social Development Division
National Planning Commission
Singha Durbar
Kathmandu

Dr Bhim Prasad Acharya
Director
Management Division
Department of Health Services
Teku

Mr Ram Chandra Khanal
Senior Public Health Administrator
Ministry of Health and Population

Ram Shah Path
Kathmandu

Dr Dilip Sharma
Assistant Professor
Liver Unit, Bir Hospital
National Academy of Medical Sciences (NAMS)
Kathmandu

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Add. Sec (MS)
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Dr Samitha Sirithunga
Consultant Community Physician
Ministry of Health
Colombo

Dr A. Rex Pratheepan
Medical Officer Planning
RDHS Office
Mullaitivu

Dr K D N P Ranaweera
Registrar Community Medicine
MDPU
Ministry of Health
Colombo

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Dr Panumard Yarnwaisakul
Deputy Director - General
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Ministry of Public Health

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Office of the Prime Minister

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Ms Sonia Aspilqueta da Costa Valadares
Head of Department Partnership and Collaboration, Ministry of Health

Mr José António Oliveira Lima
Training Official
Institute National of Health
Ministry of Health

Ms Epi Orleães
Unit Officer for Planning M&E National Prime Minister Office
Dili

Ms Elvira Usi Chandra Pires
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Malaria
Dili District Health Services
Ministry of Health

Resource persons

Dr Sanjiv Kumar
Executive Director
National Health Systems Resource Centre
NIHFW
India

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Manager
Strategic Partnerships Unit
South Australian Department for Health

and Ageing
Adelaide, Australia

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National Health Commission Office
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Nonthaburi 1100, Thailand

Observers

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Institute of Health Management Research (IIHMR), Jaipur, Rajasthan
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Charlotte Maxeke Johannesburg Academic Hospital and University of the Witwatersrand
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Ministry of Health, Health Promotion and Education
Botswana

WHO SEARO

Dr Thaksaphon Thamarangsi
Director
Noncommunicable Diseases and Environmental Health

Dr Prakin Suchaxaya
Coordinator
Gender Equity & Human Rights

Dr Pak Tong Chol
Regional Adviser
Human Resources for Health
Regional Workshop on Implementation of Health in All Policies

Dr Leonard Ortega
Regional Adviser
Malaria

Dr Gyanendra Gongal
VPH

Dr Rim Kwang Il
Medical Officer
Tuberculosis

Dr Renu Garg
Regional Adviser
Noncommunicable Diseases

Dr Nyo Nyo Kyaing
Regional Adviser
Tobacco Free Initiative

WHO Country Office

Dr Khanchit Limpakarnjanarat
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Indonesia

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Noncommunicable Diseases
India

Dr Atreyi Ganguli
National Professional Officer
Noncommunicable Diseases
India

Dr Daniel Albrecht Alba
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HSD
India

Dr Chandrakant Lahariya
National Professional Officer
HSD
India

Dr Pavana Murthy
National Professional Officer
Communicable Diseases
India

Dr Nicole Seguy
Technical Officer
HIV/AIDS
India

Dr Raden Noviane Chasny
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Indonesia

Dr Tini Setiawan
Maternal and Child Health
Indonesia

Dr Benyamin Sihombing
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Indonesia

Mr Ashok Bhurtyal
National Professional Officer Immunization
India

Dr Lonim Prasai Dixit
National Professional Officer
Noncommunicable Diseases
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Dr Zainab Naimy
Junior Public Health Professional
Gender Equity and Human Rights
Nepal

Dr Nima Asgari-Jirhandeh
Public Health Administrator
Thailand

WHO Secretariat

Dr Eugenio Villar
Coordinator
Social Determinants of Health
WHO/HQ

Dr Suvajeet Good
Programme Coordinator
Health Promotion
Regional Workshop on Implementation of Health in All Policies

Mr Vipul Kumar Sharma
Executive Assistant
Health Promotion and Education

Mr Jatinder Pal Singh
Executive Assistant
Disease Prevention and Rehabilitation