



LEARNING BRIEF ON

International Workshop on Multisectoral Collaboration for Health in All Policy

By Myanmar Team

March 25-29 2019
Chachoengsao Province, Thailand

Health is not only the physical well-being. In broader terms, well-being encompasses the harmony and maximum condition of physical, mental, social and environmental factors. It is so crucial for organizations like us to aware of and work to improve the social determinants of health for the betterment of health of our community. Development programs should consider impacts on health in every activity; for example, Land Development Plan should consider how their landscape planning will affect health of the community by deciding carefully how many gardens and recreational parks will be built. To learn more about how different countries implement to integrate this Health in All Policy, four participants from Myanmar (one from Pyi Gyi Khin Organization, one from Myanmar CSO Health Network, two from Community Partners International) attended the “International Workshop on Multisectoral Collaboration for Health in All Policy” from 25-29 March 2019.

There was a total of 26 participants from Bangladesh, Japan, Pakistan, Sri Lanka, Mongolia, Myanmar and Thailand. Facilitators were from Thailand NHCO consultancy groups. The workshop was designed to encourage participatory approach. There were open space sessions each day after dinner where participants can present some interesting topics such as cultural presentation, dance sessions, sharing one’s work etc. Myanmar team hosted a cultural dance show featuring traditional Myanmar new year dance and brief video about the country.

Day 1. Introduction of participants and introduction of HiAP concept

Workshop started at 8:30am sharp.

The workshop was designed to be participatory by randomly selecting facilitators for recap, energizer and open space sessions among the participants.

Participants and facilitators introduced themselves by illustrating about oneself in a plain A4 paper. It was followed by opening and welcome speech from the Deputy Secretary General of Thailand National Health Commission Office and the Senior Advisor to the Secretary General of Thailand National Health Commission Office.



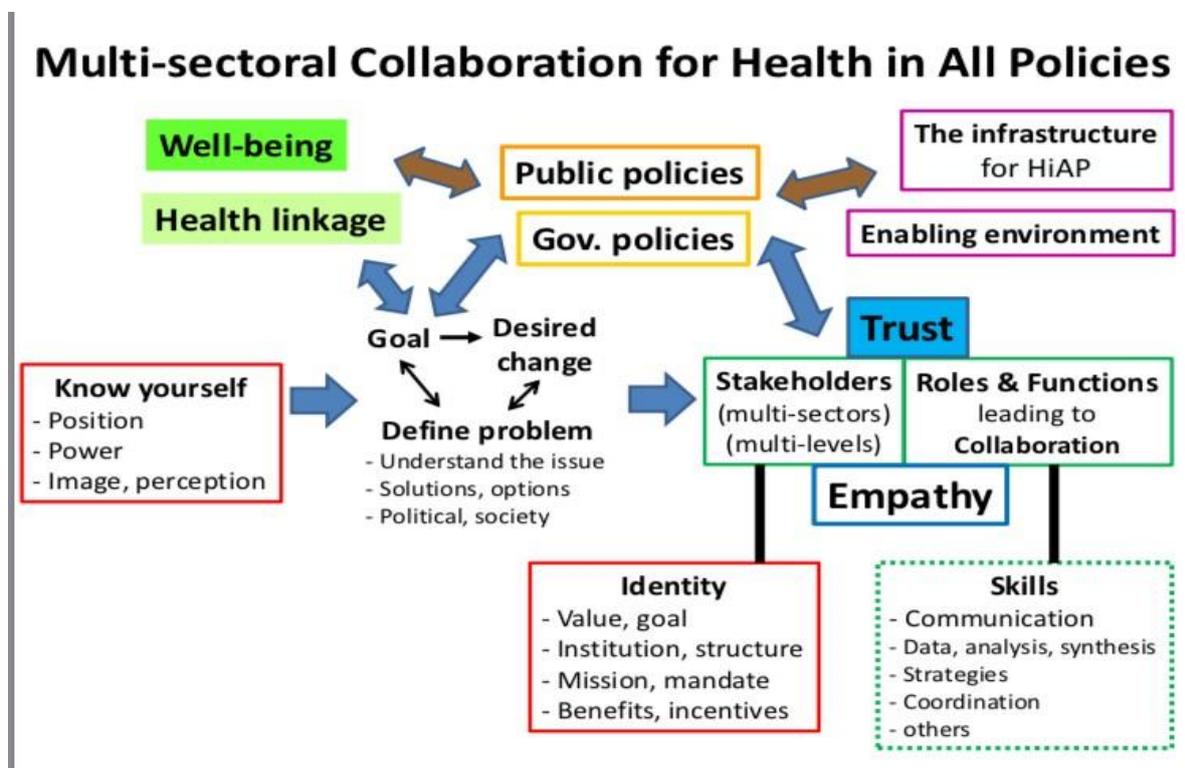
Picture 1 Group Photo of the Participants and Organizers

Setting the Goal Exercise

Staying in the same team, the participants were asked to set a common goal that they want to achieve in their community/ country. In Myanmar group, we set up a goal as “To have UHC law enacted in Myanmar”. Then, the teams identified the important stakeholders to achieve the set goals and shared the ideas among the teams.

Introduction of Health in All Aspect

The session was led by Mr. Paiboon Sophonsuwapap (Mr. A) from BangPlay consultancy group. The participants were asked to select three photos that they thought related to well-being and one photo not related to well-being. Then, participants were grouped into teams (by country of origin) where they chose one presenter among the team members. Together in teams, participants brainstormed why the pictures were linked to well-being. After discussion across the teams, participants came to a common conclusion that everything is related to well-being; nothing can be neglected for the betterment of health of people.



Picture 2 Multisectoral Collaboration for HiAP

Then, participants were grouped into different teams again. This time, there was a case scenario.

“Mr. A is an NGO worker in Thailand. He works 9 to 5 and most of the time, he finds himself sitting. He is responsible for his family (his wife and his son). He has a lot of things in his mind; his future, his home loan, his son’s education fees and so on. He is now overweight and his

doctor said he needs to lose 30 pounds in next 3 months because he is at very high risk of diabetes and hypertension”.

Participants received pictures such as soft drinks, expensive gyms, lack of public places for exercise, non-walkable city plans etc. and were asked to pick 2 most important thing to answer the following question.

Q- What makes Mr. A fat?

After piling the picture cards, participants grouped them into categories and linked among each causal category. Then, cross-learning among groups was done.



Picture 3 Group Discussion on Case Study

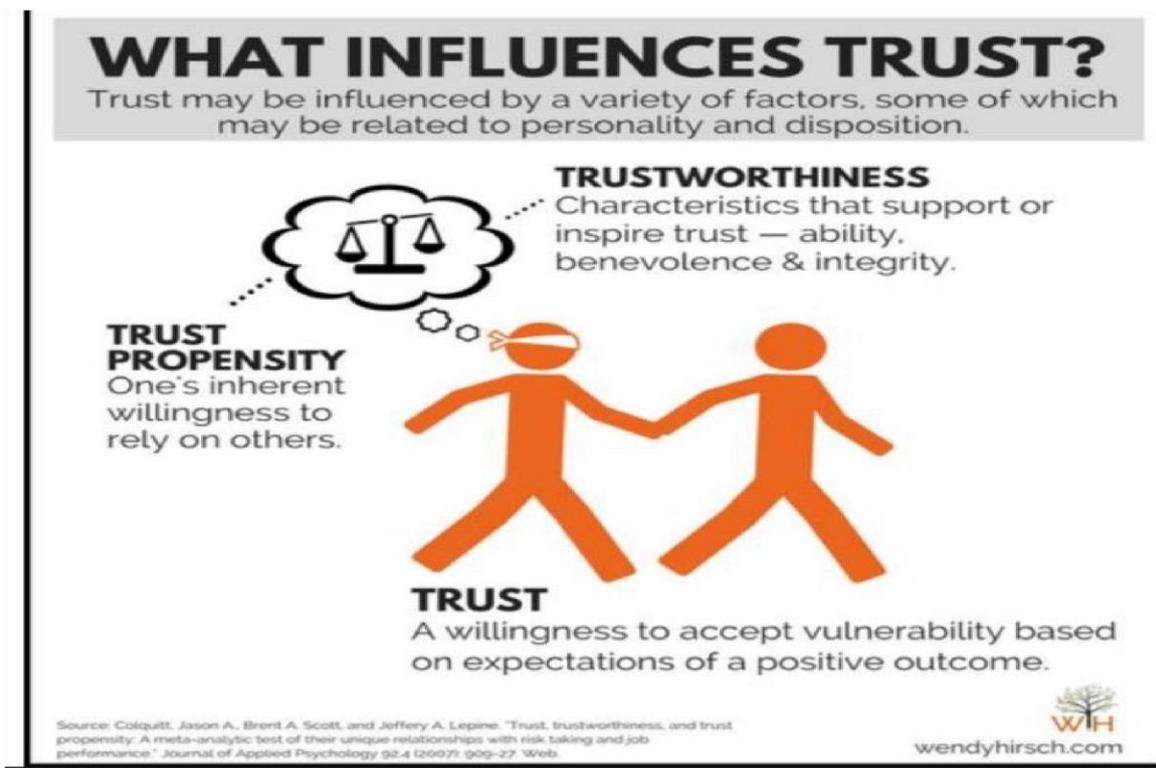
Day 1 Learning Conclusion

Health is not just merely the absence of disease; it involves other dimensions of life such as social, emotional, spiritual and environmental. When we think about health, other factors influencing wellbeing are intertwined. Therefore, it is very important to design and develop public policies inclusive of health impact consideration.

Day 2 Explore the world of multisectoral collaboration in HiAP

The day started with 10-minute recap session facilitated by participant from Sri Lanka.

After recap session, there was a brainstorming session about “What is Human Being”; and how human beings communicate to each other. There was an exercise where participants try to communicate with each other only with eye conversation. This session was followed by trust building exercise; called Roly Poly Doll. Then, lifting exercise was done to demonstrate team work. Participants reflected their feelings about two exercises. It was very obvious that the facilitators highlighted on feelings and emotions of the participants. Then, there was a very fruitful two-way discussion about “What Influences Trust”.



Picture 4 What Influences Trust?

The afternoon session started with identifying the values exercise. Participants identified their most valued life aspects and prioritized into top four; then “Catching the Values” exercise was done. This exercise highlighted the importance of core life values and how values are different for each person and values are hard to keep.



Picture 5 Trust Building Game

Empathy and Communication for Change

Participants studied a case scenario of Sook subdistrict where waste management is a threatening problem. Then, the participants underwent a role play as different stakeholders for waste management. Takeaway point for this roleplay exercise is to understand and empathize how different people see a common problem from different views. The exercise was followed by a brief presentation on empathy and communication for change slides.

Day 2 Learning Conclusion

Humans are emotional beings; people do not think and act by brain only. It is so important to connect to the community by heart and have empathy.

Ways of Empathy

1. Try to be the other
2. Go and see their world
3. Talk to the target group

4. Data/ Research

Skills which will be useful for empathizing

1. Deep listening
2. Try to observe
3. Open mind
4. Start with a question and go deeper Communication for change

1. Define your change (desired change)
 2. Who is your audience - empathize your audience
 3. Call for action (What do you want an audience to do)
 4. Understand context and/or condition
- } DESIGN

Day 3 Field Trip to the sub-district hospital of Ban Ton Na

The day started at 8 am to travel about 90 minutes to reach to Ban Ton Na sub district hospital.

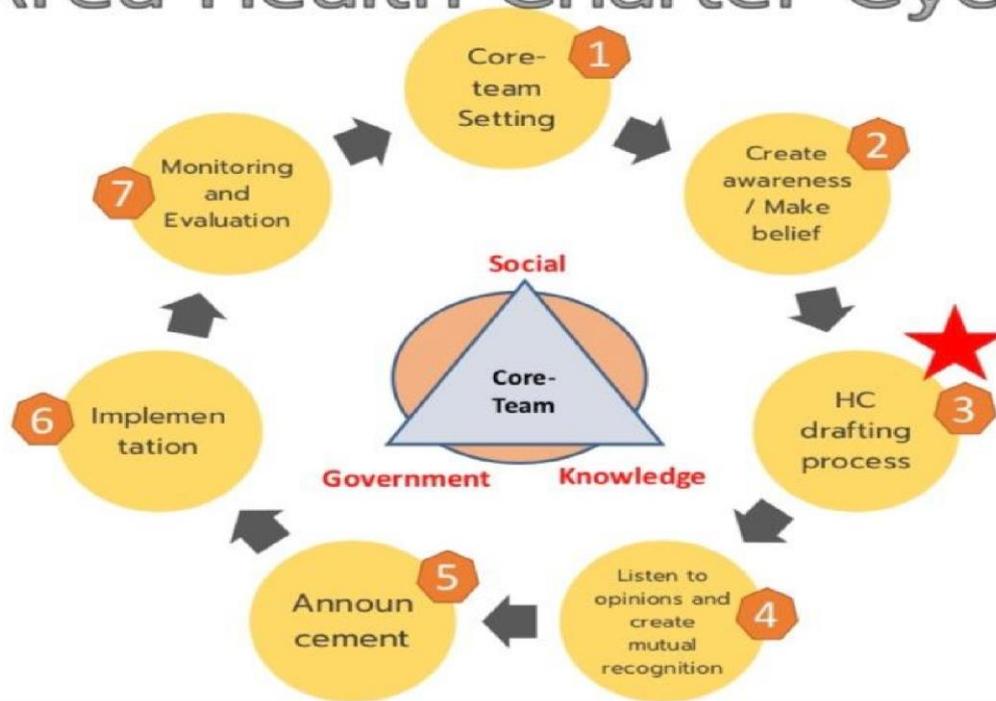
The group was warmly welcomed and received a presentation by Mrs. Panida Mingsamorn, the director of the hospital, Mr. Songpon Tulata (Mr. Tong), hospital staffs, health volunteers and community leaders about Participatory Health Public Policy by “Health Charter”.

Participants also shared their own experiences and discussed actively. Mr. Md. Akramul Haque (Mr. Akram) from Bangladesh shared a scenario;

“In Bangladesh, all the community clinics are donated by the community. The Government does not provide any administrative cost shares; all the salaries and infrastructure are by the people. This provides the sense of ownership to the community. I find community health charter as a tool to identify active citizens who can lead the change”.

Then, presentation on Area Health Charter continued.

Area Health Charter Cycle



Picture 6 Area Health Charter Cycle

Mr. Songpon Tulata (Mr. Tong) from NHCO shared one particular experience of area health charter. In one area of Thailand, area health charter was developed in political administration of a Mayor. When the Mayor retired, the health charter was not active anymore. So, community approached an influential monk and asked the monk to mobilize the health charter. As a result of this multisectoral collaboration, the health charter was active again and sustained.

One important suggestion for health charter was "To start with small common ground".

After the presentation, the group visited the hospital tour. The group also met the husband of the hospital director and National Health Commission Office Committee member, Mr. Jetsada Mingsamorn. He shared his experience on health charter and community driven policy development; spoke out some challenges such as difficulties to build trust among different stakeholders, budget cuts and etc. After Mr. Mingsamorn's closing speech, participants headed back to the workshop venue.

Day 3 Learning Conclusion

Community has the power to identify their own needs, gather local resources and plan their own policies. Once the government and academia work together with community, together we can move the mountain; that is called “The Triangle that Moves the Mountain”.



Picture 7 Triangle that Moves the Mountain

Day 4 Sharing working experiences on multi-sectoral collaboration for health in all policies

After the recap session led by Mongolian team, the participants welcomed two guest speakers who shared their own working experiences on multi-sectoral collaboration; Ms. Sirikorn Kaophuthai (Ms. Sirikon) from National Health Commission Office and Mr. Gunn Tattiyakul (Mr. Gunn) from Chachoengsao Province. Two guest speakers talked about the journey of “Unexpected outcomes of the industrial development plan which affect social determinants of health”. In 1977, Chachoengsao Province was planned to be part of the Eastern Seaboard Development Plan; with enormous industrial constructions and power plants. So, the community got together to conduct health impact assessments with academic involvement.

Then, they submitted the Community-driven Health Impact Analysis (HIA) to the government; which finally led to the parliament and halted some of the project implementations. Mr. Gunn and Ms. Sirikon shared their struggles in different steps of shaping the community driven policy changes.

In the afternoon session, participants brainstormed together to add “new idea” to their set goals and figured out how to overcome the challenges.

Myanmar team brainstormed together and made a plan of action to strengthen the community driven health system by using the tools of communication for change to raise awareness and advocate the community about Universal Health Coverage and campaigns such as signature campaigns. Myanmar team planned to have a sharing session about the tools and knowledge from the HiAP workshop among the CSO Health Network and explore the ideas to integrate into existing network activities.



Picture 8 Experience Sharing and Discussion by the Guest Speakers

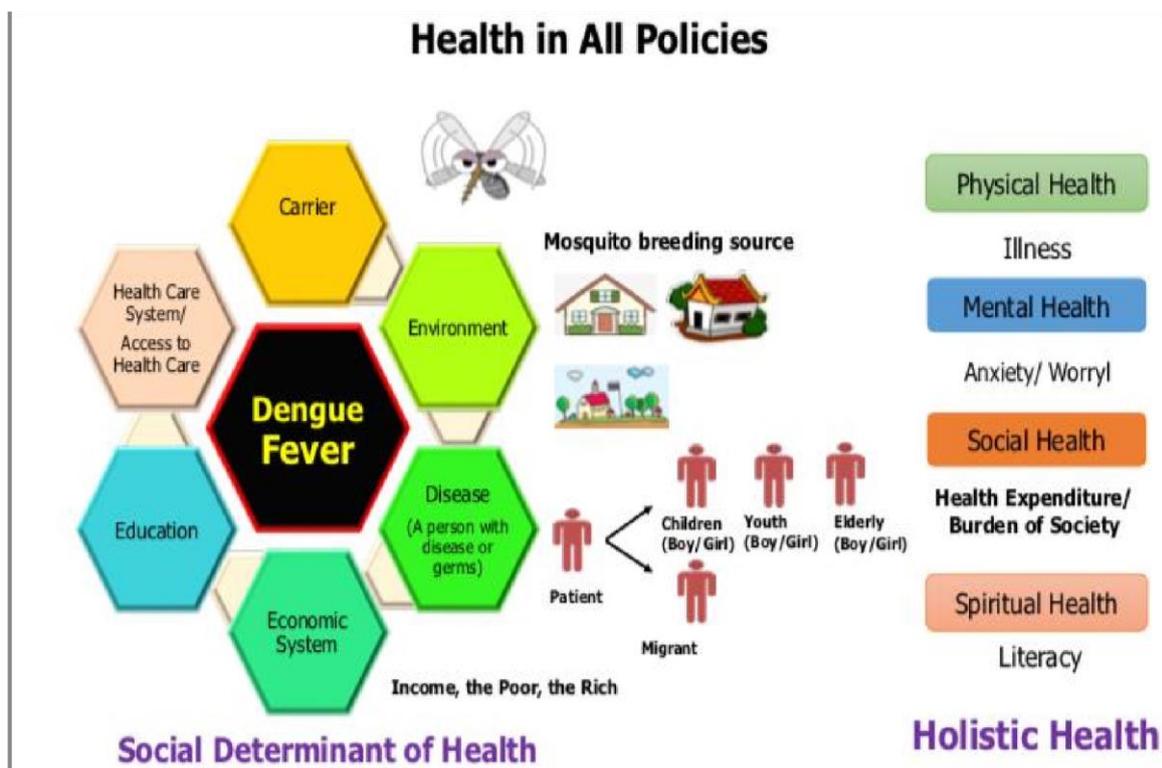
Day 4 Learning Conclusion

1. Strategic planning for community mobilization and engagement is crucial
2. Find the common ground and start from small

3. Learn from others' experiences
4. Learn from action; keep moving
5. Share resources and maintain relationship

Day 5 The movement of health system reform in Thailand and roles of NHCO

Ms. Nanoot Mathurapote (Ms. Nanoot) from NHCO started the day by a presentation on history of health system reforms in Thailand and roles of NHCO in the process. NHCO is an independent body chaired by the prime minister. There were four organizations to work for health system reforms; Health Systems Research Institute (1992), Thai Health Promotion Foundation (2001), National Health Security Office (2002), National Health Commission Office (2007) . *“NHCO aspires to synergize cooperation from government sector academia and people sector including civil society organizations and private sector to build healthy public policies for the wellbeing of the Nation and its people — Synergy for Wellbeing”.*

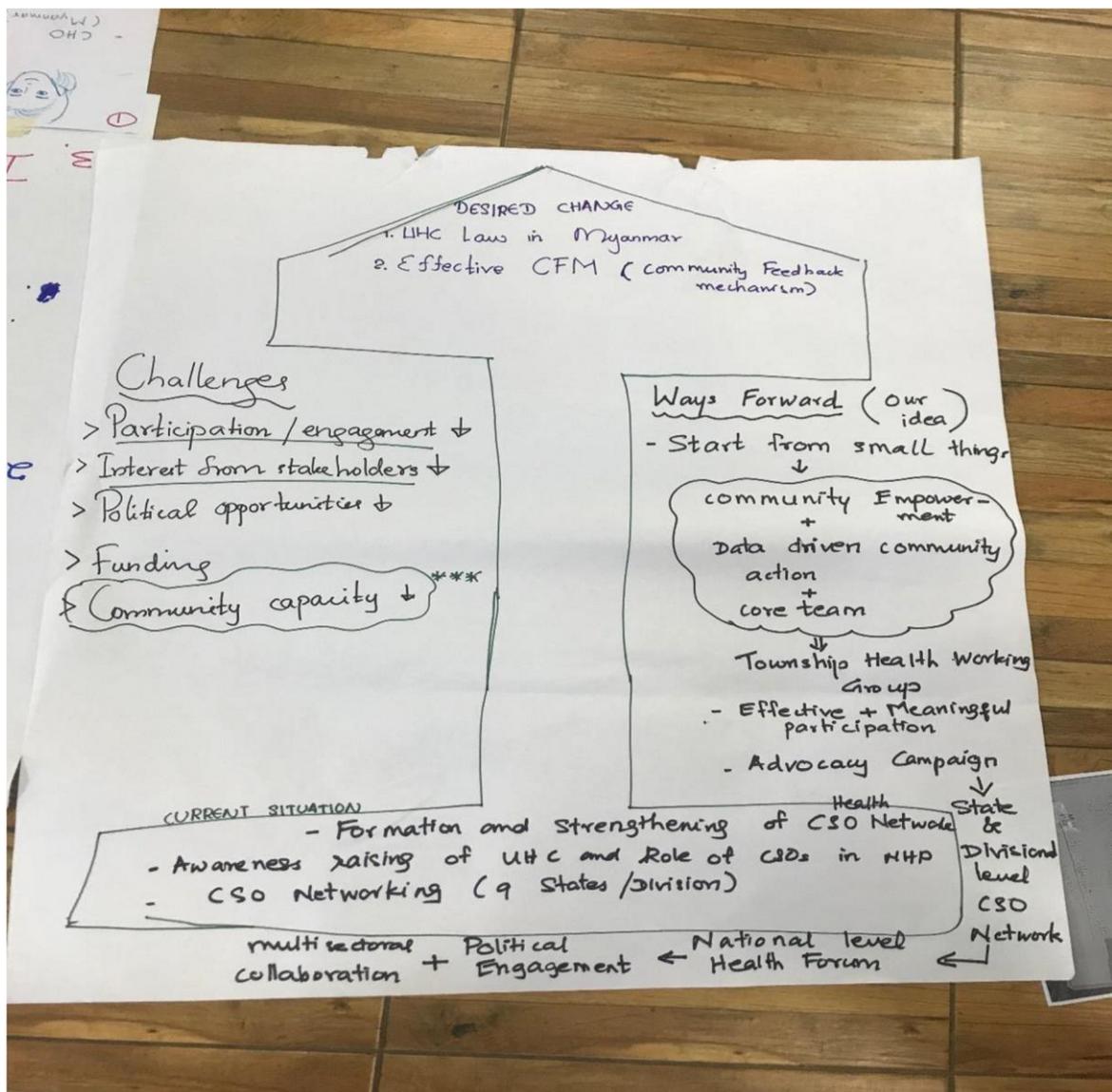


Picture 9 Example Conceptual Framework of HiAP Concept for Dengue Fever

The session was followed by the reflection session by the participants. Facilitators asked how the participants were feeling and ask to reflect on their feelings. The workshop ended successfully with a brief discussion (not concrete development) of plan of actions.

Conclusion

This workshop was a very successful one that can deliver the essential concept of Health in All Policy. The structure of the workshop was very suitable for the participants to overcome language barriers and grab the core learning points. Soft skills such as empathy and communication for change are new learning points for most of the participants.



Picture 10 Road Map for UHC Law Establishment in Myanmar

Currently, there is an urgent need in Universal Health Coverage (UHC) in Myanmar. To achieve UHC in Myanmar, all the sectors (community, academia and government) need to

move simultaneously. From the HiAP concept, multisectoral collaboration has to be in place at every movement towards betterment of health systems. Using the skills and knowledge from this workshop, we need to design the activities to engage better across all the important stakeholders at every level (from the community to the policy maker level). In Myanmar settings, the involvement of academia is comparatively weak in moving towards UHC. Most of the Universities in Myanmar are Government Universities and under the Ministry Administration. For proper establishment of more independent academic institutes and independent organizations such as NHCO, there needs to be a constitutionalized law and regulation. Learning from Thailand case study, we all are aware that this is not an easy process but we need to keep on moving. In conclusion, actors for health systems reforms have to consider involvement of multisectoral collaboration with “No One Left Behind” concept in every step to move Myanmar Health Systems forward.



Picture 11 Group Photo after the Workshop