

WEBINAR REPORT

HEALTH IN ALL POLICIES IN TIMES OF COVID-19 : WHAT ROLE FOR THE HEALTH SECTOR MOVING FORWARDS?

A WEBINAR ON

HEALTH IN ALL POLICIES

IN TIMES OF COVID-19

WHAT ROLES FOR *THE HEALTH SECTOR* MOVING FORWARDS?



Join us at <https://bit.ly/2SSaMKG>

Join this webinar to explore how Health in All Policies can help address inequalities and act on the social determinants of health affected by the COVID-19 pandemic !

Speakers



Weerasak Putthasri
National Health
Commission Office,
(NHCO) Thailand



Sharon Friel
Australian National
University, Australia



Anna Stevenson
Canterbury District
Health Board,
New Zealand



Warisa Panichkraengkrai
International Health
Policy Program (IHPP)
Thailand

Moderator



Nicole Valentine
World Health Organization
(WHO)

Organized by the National Health Commission Office, Thailand,
in collaboration with the Global Network for Health in All Policies
with the support of the World Health Organization

For more information, please contact Ms.Khanitta at khanitta@nationalhealth.or.th



NATIONAL HEALTH COMMISSION OFFICE, THAILAND
IN COLLABORATION WITH
GLOBAL NETWORK FOR HEALTH IN ALL POLICIES
OCTOBER 29, 2020

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OVERVIEW

COVID-19 has impacted almost all dimensions of society, including for example; health, the economy, and food security. This unprecedented pandemic cannot be handled by a government alone, rather it requires a range of stakeholders coming together with a common purpose; to fight against COVID-19 and its negative impacts. COVID-19 has highlighted that a multi-sectoral collaborative approach is essential in a time of crisis. However, implementing and maintaining this multi-sectoral approach during and post COVID-19 is a challenge. Once the crisis subsides will the lessons learnt on multi-sectoral collaboration fade away? In this context, and as the pandemic evolves overtime, how can the health sector, which is mostly managed by government, support multi-sectoral collaboration to address inequalities and act on the social determinants of health deeply affected by the COVID-19 pandemic?

This webinar looks into Health in All Policies (HiAP) for insights on how to move forward multi-sectoral collaboration and how the health sector can position itself to foster positive outcomes in terms of health equity. This webinar is the fourth in a series of five webinars on multi-sectoral collaboration in response to COVID-19, organized by the National Health Commission Office (NHCO) of Thailand. The NHCO is partnering with the Global Network for Health in All Policies (GNHiAP). The ultimate objective of this webinar series is to seek answers on how to make multi-sectoral collaboration sustainable, what are the enabling factors for multi-sectoral collaboration, how can they these factors be maintained when the COVID-19 situation improves and how can we apply multi-sectoral collaboration lessons from the COVID-19 response to future health crises. For each webinar, a report was produced, and the synthesis of these webinar reports will be presented at the fifth webinar at National Health Assembly of Thailand on 14 December 2020.

MEETING OBJECTIVES

- To learn from the principles of HiAP in time of COVID-19
- To explore the role of the health sector in supporting collaborative responses throughout the various stages of the COVID-19 pandemic
- To learn about how the health sector can strengthen multi-sectoral action and explore opportunities for sustaining this approach going forward

WEBINAR PROGRAM

The webinar program is presented in **Appendix 1**.

SPEAKERS

- Dr. Weerasak Putthasri
 - Deputy Secretary-General
 - National Health Commission Office (NHCO), Thailand
- Prof. Sharon Friel
 - Australian National University
- Dr. Anna Stevenson
 - Canterbury District Health Board, New Zealand
- Dr. Warisa Panichkraengkrai
 - International Health Policy Program (IHPP) Ministry of public health, Thailand

The PowerPoint presentations of all speakers are provided in **Appendix 2**.

MODERATOR

- Mrs. Nicole Valentine
 - World Health Organization (WHO)

RAPPORTEURS

- Assoc.Prof. Dr. Kanang Kantamaturapoj
 - Faculty of Social Sciences and Humanities, Mahidol University, Thailand
- Dr. Natapol Thongplew
 - Faculty of Science, Ubon Ratchathani University, Thailand
- Ms. Watinee Kunpeuk
 - International Health Policy Program (IHPP), Thailand

WEBINAR PARTICIPANTS

There were 44 webinar participants from 20 countries namely Australia, Belgium, Canada, Finland, France, Germany, India, Indonesia, Japan, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Senegal, South Africa, Sri Lanka, Switzerland, Thailand, and United States of America. The participants included government agencies, international agencies, academia, CSOs, NGOs. The list of participants is presented in **Appendix 3**. The participants had opportunity to ask questions and to provide opinions in the Zoom's chat box. The group photo of participant is presented in **Appendix 4**.

OPENING REMARK

- **Dr. Weerasak Putthasri,**

- Deputy Secretary-General, National Health Commission Office, THAILAND

“Good afternoon and good morning speakers and participants. You may be informed that this webinar is the fourth in a series of webinars on multispectral collaboration in response to COVID-19. The COVID-19 has impacted almost all dimensions of society, that we can demonstrate and highlight how the multi- sectoral collaboration approach is implemented in the time of such crisis.

For the webinar in June, we discussed on Civil Society participation in the COVID-19, we got many experiences from speakers especially, the synergy of active citizens to help the country fighting against COVID-19, so-called multi-sectoral collaboration. The webinar in August was organized to share experiences and discussed on the role of Youth and students in Asian countries in support community to fight the COVID-19. In September, we also organized the webinar on Role of Government Sector and Multi-sectoral Collaboration. We saw an active Emergency Operating Centre (EOC) at the MOH level and the Centre for COVID-19 Situation Administration chaired by the high-level body or Prime Minister for integrated actions. Social interventions are officially advices such as regular washing hands, using of alcohol gels, wearing medical masks, and avoiding contact with respiratory disease patients. This prompt response and high-level commitment of the government is very crucial for an effective COVID-19 control.

Since the COVID-19 come this year early, we not only have seen its and social interventions implementation directly affected health and service, but also have found the challenges of foods security, info-demic and fake news, people losing their jobs, and many aspects of quality of life. That why today, we are looking forwards to learn what is the main role of the health sector to other sectors as well. These will be the good evidences according to keywords and concept of Health in all policies or HIAPs. We need inter-sectoral actions for COVID policies, taking account of health concerns and across sectors in decision making process and implementation. This collegial partnership is the combination for good governance in design, delivery and benefits.

May I remind you all to the SDGs, high level global commitment? The SDGs targets and goals are interrelated and needs multi-sectoral collaboration. We probably use this picture as a framework for discuss today why and how ‘health sectors’ to move the social forwards in the pandemic circumstance and its consequences.

Finally, we aim to have a synthesis report what we learned from multi-sectoral actions, how we can do synergistic work among those sectors. We plan to organize the

webinar again this December with that report and practical recommendations. This is much important document and evidence to further support the HiAPs framework and implementation. In globally, health systems and normal life of the humanity are almost disrupted from the COVID-19 pandemic, but the other side of the coin it gave us an opportunity to prove the Health in All Policies concepts and multi-sectoral collaboration is realistic and workable. Thanks for your attention.”

POST-COVID-19 ERA: INCLUSIVENESS IS CRITICAL TO PREVENT SOCIAL AND HEALTH INEQUITY

- **Prof.Sharon Friel**
 - Australian National University

Before COVID-19, inequities in premature mortality had widened for the lowest socioeconomic group compared with the highest socioeconomic group for males. People living in outer regional, remote and very remote areas had death rates that are about 40% higher than in major cities, and the gap has been increasing. The life expectancy gap between Indigenous and non- Indigenous Australians while narrowing remains unacceptably high. According to Smith (2008), *“The rich will find their world to be more expensive, inconvenient, uncomfortable, disrupted and colourless – in general, more unpleasant and unpredictable, perhaps greatly so. The poor will die.”*

To live with dignity, prevent poor health, and with the lightest of environmental touches, people need psycho-social control, material resources and political voice which requires action beyond the health sector.

The Australian government responded to COVID 19 quickly. Policies on employment, income, cost of living, childcare and education, housing, infrastructure, community, and health care have been implemented. For income security, before COVID poverty (14%), growing income inequality, and high levels of precarious employment. In response to COVID, the Job Keeper wage subsidy was paid. An additional \$550 was also paid per fortnight to people on income support schemes. In terms of child care, before COVID 44% Australian children experiencing disadvantage were assessed to be developmentally vulnerable on entering school at age five. In order to response to COVID, *Early Childhood Education & Care Relief Packages* were provided. These packages include weekly subsidy to childcare services to continue to deliver early childhood education and care. Families were able to access childcare for free during this period. However, there was nothing for primary or secondary schools

Regarding housing, before COVID-19 home ownership has been declining in the past two decades. There was a shortage of affordable private rental housing especially for

low income household. The investment in public housing was modest. In order to response COVID-19, *Home Builder Program* has been implemented to offer eligible owner occupiers a \$25,000 grant to build a new home or substantially renovate. The state also subsidies and grants to tenants who have lost their jobs. Financial and regulatory support for property owners to enable them to drop rents. Some short term social housing has been offered. *Daniel Andrews Premier of Victoria, 29th July 2020* stated that “*you can't stay home if you don't have one. And you can't wash your hands and protect yourself if you don't have access to soap and water. This pandemic has laid bare some of the deepest inequalities in our society – not least the need for secure housing.*”

There were some missing opportunities such as structural drivers (e. g. employment conditions), climate change (connection between climate change and health), regulatory failures, governance biases, the lack of social and health voices at the table in the policy response. Understanding the problem from the perspective of the people who experience it is necessary. People who experience the problem play a role in shaping the solutions. Thus, there is a need to conduct researches on health in all policies (HIAP), health equity, and environmental factors in order to take into account lived realities, to increase political accountability, and to generate more likely to work policy.

PANEL PRESENTATION

NEW ZEALAND

- **Anna Stevenson**
 - Canterbury District Health Board, New Zealand

Canterbury District Health Board HiAP team is part of local public health unit. The team has worked on HiAP approach for over 15 years. The unit was restructured in 2011 to integrate HiAP approaches in ALL it's work. During 2010-2011 earthquakes led to increased recognition for collaboration among agencies and importance of community wellbeing. Canterbury HiAP seeks for a partnership to joint work plans with the local government and regional government agencies. Canterbury HiAP has been invited to be part of lots of inter-sectoral projects.

Jacinda Ardern is the Prime Minister of New Zealand. She recognized about social determinants of health and also worked with non-health partners which was a good start to encourage HiAP and made more progress on health issues. She has implemented a communication campaign everyday at 1 PM to stand ups with Director General of Health and communicate with people. The key message from the government is "The team of 5 million has worked to beat the virus". This message builds up the social solidarity.

Public health response is multi-sectoral response. HiAP has been implemented in all policies such as hard lockdown, wage subsidy, essential services and workers, homeless housed, devices to school children for online studying, and national welfare hotline.

Burden of the pandemic did not fall equally across the society such as overcrowded housing, education, ethnicity, poverty, primary care enrolment, and employment.

There are many benefits from health impact. While effectively 'stamping out' the virus, direct and indirect health impacts of pandemic far-reaching such as shovel ready infrastructure – bike lanes, air quality improved in lockdown, some families did well, no Influenza (500 lives saved), lower road toll/accidents, neighbourhoods connected (socially), increased activity families out together, supporting local businesses/organisations, and less suicides. By contrast, there are some negatives of health impacts. some families did not do well, alcohol and drug abuse increased for some (less in young) – but higher help seeking post lockdown, initial delays in accessing some medical treatment - cancer treatment pretty much back on track.

The factors enabling collaboration in a crisis leadership include recognition and communication of shared goals and that health contributes to the economy as well as the science and evidence-led approach. At the local level, multi-sectoral, pre-existing relationships were firmly established.

There are some lessons learn that can be applied for future health crisis. Firstly, investment in relationships – especially with decision-makers is important. Secondly, the impact of collaborative actions should be shown. Thirdly, there is a need to continue

momentum at the national government level on addressing big problems (child poverty, climate change, inequity) to improve health and strengthen resilience. The political wills are important. As lastly, funding at levels would allow change and innovation.

THAILAND

- **Warisa Panichkraengkrai**
 - International Health Policy Program (IHPP) Ministry of public health, Thailand

Thailand was the first country outside China to report a case of COVID-19 in mid-January. Most of cases in January and February were foreigners. Then in early March, there were 2 key outbreaks; the first was from a boxing stadium and the second one was from a bar. This led to closure of many places such as bars, schools, and theatre. Also, mass gathering activities were cancelled. Domestic travelling was limited, so public and private organizations required their staff to work from home.

The COVID-19 spread rapidly and widely with a considerable number of patients at the community level. To control the situation, the government decided to declare a state of emergency on 26 March 2020. A curfew between 10 p.m. and 4 a.m. restricted all people from leaving their home nationwide to contain the spread of the disease. In addition, other social measures were applied nationwide.

On 17 March 2020, the government launched the “stay home, stop the virus, for our nation” campaign, which was well received by the all Thai. All citizens were asked to wear face masks, keep physical distancing of more than two meters, adhere to strict hand hygiene through handwashing and use of alcohol hand rub, be aware of touching their noses and mouths, and observe food hygiene protocols. The aim of these social measures is to stop spreading of disease, recommended by health sector.

Technology becomes supporting system to facilitate daily life activities. There are online meetings, online schools, online shopping which people can adapt themselves quickly. However, some have limitation in access to those technology as they do not have mobile phone, computer or access to internet in particular those in rural area.

The International Health Policy Program and National Statistical Office, jointly conducted an online survey to monitor citizens' adherence to the stay-at-home policy. The findings were reported to the emergency operations centre or EOC and CCSA for prompt actions.

During peak of the outbreak, power of active citizens in supporting others during their hard time was witnessed. Health personal and monks made face masks to give to those in need. Despite being a major food-producing country, vulnerable populations faced food shortages due to loss of income. They were supported by voluntary Food

cabinet managed by individuals, and communities. The food cabinet was first introduced by the civil society then expanded throughout the country. Free coupons were provided to those in need can get free food that someone already paid for him/her.

Another innovation is Talad Jai or central market, established by famous Thai celebrities. Talad Jai acts as middleman between those who would like to donate medical supplies, money or meals and those who are in need. Each day there is a live stream inviting singers or actors to provide mental supports to the health workers. Also, the health workers can call to inform what they need. Sometimes they want only bubble milk tea or ice cream. This campaign can raise nearly 45 million baht or around 1.5 million USD. However, this is not only about money, it is about recognition of the huge contribution of frontline health workers and contributions of citizens to support others.

At the community level, the National Health Commission Office or NHCO work with the District Health Board to support communities to develop the Community Charter in response to COVID-19. This is the commitment of the whole community to stop the spreading of disease. For example, they committed that each has to wear mask in public place, wash hands frequently, keep physical distancing, and check body temperature before entering public places. These activities are financially supported by the Community fund which is matching fund between the local government and the National Health Security Office who manage public health schemes for 48 million population.

At the national level, NHCO organize the annual National Health Assembly as policy driven platforms for all to debate on health-related agendas. The theme of this year Assembly is Active Citizens in Response to Health Crisis, with two agendas - Food Security in Crises and Participatory Health Crisis Management for Pandemics. There has been a long process to get these two agenda. NHCO organized rounds of consultative meetings to get views from all stakeholders to consolidate ideas of what should be discussed at the Assembly and develop the working documents. The further step is to get views from all stakeholders, including academia, policy makers, private sector and civil society to shape the resolution to be approved at the Assembly in December this year.

In conclusion, three lesson learns were drawn from Thailand's experiences. Firstly, the role of the health sector during the pandemic should be able to re-position in the time of pandemics because the pandemics do not affect only health but also social determinants of health. From our experiences, the health sector role is shifted from a leader at the beginning to a facilitator when measures were relaxed. Secondly, citizen participation in the policy process makes health in all policies responsive to the need of the needy. Lastly, policy platform, including legal framework, a governance body contribute to sustainability of health in all policies and multi-sectoral collaboration.

SUMMARY OF DISCUSSION

The discussion was centered on the alignment of health and other development issues and the institutional arrangements for facilitating multi-sectoral collaboration. For Australia, the speaker shared her view that health is and should be the top-priority topic. The idea of “let’s protect the economy or move forwards the economy” is not the right value. Only promoting economic development will benefit some people and will create inequity in the society. In New Zealand, the Prime Minister is an extraordinary communicator. At the beginning of COVID-19 and early lockdown, many people think that this must ruin the economy. Fortunately, the New Zealand Prime Minister articulated a version of what the future could be like. The more she articulated it, the more she was able to create it. These commitments were supported by the whole government and by all political parties in New Zealand. The government also got supports from the District General of Health who leads a frequent, daily standard and twenty million dollars has been spent on communication campaigns alone in the last six months. After lockdown, New Zealand faced the second outbreak and raised the voice to the world about the economy. However, people in New Zealand have realized that the economy is just a part of what humans and communities’ need to drive. The economy should be built in the form that is fair and for all. It was also evident that post-COVID-19 economy was not as bad as everyone predicted.

The speaker from New Zealand shared her view that we should have equitable voices and then we can build trust between people. COVID-19 gave an opportunity for another platform to speak of the same issue, provision on new evidence on shared collective approach to problem solving. For the United States with the individualistic approach in the healthcare and the society, there is a contrast to the action to the indigenous people which the strategy is targeting the whole group and community. The approach when working for the community is different from the individual approach. In the pandemic situation, the used term is the good of all, and then we can put off the good of individuals. She highlighted that the COVID-19 is an opportunity that health issues have been risen up. It should be given in the national cabinets and should be in all those economic discussions. Therefore, health will become the salient in the economic arguments again. The Prime Minister now clearly tries to do it together and work as a team to looking for each other, sacrificing what we are making for particularly vulnerable people but ultimately for all of us. The intervention that is good for all is also good for every individual. “When we move from the securitization and language, we have a very particular paradigm being set in motion there, we also have a set of actors who are not the public health or the social model of health (as seen in HiAP).”

A speaker from Australia shared similar view on this issue. Since equity issues were ignored when the national committee has responded to COVID-19, it is very important to consider the social voice on health in order to move Health Equity in All Policies agenda forward. She emphasized that the Australian government also take into account of people who experience with income, education, and housing problems in order to increase political accountability. As a result, the COVID-19 response policies are more likely to work.

In Thailand, during the peak of outbreak, the measures mostly focused on health in order to control spreading quickly. Later, when the measures became relaxing, the restaurants tried to adapt themselves how they can open. The department of health has launched the guidelines for entrepreneurs how to reopen the business. At the local level, the food cabinet is from the local people. At the same time, the national policy seemed to focus more on the economy. The government tried to encourage people to travel around the country. In additions, people still practise preventive measures like wearing masks, having temperature checked.

For institutional arrangement, it is highlighted that there should be a mechanism to integrate health in all policies in order to align health with economic and social developments. Economy is important but it is only one aspect needed to be driven. The economy must be fair and must be for all. The speaker from Australia emphasized that the institutional arrangement of the health system must shift to a new paradigm, where health is widely politicized and discussed. With COVID-19, it is evident that health has been elevated to a political issue and we should seize the moment to discuss about health security.

The speaker from New Zealand stated that the country utilized a collaborative approach through a convincing communication for getting people involved in addressing COVID-19. The situation of COVID-19 is a platform to share values for problem solving. The communication from the Prime Minister focused was the result of teamwork and synergy (of relevant ministries) and the key message reminded everyone to taking care of each other's. Thailand has set the center of COVID-19 situation and administration, which led by the Prime Minister. The committee includes the ministers from all ministries. When COVID-19 situation is getting better, the center for the economic situation administration, which focuses on economic recovery is set. At the provincial level, Thailand has an emergency situation center shared by the provincial governor. These are the examples of how Thailand put all sectors in the same platform. However, these are government-oriented arrangement. Thus, the agenda of the national health assembly this year focuses on how to deal with health crisis management. The draft resolution has the recommendation to how to make this center more permanent (as this seems to be the ad-



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hock work). The challenge is how to make these institutions permanent than ad-hoc one. In additions, in pandemic situations, solely government responses are not enough. Participations from CSOs and private sector are a must. It is obvious that during the peak of the pandemic, we could not depend on the public health facilities. The private health sector had a big role in this event as well. For more than two decades, Thailand achieved UHC. Thailand has a good health system distributed across the country. One lesson learned from Thailand is that good foundation of health system and adequate financial supports from the government can maintain the health system during the crisis.

TAKE HOME MESSAGE

“Health systems and normal life of the humanity are almost disrupted from the COVID-19 pandemic. The other side of the coin, it gives us an opportunity to prove that the Health in All Policies concept and the multi-sectoral collaboration are realistic and workable.”

Dr. Weerasak Putthasri

National Health Commission Office (NHCO), Thailand

“The values and principles in the national committee responding to COVID-19 ignores equity in health. Getting the social voice on health in the national committee is absolutely vital to move Health in All Policies (HiAP) and Health Equity in All Policies (HEiAP) agenda forward.”

Sharon Friel

Australian National University

“Our experience with the COVID-19 pandemic has reinforced the value of a multi-sectoral approach to problem solving. We have noticed that the countries who have the highest numbers of COVID-19 cases tend to have an individualistic approach to the prevention and management of COVID-19. Indigenous people tend to have a more communal approach to dealing with threats like COVID-19. Here in Aotearoa, New Zealand we framed the sacrifices that were made for the most vulnerable amongst us as ultimately being good for all of us.”

Anna Stevenson

Canterbury District Health Board, New Zealand

“Thailand has a national level mechanism comprising of involved Ministries to tackle COVID-19. However, a draft resolution of the National Health Assembly proposes to have CSOs and private sector included in the mechanism for future crises. Collaboration during COVID-19 reflects that we need a multi-sectoral mechanism to solve COVID-19 and its impacts.”

Warisa Panichkraengkrai

International Health Policy Program (IHPP)

Ministry of public health, Thailand

APPENDIX 1 WEBINAR PROGRAMME

10 mins	Opening Remark Dr. Weerasak Putthasri Deputy Secretary-General National Health Commission Office, THAILAND
10 mins	Setting the context Sharon Friel, Australian National University
30 mins	Panel presentations (10 mins for each presentation) <ul style="list-style-type: none"> - Anna Stevenson, Canterbury District Health Board, New Zealand - Warisa Panichkraengkrai, International Health Policy Program (IHPP) Ministry of public health, Thailand
30 mins	Open discussion By Mrs. Nicole Valentine, World Health Organization
10 mins	Take home message from panellists

APPENDIX 2 POWER POINT PRESENTATION

Dr. Weerasak Putthasri,

○ Deputy Secretary-General, National Health Commission Office, THAILAND



HiAPs (Health in All Policies)

- intersectoral work for public policies, taking account of health concerns and **across sectors** in decision making process
- combination of good governance; development of strong and sound partnerships on **co-design, co-delivery and co-benefits; evidence & evaluation**
- key principles: **ways of thinking, ways of working, and participation & governance**

- **high level global commitment**
- **inter-sectoral domains and interrelated targets**
- **common framework for inter-sectoral actions and involvement**



Sharon Friel

- Australian National University

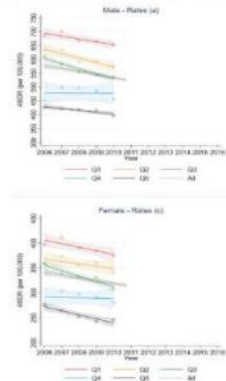
Post-COVID 19 Era: Inclusiveness is Critical to Prevent Social and Health Inequity

Professor Sharon Friel
Menzies Centre for Health Governance
School of Regulation and Global Governance (RegNet)
Australian National University



<http://regnet.anu.edu.au/sites/default/files/uploads/2020-08/2020%2008%2021%20MCHG-COVID19PoliciesHealthE.pdf>

Age standardised death rates, 35-74 years



Adair & Lopez. Widening inequalities in premature mortality in Australia, 2006-16. *Australian Population Studies* 2020, 37-56



"The rich will find their world to be more expensive, inconvenient, uncomfortable, disrupted and colourless – in general, more unpleasant and unpredictable, perhaps greatly so. The poor will die."

Smith 2008

To live with dignity, prevent poor health, and with the lightest of environmental touches, people need...



...requires action beyond the health sector

Income security

Before COVID

- Poverty (14%), growing income inequality, and high levels of precarious employment

COVID responses

- **JobKeeper** wage subsidy
- An additional \$550 per fortnight to people on income support schemes

COVID-19 Australian policy responses (12 March to 16 June 2020)

	FED	NSW	ACT	VIC	SA	WA	NT	QLD	TAS
Employment	7	5	7	5	6	3	3	8	6
Income	5	1	2	1	1	0	0	0	2
Cost of living	1	1	1	0	0	2	1	1	1
Childcare & Education	3	2	2	0	1	2	0	1	3
Housing	1	4	3	5	2	3	1	6	5
Infrastructure	4	2	1	0	0	0	2	0	2
Community	5	3	3	3	0	3	0	2	3
Health care	2	1	1	1	0	1	0	1	2
Total (156)	28	19	20	15	10	14	7	19	24

Child care

Before COVID

- 44% Australian children experiencing disadvantage were assessed to be developmentally vulnerable on entering school at age five.

COVID responses

- *Early Childhood Education & Care Relief Package* - weekly subsidy to childcare services to continue to deliver early childhood education and care. Families were able to access childcare for free during this period
- Nothing for primary or secondary schools

Housing

"You cant stay home if you don't have one. And you can't wash your hands and protect yourself if you don't have access to soap and water. This pandemic has laid bare some of the deepest inequalities in our society – not least the need for secure housing."

Daniel Andrews Premier of Victoria, 29th July 2020

To live with dignity, prevent poor health, and with the lightest of environmental touches, people need...



Understand the problem from the perspective of the people who experience it

Explore the causes that shape that experience

People who experience the problem play a role in shaping the solutions

Increased demand for action

Policy that beneficiaries buy into

Policy designed to take into account lived realities

Increased political accountability

Policy more likely to work

Please send any questions to:

Sharon.friel@anu.edu.au

@SharonFrielOz

Anna Stevenson

- Canterbury District Health Board, New Zealand



HIAP & COVID IN NEW ZEALAND

DR ANNA STEVENSON
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Canterbury District Health Board HiAP team



Part of local public health unit.

- Working on HiAP approach for over 15 years.
- The Unit restructured in 2011 to integrate HiAP approaches in ALL it's work
- 2010-2011 earthquakes led to increased recognition for collaboration among agencies and importance of community wellbeing.
- Canterbury HiAP Partnership
- Joint work plans with local government and regional government agencies
- Invited to be part of lots of intersectoral projects
- Submissions for District Health Board
- Publications: HPSTED, IRPG, IPG
- <https://www.cph.co.nz/your-health/health-in-all-policies/>

NZ Government direction before COVID

- Wellbeing Budget
- Treasury's Living Standards Framework
- Committed to honouring the Treaty of Waitangi

• THE FOUR CAPITALS •

The Four Capitals of Treasury's Living Standards Framework are the assets that generate wellbeing now and into the future.

<h5>Natural Capital</h5> <p>All aspects of the natural environment that support life and human activity. Includes land, soil, water, plants and animals, minerals and energy resources.</p>	<h5>Human Capital</h5> <p>The capabilities and capacities of people to engage in work, study, recreation and social activities. Includes skills, knowledge, physical and mental health.</p>
<h5>Social Capital</h5> <p>The norms, rules and institutions that influence the way in which people live and work together and experience a sense of belonging. Includes trust, reciprocity, the rule of law, cultural and community identity, traditions and customs, common values and interests.</p>	<h5>Financial & Physical Capital</h5> <p>Financial and human-made (produced) physical assets, usually closely associated with supporting material living conditions. Includes factories, equipment, houses, roads, buildings, hospitals, financial securities.</p>

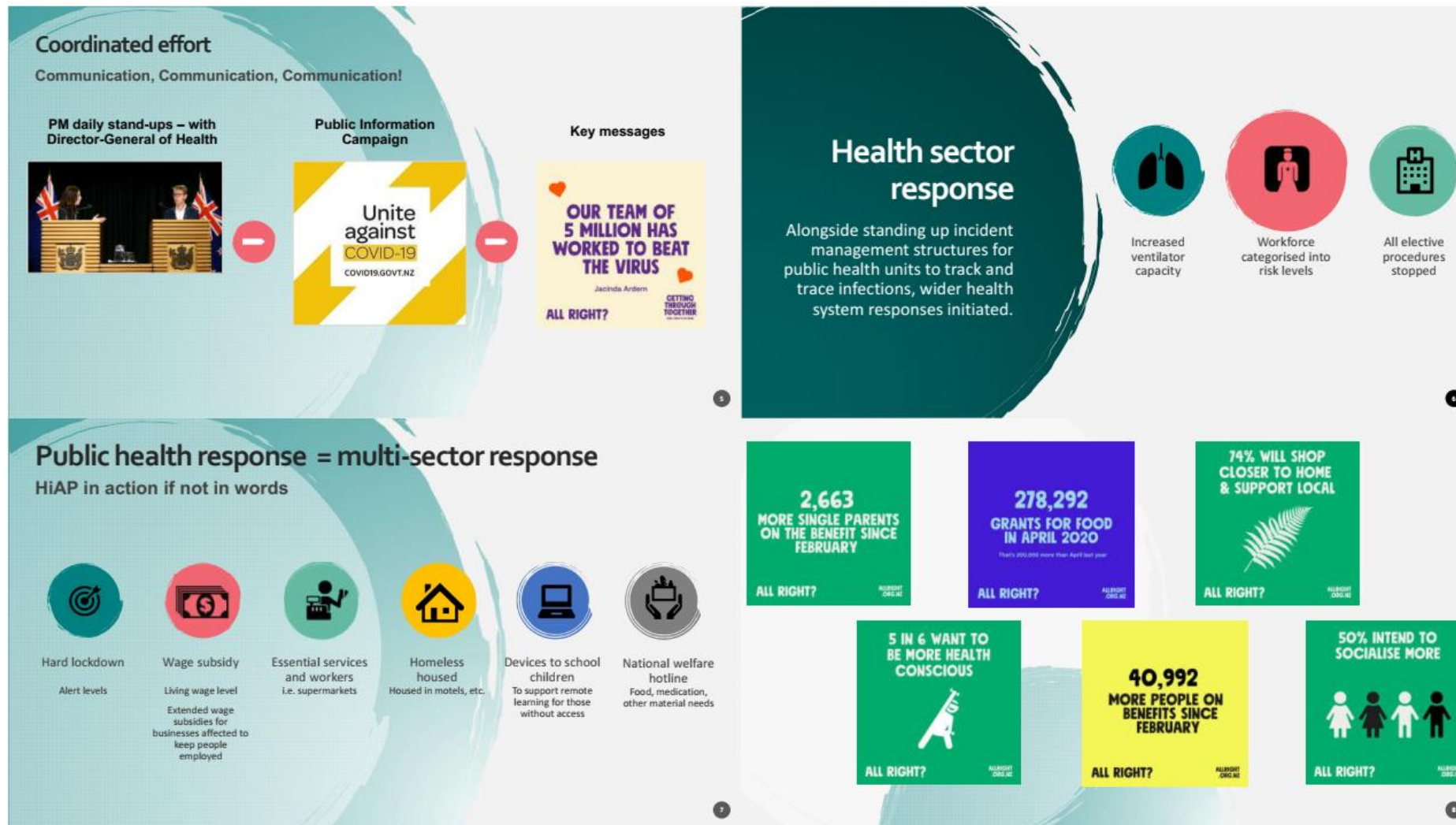
GO EARLY, GO HARD



WORLD ECONOMIC FORUM

"Everything you will all give up for the next few weeks, all of the lost contact with others, all of the isolation and difficult time entertaining children: it will literally save lives."

Jacinda Ardern
Prime Minister of New Zealand



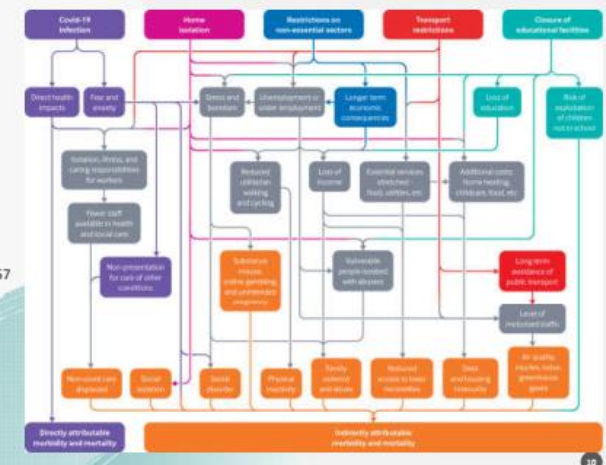
Risk factors

Burden of the pandemic did not fall equally across our society



Effects of social distancing measures on health

BMJ 2020;369:m1557 doi: 10.1136/bmj.m1557
(Published 27 April 2020)



Health impacts - benefits

While effectively 'stamping out' the virus, direct and indirect health impacts of pandemic far-reaching

- Shovel ready infrastructure – bike lanes
- Air quality improved in lockdown
- Some families did well
- No Influenza (500 lives saved)
- Lower road toll/accidents
- Neighbourhoods connected (socially)
- Increased activity families out together
- Supporting local businesses/organisations
- Less suicides

Health impacts - negatives

While effectively 'stamping out' the virus, direct and indirect health impacts of pandemic far-reaching

- Shovel ready infrastructure – not checked for wellbeing impacts
- Some families did not do well
- Alcohol and drug abuse increased for some (less in young) – but higher help seeking post lockdown
- Initial delays in accessing some medical treatment - Cancer treatment pretty much back on track

Local responses

Pandemic supplement to IPG



Maintaining relationships

Kept in touch with contacts
Used existing Joint Work Plans to support BAU
Joint submissions
GCP2050

Disability advocacy

Collected Information on PWD and directly influencing decision-makers to make positive change

<https://www.cph.co.nz/wp-content/uploads/IPGPandemicSupplement.pdf>
<https://www.cph.co.nz/wp-content/uploads/IntegratedPlanningGuideV3.pdf>

Moving forward

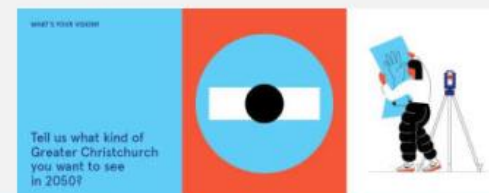
Applying lessons to future health crisis



- Invest in relationships – especially with decision-makers
- Show impact of collaborative action
- Need to continue momentum at national government level on addressing big problems (child poverty, climate change, inequity) to improve health and strengthen resilience
 - Political will
 - Funding at levels to allow change and innovation

Enabling factors for collaboration in a crisis

- Leadership
- Recognition and communication of shared goals – and that health contributes to economy
- Science and evidence-led approach
- At local level: Multi-sector pre-existing relationships firmly established



THANK YOU

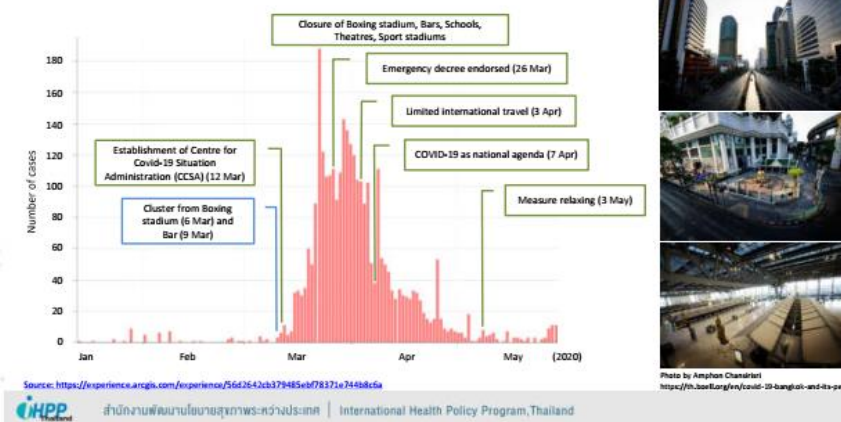
Anna Stevenson
anna.stevenson@cdhb.health.nz
On behalf of the Health in All Policies team at CDHB
<https://www.cph.co.nz/your-health/health-in-all-policies/>

- **Warisa Panichkraengkrai**

- International Health Policy Program (IHPP) Ministry of public health, Thailand



Confirmed COVID-19 cases in Thailand



Social measures



Active citizens in coping with COVID-19



Community Charter in response to COVID-19



Commitment to ensure strong actions to prevent wide spread of COVID-19 in relevant to context of each community

Development of Community Charter

- with technical support by NHCO and District Health Board with
- with financial support by Thai Health Promotion Foundation and NHCO

Activities are financially supported by Community Fund (matching fund between NHCO and Local Government)

13th National Health Assembly

- Theme: Active Citizens in Response to Health Crisis
- Agenda
 - Food Security in Crises
 - Participatory health crisis management for pandemics



Lessons to be shared

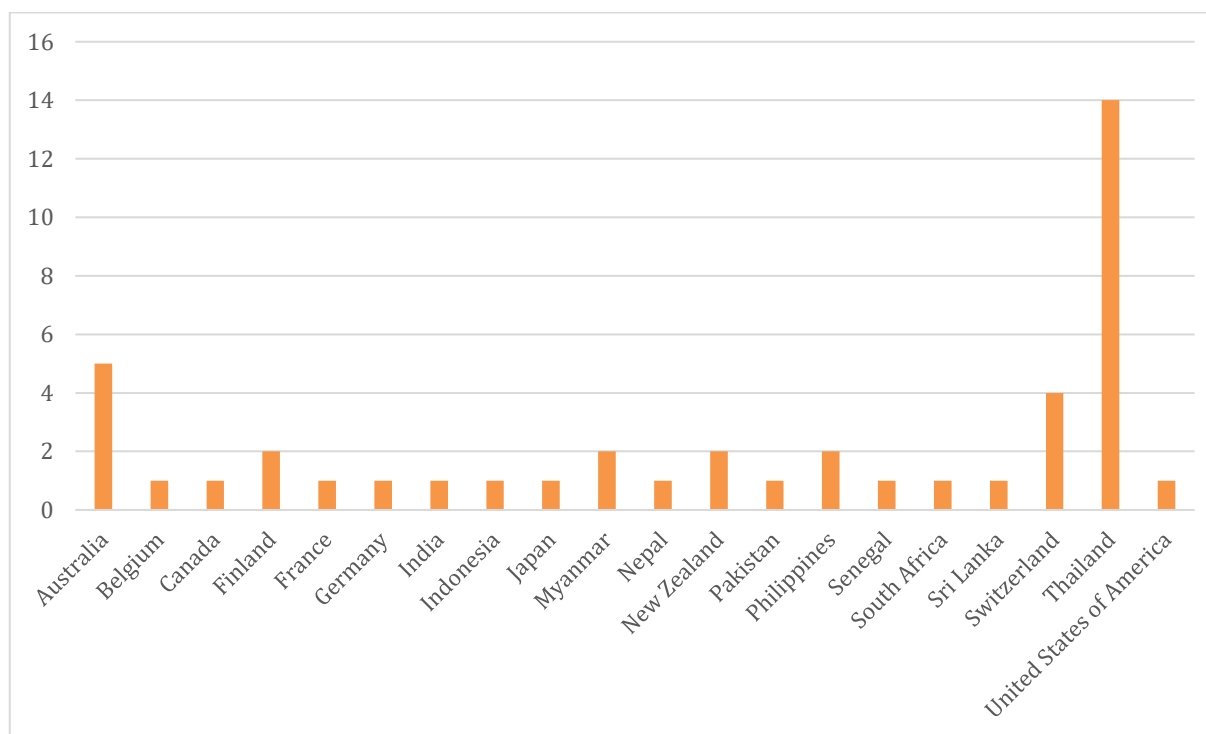
- Role of health sector during the pandemic should be able to re-position in the time of pandemics
From our experience, **health sector role has shifted** from a leader at the beginning to a facilitator when measures were relaxing
- **Citizen participation** in the policy process makes HiAP responsive to the need of the needy
- **Policy platform** contribute to sustainability of HiAP and Multi-sectoral Collaboration



APPENDIX 3 LIST OF WEBINAR PARTICIPANTS

The total number of 44 webinar participants from 20 countries is presented by country.

Figure 1 Participants by country



The total number of 44 webinar participants is presented by groups of stakeholders.

Figure 2 Participants by stakeholder

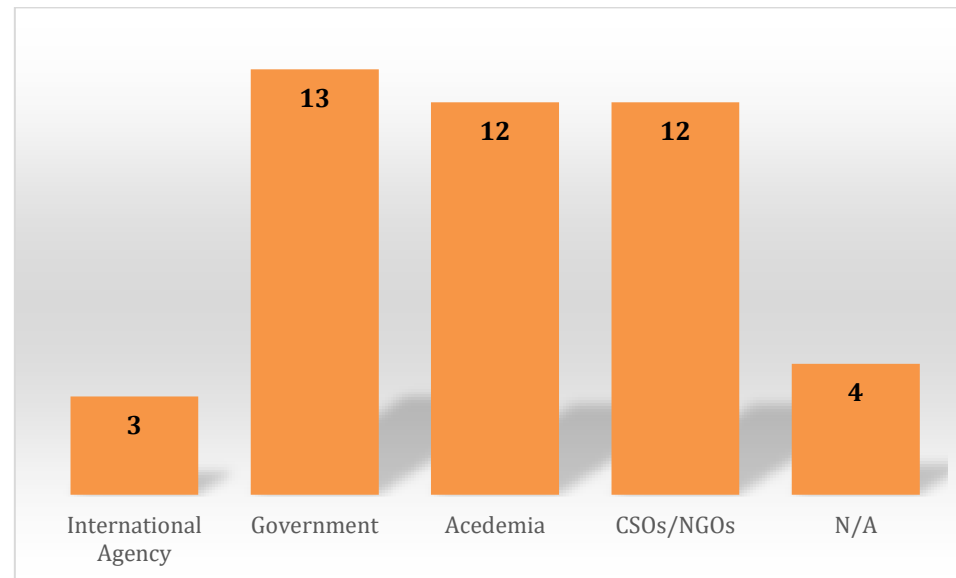


Table 1 The list of webinar participants

No	First Name	Last Name	Organization	Job Title	Country
1	Anna	Stevenson	Canterbury District Health Board	Public Health Physician/Medical Officer of Health	New Zealand
2	Ashley	Puiatti	Centre Local de Promotion de la Santé de Charleroi Thuin	Chargée de projet	Belgium
3	Ashlin	Zargar	N/A	N/A	Canada
4	Bhensri	Naemiratch	Mahidol Oxford Tropical research unit	Consultant	Thailand
5	Bindu	Patel	The George Institute for Global Health	Postdoctoral Research Fellow	Australia
6	carmel	williams	Wellbeing SA	Manager	Australia
7	Désiré	NEBOUA	GRADES	Président	Senegal
8	Efraim	Grandeza	Tambayan Center for Children's Rights Inc.	Project Officer	Philippines
9	Elisa	Codato	Global Health Centre	Event Coordinator	Switzerland
10	Ezekiel	Boro	Graduate Institute, Geneva	Student	Switzerland
11	Gwen	Ramokgopa	DGRA	Director	South Africa
12	Jaypee	Paguntalan	N/A	Student	Philippines
13	Jorge	Mandl Stangl	N/A	N/A	Germany
14	Julie	Williams	Department of Health	Manager Chronic Conditions Prevention	Australia
15	Kanang	Kantamaturapoj	Mahidol University	Lecturer	Thailand
16	Karen	Basualto Cárcamo	Tampere University	Intern	Finland



No	First Name	Last Name	Organization	Job Title	Country
17	Khanitta	Saeiew	National Health Commission Office (NHCO) Thailand	Senior Technical Officer	Thailand
18	Krishna	Gautam	Independent Living Center Lalitpur Nepal	Secretary General	Nepal
19	Kristiawan	Jhon	Indonesia conservation community WARSI	Members	Indonesia
20	Kyoko	Shimizu	Asian Health Institute (AHI)	Program Coordinator	Japan
21	Liviu	Vedrasco	World Health Organization (WHO)	Officer	Thailand
22	Mira	Tikkanen	Tampere University	Intern, MSc Public Health student	Finland
23	Monuj	Dutta	Surujmukhi NGO	Secretary	India
24	Natapol	Thongplew	Ubon Ratchathani University	Lecturer	Thailand
25	Nicole	Valentine	World Health Organization (WHO)	Technical officer	Switzerland
26	Oranit	Orachai	National Health Commission Office (NHCO) Thailand	Admin	Thailand
27	pattharapong	Chaichoke	National Health Commission Office (NHCO) Thailand	officer	Thailand
28	Pavitra	PAUL	N/A	N/A	France
29	Rebecca	Culliford	Bay of Plenty District Health Board	Health Improvement Advisor	New Zealand
30	Saw	Jackson	Nay Pyi Taw YMCA	General Secretary	Myanmar
31	sharon	friel	Australian National University	Professor	Australia
32	shukra	paudel	ILCL	PM	United States of America
33	Siriwat	tiptaradol	National Health Commission Office (NHCO) Thailand	senior advisor	Thailand



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No	First Name	Last Name	Organization	Job Title	Country
34	Stephanie	Burrows	World Health Organization (WHO)	Technical officer	Switzerland
35	Stephen	Jan	The George Institute for Global health	Professor of Health Economics	Australia
36	Supanat	Ruangkajorn	MORU	Liaison officer	Thailand
37	Suwicha	thaweesook	NHCO	technical officer	Thailand
38	Thitikorn	Topothai	International Health Policy Program (IHPP)	Research fellow	Thailand
39	Warisa	Panichkriangkrai	International Health Policy Program (IHPP)	researcher	Thailand
40	Watinee	Kunpeuk	International health policy program (IHPP)	Research assistant	Thailand
41	Weerasak	Putthasri	National Health Commission Office (IHPP)	Deputy Secretary-general	Thailand
42	Yogeshwari	Krishnan	Institute of Social Development (ISD)	Project Manager - Gender	Sri Lanka
43	Zarni Lynn	Kyaw	Community Partners International (CPI)	Program Manager	Myanmar
44	Zeeshan	Ishfaq	RASTI	Project Assistant	Pakistan

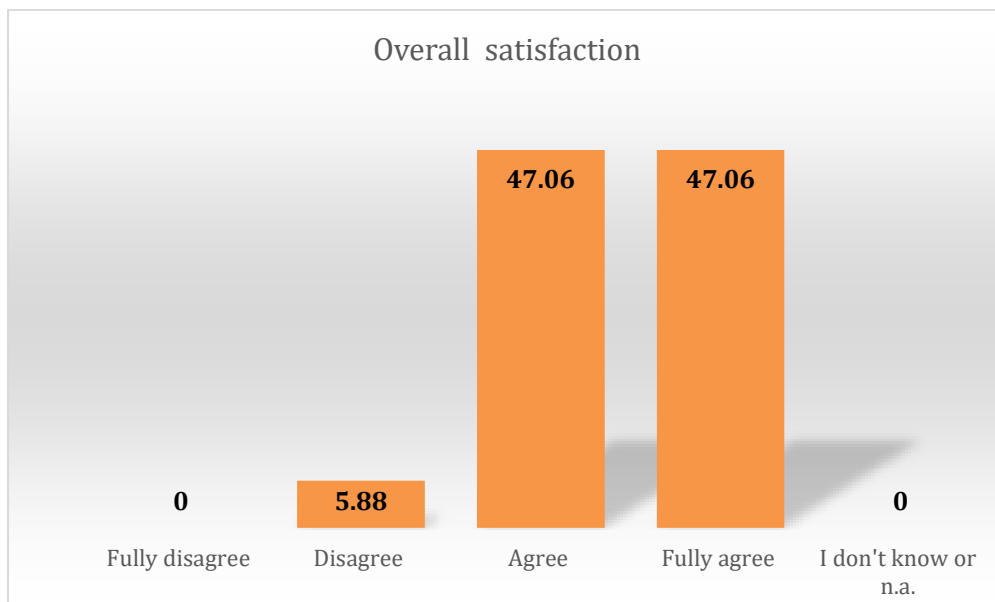
APPENDIX 4 GROUP PHOTO



APPENDIX 5 RESULT OF WEBINAR EVALUATION

After the webinar, the National Health Commission Office, Thailand sent the evaluation form to the participants. The feedback from 17 participants were obtained. The result of evaluations are shows as follows;

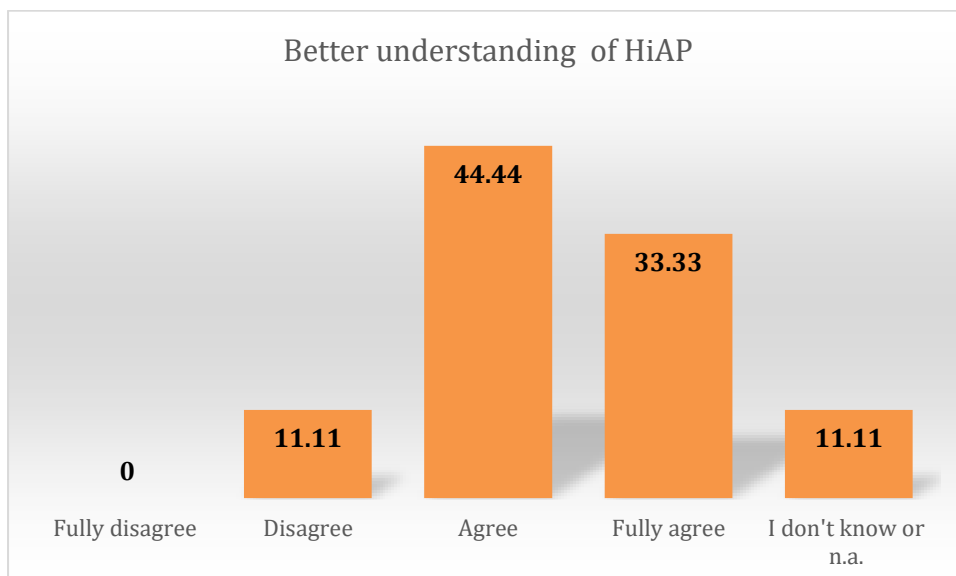
1. Overall satisfaction



Comment on overall satisfaction

- Excellent
- For me, the stories were really interesting, the presenters were well prepared and the delivery was great, but it just lacked any really new and useful transferable insights. The messages and challenges were just the same as has been taught and discussed in public health / health promotion for a long time. It felt like New Zealand's great response to COVID was just luck that we had the right people at the helm, rather than anything public health professionals could do to strategize and replicate that in another jurisdiction.
- I am fully satisfied with this webinar. All presenters have done their presentation effectively. That were helped to learned more valuable points. If it is possible please include more strategies to improve the institutional arrangements for workplace eg; organized and unorganized sector. Hope you will be share those slides to us. Thank you for the opportunity

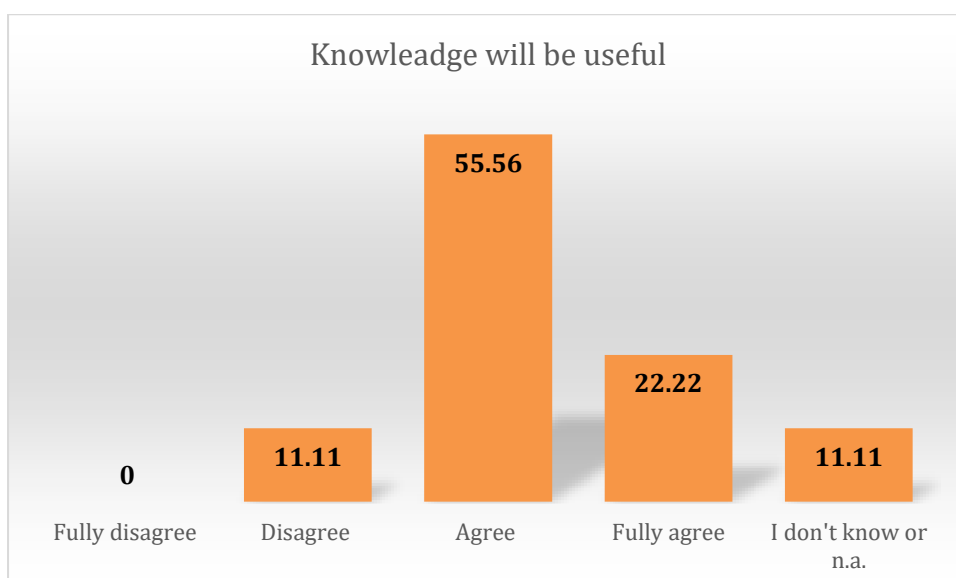
2. A better understanding of Health in All Policies and the opportunities that this approach offers for fostering positive outcomes in terms of health equity in the COVID-19 context



Comments on better understanding on HiAP

- I already have a reasonable understanding of HiAP.
- Needed to discuss the strategies for campaign on national health policy at work place in order to implement health equity in the COVID-19 context effectively with institutional arrangements in certain

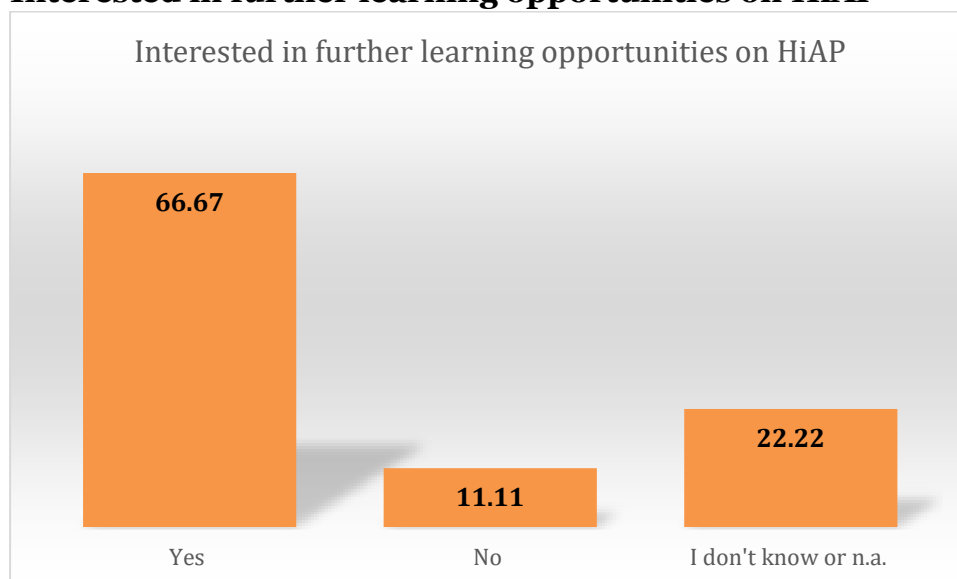
3. The knowledge from this webinar will be useful in professional activities



Comments on knowledge will be useful

- As an activist for women's rights and community development, I can share the gained knowledge and experiences to key youth and women leaders during TOT capacity building training.
- Decisions and good communication from center governments until local level will determine the success of policies that are being implemented by the country.
- We have an association called GRADES (groupe de recherche et d'action en diplomatie et santé) who is expecting to develop expertise in health in all policies in order to support west African countries in the implementation of this approach.

4. Interested in further learning opportunities on HiAP



Comment on Interested in further learning opportunities on HiAP

- Mechanism and approach for multi-sectoral collaboration
- Strategies for workplace institutional arrangements in order to ensure labour rights and prevention of health issues.

5. Other tools or resources would be helpful to support HiAP advocacy or implementation in your jurisdiction

- Learning how to advocacy for health in all the policies in a better way.
- Networking and collaborate with multi stakeholders
- Resources related to use through social media
- You'd need to get beyond the principles and high level stuff and into some more nitty gritty for it to be more useful for me. And the fact it is so broad and flexible actually makes it less useful, not more.

6. Key message from the webinar

- Citizen participation in the policy process makes health in all policies responsive to the need of the people.
- Covid 19 is an opportunity for multisectoral collaboration, so countries need to go head in strengthening this collaboration
- Multi-sectoral collaboration is important for sustainable development.
- Multi-sectoral collaborative approach is essential.



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- political will, communication, participation, resource, awareness from citizens
- Sorry to be negative, but I am just being truthful. I don't like to criticise, but its just this seminar over-promised and under-delivered for me.
- That "Health is Wealth"
- We must be cautious and move carefully and planning policies especially for health security in this time of pandemic.