

Health in All Policies Training Manual

for NCDs Prevention
and Control in Nepal

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Presented by
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Abbreviations

CDH	Commercial Determinants of Health
HiAP	Health in All Policies
NCDs	Non-Communicable Diseases
SDH	Social Determinants of Health

Overview of the Manual

Purpose of the Manual

The training manual on "Health in All Policies (HiAP) for Non-Communicable Diseases (NCDs) Prevention" is designed for trainers to use and adapt in organizing workshops or training sessions on HiAP. While the primary focus is on NCDs, the content can be tailored to address other key concerns specific to a country, such as commercial determinants of health, air pollution, climate change, communicable disease and mental health.

Summary of Contents

This HiAP training manual has 12 sessions consisting of interactive lecture presentations and group activities.

Session	Overview
Session 1: Opening session	Introduce the training program and clarify its objectives. Gather participants' expectations from the training.
Session 2: Social Determinants of Health	Explain the social determinants that contribute to ill health.
Session 3: NCDs Landscape	Provide an overview of NCDs on national, regional, and global landscapes. Highlight the impacts of NCDs on Sustainable Development Goals
Session 4: Health in All Policies	Outline the rationale and principles of HiAP. Delve into the HiAP framework and describe its four pillars, leading to multisectoral collaboration.
Session 5: HiAP in reality	Discuss real-world experiences in applying the HiAP approach.
Session 6: Problem and stakeholder analysis	Introduce the concept of problem and stakeholder analysis, crucial for HiAP.
Session 7: Shared vision setting	Introduce vision-setting techniques that engage all stakeholders.
Session 8: Communication for change	Introduce the concept of communication for change and detail various communication tools and channels.

Session

Overview

Session 9: Building a sense of ownership.	Discuss and brainstorm using case studies where a strong sense of ownership was successfully established.
Session 10: Monitoring and evaluation on HiAP	Introduce the concept of Monitoring and Evaluation (M&E) for HiAP and discuss its potential applications.
Session 11: Next steps	Encourage participants to reflect on their key learnings and plan subsequent actions.
Session 12: Course evaluation	Recap the key messages from the training and gather feedback for course improvement.

Session Components

Sessions in this training manual consist of the following components:

- Time schedule
- Learning objectives
- Key messages
- Key learning materials
- Additional reading materials
- Training instructions
- Supporting material for instructors

Overview of the Training

The training on Health in All Policies [HiAP] for NCDs Prevention and Control has three primary objectives.

To introduce the Health in All Policies approach, which requires both hard skills, such as analysis skill and soft skills, such as communication, to forge a mutually beneficial partnership between the health sector and other stakeholders.

To build understanding of participants on the root causes of NCDs and the need for multi-sectoral collaboration to address the risk factors of NCDs.

To build mutual understanding and future collaborations among participants from diverse professional background, focusing on NCDs prevention and control. This training is not designed for developing a multi-sectoral action plan.

Organization of the Training

Training Design

The training utilizes the Participatory Training Methodology (PTM). This approach emphasizes the principle that "sharing is learning, and learning is sharing." Every session encourages active participation, offering participants ample freedom for experiential sharing. Instructors guide participants to discuss and ask questions. Additionally, instructors enhance the learning process by providing relevant inputs and showcasing best practice examples. These examples may originate from within the participants' own country, echoing their experiences, or from different countries to illustrate the breadth of practices.

Considering the time constraints and workload of participants, the training is structured to span three days. It encompasses three core elements in respect to Health in All Policies:

Knowledge

Covering topics such as Social Determinants of Health, Health in All Policies and NCDs.

Skills

Emphasizing problem-stakeholder analysis, vision-setting, action development, and communication for change techniques.

Action and Attitudes

Action and Attitudes: Fostering a collaborative mindset, instilling a sense of ownership, and promoting a trust-based culture.

A Training Programme on Health in All Policies for NCDs Prevention and Control

Day	1 st Half Morning (1.5 Hours)	2 nd Half Morning (1.5 hours)		1 st half afternoon (1.5 hours)	2 nd Half afternoon (1.5 hours)
Day 1	Session 1: Opening ceremony <ul style="list-style-type: none"> Course Introduction Group photo Ice breaking Expectation from participants 	Session 2: SDH Group work : Exercise Group presentation	Lunch	Session 3: NCDs S2.1 NCDs landscape in Nepal Presentation S2.2 NCDs landscape at the global, and regional landscape Presentation	Session 4: HiAP Concept and practice Presentation Session 5: HiAP in Reality Panel Discussion on HiAP: Possible or impossible for NCDs prevention and control?
Day 2	Session 6: Problem and stakeholder analysis Group work with template Group presentation	Session 7: Vision setting, action and role of stakeholders Group work with template Group presentation		Session 8: Communication for Change Group work with template Group presentation	S.8 Continue
Day 3	Session 9: <ul style="list-style-type: none"> Building a sense of ownership of stakeholders VDO Clip Brainstorm 	Session 10: M&E on HiAP Presentation Session 11 Next Steps of your work Group work based on the story given since Day 2		Session 11: Next Steps of your work Group presentation	Session 12: Evaluation <ul style="list-style-type: none"> Lessons learnt sharing Evaluation for course improvement

Instructors

Instructors play a pivotal role in the success of the training. They must possess the ability to foster experiential sharing and encourage participant engagement through a variety of interactive methods, including discussions, group activities, and exercises. Instructors ensure that everyone has a chance to contribute their perspectives and experiences. They also tailor the pace and substance of the training to align with participants' understanding. At the end of each session, facilitators are expected to summarise key takeaways and learning outcomes for the group.

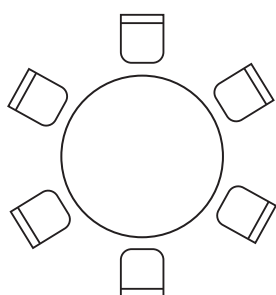
For training sessions comprising 20-30 participants, there should be a primary instructor supported by one or two assistant instructors. These assistants are particularly valuable during group discussions or activities, ensuring smooth and effective facilitation.

Participants

The training is designed for participants from both the health sector and other sectors that impact health, such as housing, transportation, agriculture, and the economy. For a holistic and enriching experience, a diverse participant mix is crucial. This variety facilitates experience sharing and opens up new perspectives on the topics under discussion. The ideal composition includes:

- Participants from varied sectors and professions.
- Representatives from different administrative tiers, including central government, municipalities, and community levels.
- A balance between participants from the government sector and those from the non-government sector, such as public health institutes, the private sector, and civil society organizations.

The ideal participant count ranges between 20 and 30 individuals. This size is optimal for group work assignments and ensures active participation, discussion, and opinion sharing from all attendees.



A maximum of 30 participants
A mix of participants, i.e.,
Profession background,
Ranking, Administrative level

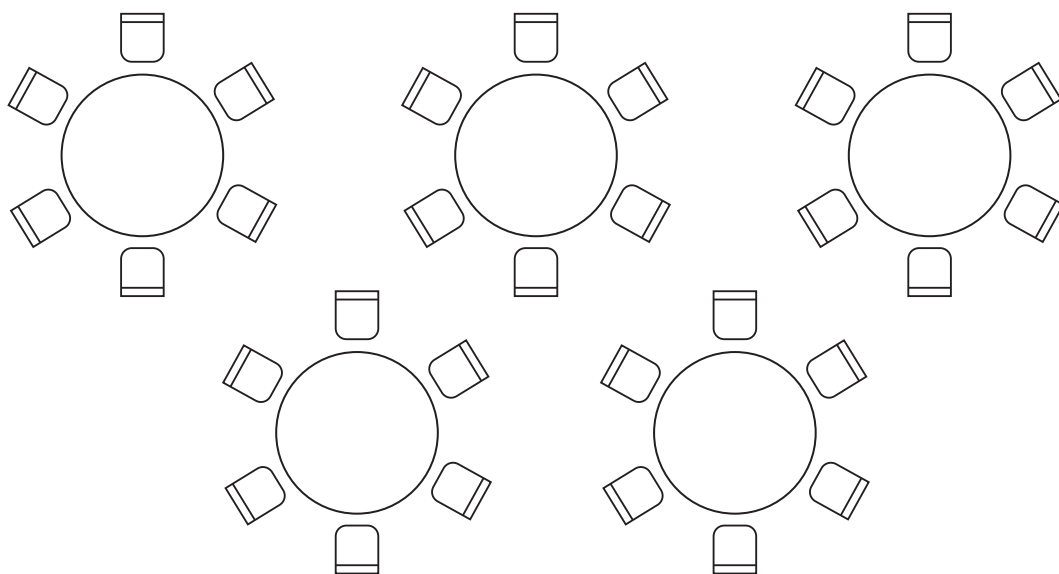
Venue and Seating Arrangements

Relaxing atmosphere venue

Choose a training venue with a relaxing atmosphere, ideally outside typical office settings, to inspire out-of-the-box thinking.

Banquet seating arrangement

Opt for round tables spread throughout the room, with each table accommodating six to eight participants. This arrangement promotes conversation and facilitates group work. However, ensure the room is spacious enough to make this seating comfortable.



Opening Session

Session Overview

The opening session is important to set the training's course atmosphere. It is advised to set a friendly and welcoming environment that encourages participants to share their opinions and ask questions. While some courses might rush through this introductory phase to dive into the content, the overall success of the training often hinges on the openness and collaborative spirit of the participants.

	Duration
Course introduction	15 mins
Expectation from participants	30 mins
Pre-test	15 mins
Ice breaking	30 mins
Total Time	1 h 30 mins

Course Introduction

Objective: To orient participants to the course and its objectives, and to introduce the facilitator team. This section can also cover common ground rules and logistical matters.

Expectation from Participants

Objective: To understand participants' expectations from this training course. This will enable Instructors to either accommodate these expectations as much as possible or clarify when the course scope does not cover certain expectations.

The atmosphere during this session should be open and friendly. There are various methods to gather expectations from participants. Some examples include:

- Asking participants who are willing to share first, then continue in a snowball manner.
- Write down their expectations on sticky notes and then post them on a flip chart.
- Use the Mentimeter application.

Instructors can either read out some expectations or ask participants to share theirs, especially highlighting those that fall outside the course's purview.

Objective: To gauge the participants' existing knowledge on the course topics. This helps facilitators identify areas that might need more emphasis and others that can be covered quickly or skipped. Moreover, the pre-test aids in evaluating the effectiveness of the training by comparing participants' knowledge before and after the course. There are various ways of doing a pre-test. The test can be done on paper or online. It can be scheduled during registration or after discussing participants' expectations.

Ice Breaking

Objective: To facilitate introductions among participants and create a relaxed atmosphere. The ice-breaking activity is central to this session. It can be structured to simultaneously orient participants about the course, gather their expectations, and even be combined with the pre-test.

Ice-breaking activities can be designed to gather detailed information about participants, including their professional roles and their organization's policies. This comprehensive understanding of participants' backgrounds is valuable for instructors, providing relevant examples for use in subsequent sessions, such as stakeholder analysis and shared vision development.

Social Determinants of Health (SDH)

Session Overview

This session delves into the Social Determinants of Health (SDH), exploring how they contribute to ill health, health inequities, and the surge in non-communicable diseases (NCDs) worldwide. Instead of a traditional lecture, we employ a gamified approach called "The Card Game: What Makes Him Fat?" to explain a complex combination of various factors at different levels, including the SDH concept, through the case of overweight and obesity, the major risk factor of NCDs such as type 2 diabetes, cardiovascular disease, hypertension and stroke, and various forms of cancers. This engaging method fosters a supportive and enjoyable training atmosphere, spurring discussion among participants.

	Duration
Introduction of the card game	20 mins
Group work	30 mins
Group presentation and discussion	20 mins
Presentation on the SDH concept and HiAP	10 mins
Reflection	10 mins
Total Time	1 h 30 mins

Learning Objectives

By the end of the session, participants will

- Understand the complexity, the range of factors, and root causes of NCDs through the lens of SDH by learning from the case of overweight and obesity, which are influenced by individual, household, community, and societal factors.
- Learn that it needs multitude of stakeholders beyond the health sector or multisectoral approach, including government agencies, the private sector with no conflict of interests, and civil society organizations, in addressing the complex health issues, like NCDs and obesity

Participants will recognize the importance of integrating health considerations into the policy development process of all ministries, as well as private entities as their policies or practices may influence people's health behavior and well-being, which negatively contribute to overall national development.

Key Messages

- Social Determinants of Health (SDH) refer to the conditions in which individuals are born, grow, live, work, and age. These conditions are significantly influenced by the distribution of wealth, power, and resources on global, national, and local scales.
- Commercial determinants of health (CDH) are a key social determinant, and refer to the conditions, actions and omissions by commercial actors or private entities that affect people's health, directly or indirectly, positively or negatively. CDH arises in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place; for example, supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and others.
- Ill Health, health inequities, and NCDs are not caused by only individual behaviours, but also by SDH, including nutrition, the built environment, working conditions, income, health care and the systems and policies that influence these conditions of daily life, as well as the marketing practices of commercial actors.
- The Health in All Policy Approach (HiAP) offers a strategy to identify and mitigate the adverse effects of public policies on population health. Health in All Policy Approach (HiAP) provides a means to identify and avoid the negative impacts of public policy that can be detrimental to the health of populations.

Key Learning Resources

- WHO I (2023) Working together for equity and healthier populations Sustainable multisectoral collaboration based on Health in All Policies approaches
<https://apps.who.int/iris/bitstream/handle/10665/372714/9789240067530-eng.pdf>
- WHO I (2023) WHO acceleration plan to stop obesity
<https://www.who.int/publications/i/item/9789240075634>

Additional Reading Material

- CSDH (2008) Closing the Gap: Health Equity Through Action on the Social Determinants of Health, Final Report of the Commission on Social Determinants of Health. Geneva, WHO (AR) (CN) (ES) (FR) (PT) (RU) (Executive Summary – 24 pages)
- Kickbusch I (2012) Addressing the interface of the political and commercial determinants of health, Health Promotion International, Vol. 27, No. 4
- Buse K, Tanaka S, Hawksw S. Healthy people and healthy profit? Elaborating a conceptual framework for governing the commercial determinants of non-communicable diseases and identifying options for reducing risk exposure. Global Health.2017 Jun 15; 13(1): 34

- WHO (2023) Commercial determinants of health <https://www.who.int/news-room/-fact-sheets/detail/commercial-determinants-of-health#:~:text=Commercial%20determinants%20of%20health%20are,or%20indirectly%2C%20positively%20or%20negatively.>

Training Note

About the game: This card game is designed to facilitate understanding of a complex combination of various factors at different levels, including the SDH concept of health issues through the case of overweight and obesity.

Overweight/obesity is the major risk factor of NCDs such as type 2 diabetes, cardiovascular disease, hypertension and stroke, and various forms of cancers. Worldwide, 39% of the adult population were overweight in 2016, and 13% were obese, which has risen dramatically in the last decades. What makes people become obese is very complex and combines a number of factors at different levels. These include individual factors (such as genetics, personal health beliefs, and behaviors), interpersonal (such as household supports and social networks), organizational (such as workplace's rules and working conditions), community (such as built environmental and physical facilities), and policy (such as transportation policies and social protection policies).

Training Instructions

1. The game is adaptable for various group sizes, ranging from a small group of 4 or 5 players up to 25 participants. However, it's advisable to split participants into smaller groups for in-depth discussion, later reconvening for collective learning from each group's experiences. The core of the game is the interactive discussion it stimulates, facilitating a continuous learning loop on SDH.
2. Now, delve into Mr. A's narrative:

Mr. A is 38 years old. He just received his health checkup results indicating that he is overweight and has borderline risk of diabetes and hypertension, like many others of his friends and colleagues. Mr. A has started taking better care of his health.

He was born in a rural setting where his parents worked as farmers. At the age of 15, his life took a turn when he secured a government scholarship, propelling him to relocate to the capital city. He has been working as an officer in a government organization for 15 years, before getting married at the age of 27. He has two school-aged children. Presently, he receives a monthly salary of 700 USD.

He has moved in a rented apartment in a crowded area in the city, costing 120 USD/month for ten months. His apartment is surrounded with shopping malls; the nearest one is just 600 meters away. The weight of multiple expenses, such as rentals, utility bills, school fees, and commuting

costs, bear down on him. Mr. A also wants to buy a new house and car to secure a better future for his family. Thus, he often finds himself working long hours, typically 10-12 hours a day, and sometimes even the entire week to earn more overtime pay. His wife has also started a part-time job and has lesser time for cooking for family members. In his limited free time, he and his children like to go to a public park, but the nearest one is almost two hours away.

Game Instructions

The instructor should explain the following game in instruction:

Formation of Groups:

- Participants should be divided into smaller groups.
- Each group is allotted 30 minutes for gameplay.

Card Selection:

- Each group selects cards that they believe contribute to Mr. A's obesity.

Mapping the Causes:

- Groups should draw lines connecting selected cards to indicate how each one relates to Mr. A's health issue. They should categorize these causes as either direct or indirect.

Group Discussion

- Based on the cards selected, each group should engage in a discussion centred around the following guiding questions:
- What are the reasons for Mr. A's obesity?
- Which stakeholders or actors play a role?
- What policies could different ministries or organizations implement to address obesity?

Presentation

- Each group presents their findings and answers to the guiding questions to the class.
- Instructor asks the participants following questions to all groups.
- Why does this group choose a card as an indirect cause of obesity, while the other group sees it as a direct cause?
- What process do you come up with?
- What card relates to your interim of your organization and existing work?
(This question will lead to deep knowing each other and make participant link himself/herself to the workshop)
- What do you learn from this game?

Conclusion

- The instructor synthesizes the presentations, highlighting both commonalities and differing perspectives.

Instructor's Conclusion

- To wrap up this session, the instructor delves deeper into the concept of SDH and its connection to obesity.

Understanding SDH

- A significant portion of the determinants of health and health inequities in populations stem from social, environmental, and economic factors. These determinants often fall outside the purview of the health sector and traditional health policies.

Public Policies' Role:

- Policies and decisions made across various sectors, and at different governance levels, play a pivotal role in influencing population health.

Obesity: A Multi-Faceted Issue:

- Obesity is a complex issue, influenced by various determinants and actors present in society. It is affected by numerous factors and actors, spanning from the international to the individual level.
- As an illustration, consider the relationship between the national/regional transport sector and food and nutrition. Their connection extends to the community/locality level, impacting aspects like manufactured or imported food availability. Moreover, international media programs and advertising tie into national/regional entities like media, culture, education, and food and nutrition.

The Role of HiAP:

- The Health in All Policies (HiAP) approach offers a mechanism to recognize and mitigate the potential adverse impacts of public policies on the health of populations or specific subgroups.
- Addressing multifaceted issues like obesity necessitates multisectoral collaboration across all levels. HiAP underlines the significance of this unified, cross-sector approach.

Supporting Material for Instructors

- Card Game on what makes him fat? (c) Copyright by 2023 National Health Commission Office (NHCO) Thailand, game design by Thunyaporn Surapukdee
- Powerpoint slide set on introduction of the card game on what makes him fat? (Annex 3)
- Powerpoint slide set on SDH concept and HiAP and the food system for obesity (Annex 3)

NCDs Landscape

Session Overview

This session addresses the reasons Non-Communicable Diseases (NCDs) have risen to prominence on the global health and political agenda. It will summarize current initiatives and underscore the necessity for action across multiple sectors.

Duration	
Lecture	20 mins
Questions and answers	10 mins
Total Time	30 mins

Learning Objectives

Participants will gain an understanding of:

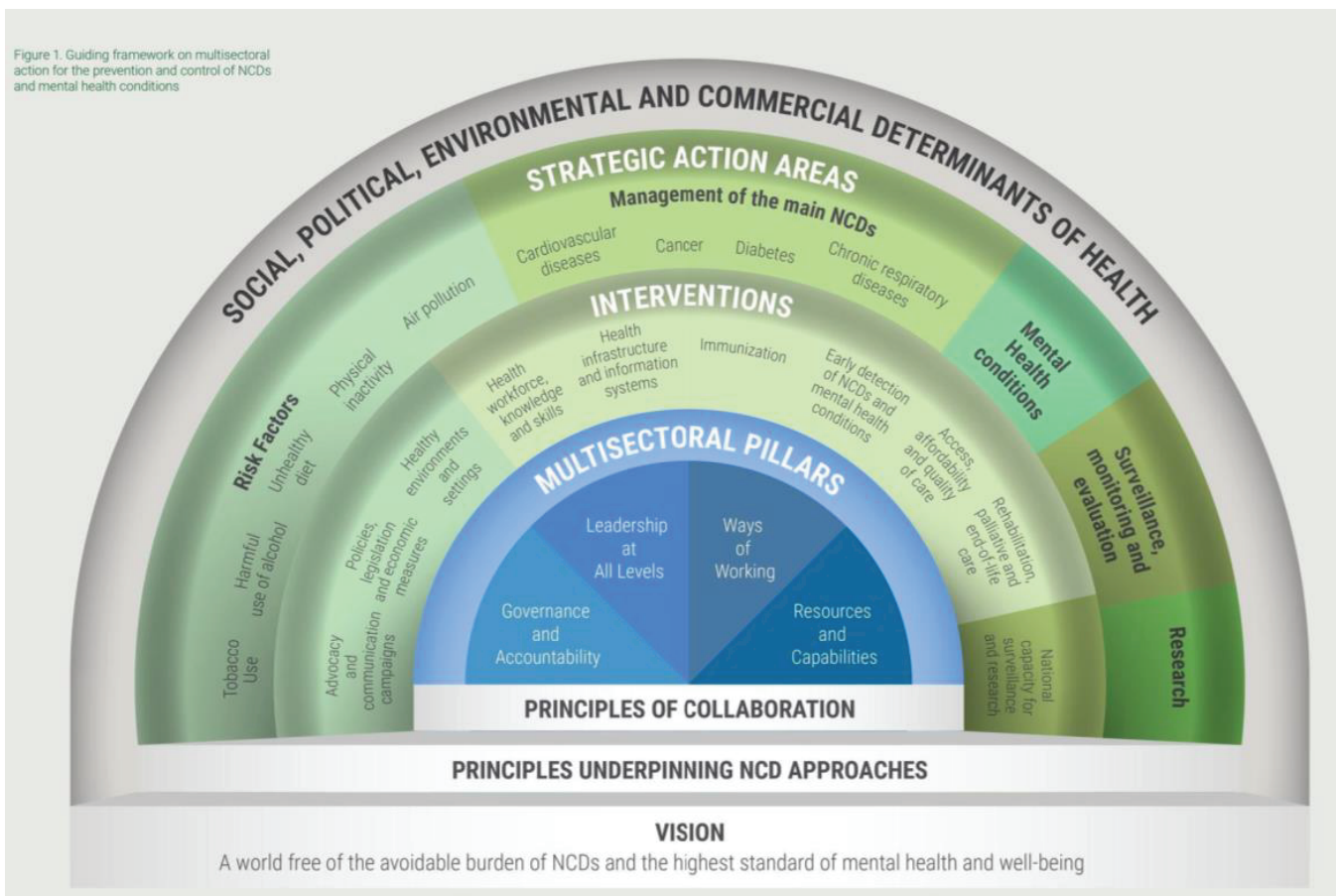
- The significance of tackling NCDs for sustainable development;
- Key global and regional policy initiatives on NCD prevention and control, such as the global action plan, NCD targets, and a compilation of cost-effective strategies;
- The necessity of a multisectoral approach in the prevention and control of NCDs; and
- The focal points for multisectoral action aimed at NCD prevention and control.

Key Messages

- Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 74% of all deaths globally. Of these, 17 million are premature deaths occurring under the age of 70, with 86% in low- and middle-income countries (LMICs).
- The four main types of NCD include cardiovascular diseases, cancers, chronic respiratory conditions (such as chronic obstructive pulmonary disease and asthma), and diabetes, which together account for over 80% of all premature NCD-related deaths.
- Lifestyle choices such as tobacco usage, lack of physical activity, unhealthy diets, and excessive alcohol consumption increase NCD risk, contributing to crucial metabolic changes like hypertension, overweight/obesity, hyperglycaemia, and dyslipidemia.
- NCDs undermine economic growth and pose challenges to achieving the Sustainable Development Goals (SDGs), mainly due to early mortality, diminished productivity, and the financial burden of healthcare.
- Drivers of these diseases and detrimental health behaviours encompass swift urbanization, globalization of unhealthy lifestyles, and demographic ageing.

- Globally, many policies and tools have been adopted to confront NCD epidemic, including the UNGA Political Declaration, SDG target 3.4, the WHO Global Action Plan for the prevention and control of NCDs, 2012-2030. These encompass a suite of global targets and recommended policy actions and cost-effective measures for government prioritization.
- A comprehensive strategy is imperative to mitigate NCDs' societal and individual burdens, demanding cross-sectoral collaboration from health, finance, transport, education, agriculture, and others to minimize risks and endorse preventive and control interventions.
 - Multisectoral action for NCDs should concentrate on:
 - Developing mechanisms for government-wide responses to NCDs;
 - Ensuring high-level political commitment;
 - Integrating health considerations within relevant sector policies, programs, and activities, as feasible;
 - Upholding principled governance, protecting public health interests against conflicts, and acknowledging the inherent opposition between the industry and public health objectives;
 - Creating sustainable, predictable financial mechanisms;
 - Building a competent workforce;
 - Promoting access to safe, effective, quality medical solutions; and
 - Advancing and applying methods for evaluating the impact of multisectoral actions.

Figure 1. Guiding framework on multisectoral action for the prevention and control of NCDs and mental health conditions



Framework on multisectoral action for the prevention and control of NCDs

Training Instructions

1. Introduce the lecture on the NCD landscape. Begin with an explanation of the national context before expanding to regional and global landscapes, or alternatively, start with the global perspective and narrow down to the national implications.
2. Open the floor for questions and feedback from participants.

Key Learning Resources

- World Health Organization (2014) Global status report on non-communicable diseases 2014 <http://apps.who.int/iris/handle/10665/148114/>
- Political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. New York: United Nations; 2011 (A/RES/66/2) <https://digitallibrary.un.org/record/720106>
- World Health Organization (2013) Global action plan for the prevention and control of NCDs 2013–2030 <https://apps.who.int/iris/handle/10665/94384> and Appendix 3: a list of policy options and cost-effective interventions <https://www.who.int/teams/noncommunicable-diseases/updating-appendix-3-of-the-who-global-ncd-action-plan-2013-2030>
- World Health Organization (2023) Advancing the global agenda on prevention and control of non-communicable diseases 2000 to 2020: looking forwards to 2030. <https://www.who.int/publications/i/item/9789240072695>

Health in All Policies

Session Overview

This session outlines the concept of Health in All Policies (HiAP), development of HiAP, and HiAP in practice.

		Duration
Lecture		15 mins
Questions and feedback		15 mins
Total Time		30 mins

Learning Objectives

Participants will gain a comprehensive understanding of:

- **HiAP Conceptual Framework:** The core principles and rationale behind the HiAP approach, which seeks to incorporate health considerations into policy-making across all sectors to improve the population's health.
- **Development and Evolution of HiAP:** An exploration of the historical context and milestones that have shaped the HiAP approach, including significant declarations and frameworks that support its implementation.
- **HiAP in Practice:** Case studies and examples demonstrating how HiAP has been applied in various contexts and the outcomes of such interventions. This will include discussions on multisectoral collaboration, challenges encountered, and strategies for effective HiAP integration.

Key Messages:

- **Defining HiAP:** Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts to improve population health and health equity.
- **Determinants and Targets:** HiAP emphasizes addressing the broader determinants of health, including social, economic, and environmental factors, with a focus on reducing health inequities. It advocates for integrated and collaborative efforts among various sectors and with non-governmental actors.
- **Core Principles of HiAP:** The HiAP framework is founded upon six guiding principles: 1) legitimacy; 2) accountability; 3) transparency; 4) participation; 5) sustainability; and 6) collaboration.
- **Historical Context:** HiAP is first highlighted in the Alma-Ata Declaration on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (1986), where achieving health and health equity involves creating a health-conducive environment, building effective

- partnerships, addressing social determinants, and taking country action. The approach is positioned as an essential component of the global health agenda in World Health Assembly and United Nation General Assembly; for example, the Rio Political Declaration on Social Determinants of Health (2011), the UN General Assembly's Resolution on NCDs (2011), and Political Declaration on 'Universal Health Coverage: Moving Together to Build a Healthier World' (2019).
- **When to Apply HiAP:** The HiAP approach is particularly useful in complex situations that require comprehensive health strategies – such as addressing population health, health equity, or health system challenges – as well as in crafting policies with significant health impacts or when aligning with broader government priorities across multiple sectors.
- **Framework for Country Action:** Implementing HiAP involves six key steps: 1) Establish the need and priorities for HiAP; 2) frame planned action; 3) identify supportive structures and processes; 4) facilitate assessment and engagement; 5) ensure monitoring, evaluation, and reporting; and 6) build capacity.

Key Learning Resources

- World Health Organization (2014). HiAP Framework for Country Action. Geneva; World Health Organization.
- World Health Organization (2015). Health in All Policies Training Manual. Geneva; World Health Organization.
- World Health Organization (2023). Working together for equity and healthier populations: Sustainable multisectoral collaboration based on Health in All Policies approach. Geneva; World Health Organization.
- World Health Organization (2017). Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. <https://www.who.int/publications/m/item/progressing-the-sustainable-development-goals-through-health-in-all-policies>

Additional Reading Materials

- Leppo K et al. (2013). Health in All Policies: Seizing Opportunities, Implementing Policies. Helsinki; Ministry of Social Affairs and Health.

Training Instructions

1. Introduce the lecture on the HiAP concept and practice. The case studies can be used as examples of HiAP.
2. Open the floor for questions and feedback from participants.

Supporting material for instructors

- Case studies on HiAP (Annex 1)
- Powerpoint slide set (Annex 3)

Health in All Policies in Practice

Session Overview

This session offers participants a practical understanding of Health in All Policies (HiAP) in real-world contexts. Through a panel discussion format, panellists are invited to share their experiences, methodologies, and insights. Panellists are encouraged to present actual cases, highlighting both successes and failures, to provide participants with valuable lessons learned.

Duration	
Lecture	60 mins
Questions and feedback	30 mins
Total time	1 h 30 mins

Learning Objectives

By the end of the session, participants will:

- Acquire knowledge about a diverse range of HiAP case studies, covering various issues and originating from different administrative levels and countries.
- Recognize the strengths and limitations inherent in putting HiAP into practice.

Ultimately, participants will leave the session with inspiration and a reinforced belief in the potential for implementing HiAP in their own countries or specific contexts.

Key Messages

- HiAP is implemented uniquely across different socio-cultural, economic, and political landscapes. Despite these variations, common factors of success and failure emerge, which are invaluable for collective learning.
- Sharing HiAP implementation experiences serves not only to inspire new practitioners, but also to reinforce the commitment of current implementers. Such exchange of knowledge can foster the creation of a HiAP community of practice.

Training Instructions

1. Begin the session by engaging with the participants to gauge their perspectives on HiAP implementation. Use the suggested questions to spark their enthusiasm for the topic:
 - Have you had the opportunity to apply HiAP within your jurisdiction or organization?
 - Could you share your experiences with implementing HiAP?

2. Introduce the panellists, highlighting their practical experience with HiAP. Emphasize that the cases presented may encompass both successes and failures. Interestingly, it's often the unsuccessful cases that resonate more with participants, as they align with more common experiences, whereas successful cases can be perceived as outliers.
3. Direct structured questions to the panellists, for instance:
 - Inquire about the history or movement behind HiAP implementation in their experience.
 - Ask about the process they underwent to implement HiAP.
 - Explore the success and failure factors they've encountered with HiAP.
 - Discuss the challenges faced when applying HiAP and possible solutions.
4. Conclude the panel discussion by opening the floor to questions or comments from the audience. The facilitator may opt to invite participant input after each panelist's presentation, which tends to make the session more interactive.
5. Summarize the discussion and underscore the key takeaways for the participants. To enhance engagement, consider appointing a volunteer from among the attendees to act as rapporteur at the start of the session. This rapporteur will then summarize the discussion and deliver the concluding remarks, providing a participant's perspective on the session's key messages.

Supporting Material for Instructors

Example of the questions for discussion

- With various crises such as poverty, inflation, natural disasters, energy shortages, pollution, and political instability plaguing countries, how can health issues, particularly Non-Communicable Diseases (NCDs), be propelled to the forefront of the political agenda or policy discourse?
- What motivates or incentivizes politicians and policy makers across sectors to take into account the consequences of their policies for health?
- The World Health Organization recommends four foundational pillars to successfully implement and maintain HiAP within a country: (1) governance and accountability, (2) leadership at all levels, (3) operational methodologies, and (4) resources, finance, and capabilities. If you had to prioritize one pillar to begin with, which would it be and why?
- On your opinion, what competencies are essential for staff to effectively collaborate across different sectors to advance HiAP initiatives?

Problem and Stakeholder Analysis

Session Overview

This session delves into problem and stakeholder analysis, offering insights into the complexities of both. A stakeholder analysis map serves a tool to identify your project stakeholders and assess their potential impact based on two critical dimensions: stakeholder impact and stakeholder interest. By utilizing a stakeholder map, you can pinpoint which stakeholders have a high and low impact on your project, as well as gauge their levels of interest in your endeavours. That way, you can effectively communicate with all of your project stakeholders in the way that works best for them.

Duration	
Lecture and narrate the assigned story	20 mins
Group work	30 mins
Report back to the meeting	25 mins
Questions and feedback	15 mins
Total Time	1 h 30 mins

Learning Objectives

By the end of the session, participants will:

- Assess the underlying causes of a problem and pinpoint a wide range of stakeholders linked to the issue.
- Classify stakeholders utilizing a power-interest relationship matrix.
- Analyse and understand the needs and interests of stakeholders, including how stakeholders perceive potential benefits or drawbacks of health sector policies or solutions.
- Identify strategic partners among stakeholders, and if time allows, formulate a plan to involve these strategic partners and stakeholders in adopting and implementing Health in All Policies.

Ultimately, participants will possess the skills to conduct a visual stakeholder analysis and thoroughly grasp stakeholders' perspectives. They will also learn to identify and collaborate with key strategic partners and stakeholders effectively.

Key Messages

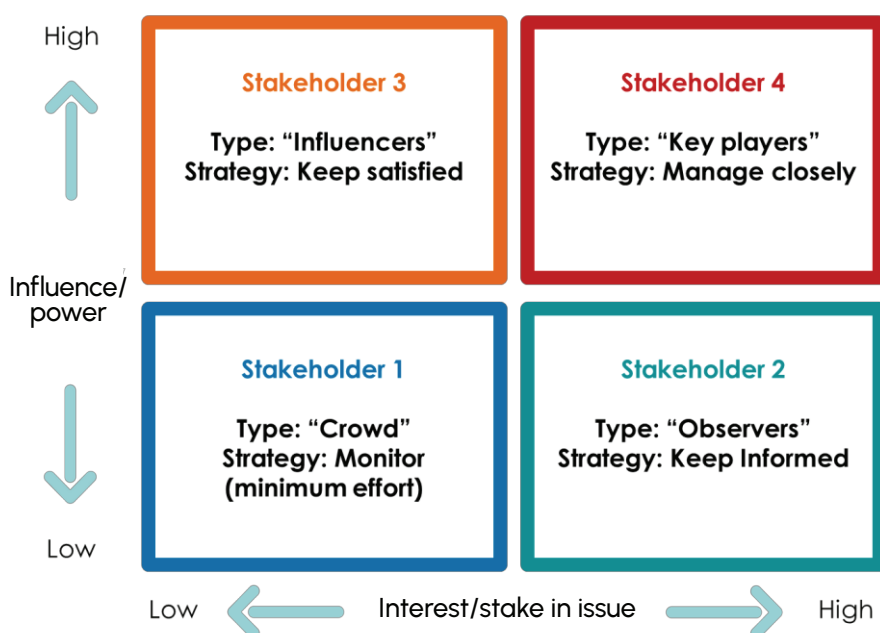
- Stakeholder engagement in the prevention and control of Non-Communicable Diseases (NCDs) should extend beyond governmental ministries to encompass private sector entities, civil society organizations, and community groups.
- For an effective stakeholder analysis, it is crucial to assess various attributes, such as their level of influence, interest, needs, knowledge, position, and alliances. This comprehensive understanding helps you to devise strategies to engage stakeholders effectively, thereby bolstering support for specific policies or programs.

Key Learning Resources

- World Health Organization (2015), Health in All Policies training manual:
- <http://who.int/social-determinants/publications/healthpolicies-manual/en/>
- World Health Organization (2022), Toolkit for developing a multisectoral action plan for noncommunicable diseases: overview.

Training Instructions

1. Divide the participants into the groups that will be maintained for the duration of the training course. Aim for diversity within each group by including a variety of stakeholders. Each group should have approximately 6-8 members to ensure active engagement and participation.
2. Present narratives related to NCDs, such as the issue of alcohol consumption among young people and the development of urban environments conducive to an active lifestyle. These scenarios are intended as case studies for the groups to analyse. However, you may consider offering alternative scenarios that are more relevant to the participants' professional fields or areas of expertise. Alternatively, the participants can decide to bring their current work to discuss in this session.
3. Introduce the participants to the power-interest relation matrix.



- Provide the participants a power-interest matrix template.
- Give the group time to discuss the root causes of the assigned case study and to delineate all parties associated with the issue – both directly and indirectly, or in other words, identify the stakeholders. Encourage participants to jot down the names of pertinent organizations on sticky notes or paper.
- Instruct participants to evaluate their list of stakeholders based on the degree of power and interest each holds. Have them plot these assessments within the provided matrix template.
- Guide participants to scrutinize and articulate the needs/interest or policy priorities of each stakeholder. This step is crucial for understanding why stakeholders may support or oppose the policy in question. Request that they complete their analysis in the matrix template.
- Invite each group to present their completed stakeholder matrix to all the participants.
- Open the floor for questions and answers, as well as for discussion.

Supporting Material for Instructors

- Assigned stories (Annex 2)
- Powerpoint slide set on stakeholder analysis (Annex 3)
- A power-interest relation matrix template

Stakeholder Role (Government, private sector, co-workers, community etc.)	Stakeholder Name	Importance Level and Action	Needs/Interest Identify their needs/ interest
	Name	High Power/ Low Importance Action: Keep satisfied	
	Name	High Power/ High Importance Action: Manage Closely	
	Name	Low Power/ Low Importance Action: Monitor	
	Name	Low Power/ High Importance Action: Keep informed	

Shared Vision Setting

Session Overview

This session explains the concept of a shared vision and demonstrates how to collectively establish one with a team. The aim is to align the values and missions of all team members and ensure it resonates with stakeholders.

Duration	
Group work	35 mins
Report back to the meeting	25 mins
Questions and feedback	15 mins
Conclusion	15 mins
Total time	1 h 30 mins

Learning Objectives

By the end of the session, participants will:

- Understand the concept of a shared vision and the elements that influence its formulation.
- Learn the process involved in crafting a shared vision.

At the conclusion of this session, participants will be able to create a shared vision that inspires and motivates the team and stakeholders to work collectively toward unified action. Participants will be able to use the shared vision as a foundation to collaboratively outline activities, indicators, and timelines.

Key Messages

- There are many meanings of a vision. When crafting Health in All Policies, a vision should manifest as a clear and inspiring depiction of the desired future state or goal. It outlines the long-term aspirations of an organization, a multisectoral committee, or a community, and serves as the guiding principle for strategic decision-making.
- A shared vision for Health in All Policies plans and programmes should avoid being health centric. Therefore, a shared vision should resonate with the values and missions of the key stakeholders. The suggested keywords for a shared vision can be wellbeing, sustainability, happiness, or health as wealth.

- The following six steps outline the process of shaping a shared vision:
 - **Identify Key Stakeholders:** Incorporate leaders, team members, and other pertinent individuals or groups.
 - **Facilitate Collaboration:** Create a collaborative environment where all stakeholders can actively participate. Encourage open communication, active listening, and the free exchange of ideas.
 - **Gather Input:** Gather input and insights from all stakeholders. Encourage them to share their perspectives, ideas, and aspirations for the organization or team.
 - **Identify Common Values and Goals:** Search for common values and goals among the stakeholders' input. Identify shared values and common objectives that can serve as a foundation for the shared vision.
 - **Craft the Vision Statement:** Draft a vision statement that reflects the common values and goals. This statement should be concise, inspiring, and forward-looking. It should capture the essence of what the group aspires to achieve.
 - **Iterate and Refine:** Present the initial draft of the vision statement with the group, inviting feedback. Revise the statement as needed to ensure it resonates with all stakeholders.
- It is important to communicate the shared vision to all stakeholders and the broader organization or team. Explain the vision's significance and how it will guide decision-making and actions. Maintain open channels for ongoing dialogue regarding the vision and its role in shaping strategy.
- Furthermore, encouraging all stakeholders to take ownership of the shared vision. Make them feel personally invested in its success.
- Although the shared vision is context-dependent, the best shared vision constitutes the common factors.
 - **Alignment with Values and Mission:** A vision should align with your or your organization's core values and mission.
 - **Relevance to Stakeholders:** Ensure the vision is meaningful and resonates with all team members and stakeholders.
 - **Inspiration and Motivation:** It should energize and excite people to work toward the shared goal.
 - **Sustainability and Ethical Considerations:** The vision should be sustainable and ethically sound, taking into consideration the welfare of both people and the planet.
 - **Positive Contribution:** A great vision should aim to make a positive contribution to society, community, or the world at large. It should go beyond self-interest and focus on the greater good.

Key Learning Resources

- World Health Organization (2022) Toolkit for developing a multisectoral action plan for noncommunicable diseases (NCD MSAP Tool). <https://apps.who.int/ncd-multisectoral-plantooll/home.html>

Training Instructions

1. After our session on problem and stakeholder analysis, where participants have identified the problem, the stakeholders involved, and the stakeholders' needs/interest, we now move on to shaping a shared vision. This vision should encapsulate the aligned values and missions of your organization and its stakeholders.
2. Ask each participant to jot down keywords constituting a vision or vision statements. These should be noted on sticky notes and posted anonymously on a board. Note that individual-participants may contribute more than one sticky note.
3. Invite the participants to vote the keywords or a vision statement they find most compelling – each participant is allowed one vote. Each participant should articulate their rationale for their chosen keyword or statement.
4. Engage in a group discussion to deliberate on what the ideal shared vision would encompass.
5. If time allows, encourage the group to collaboratively consider possible activities, establish joint key performance indicators, and develop a timeline. To aid this process, provide the group with a shared vision template to complete.
6. Have each group report back to the larger meeting on the shared vision they have created, including the rationale behind their selection. If time permits, ask the participants to present their completed templates.
7. To conclude, the instructor will summarize what the shared vision is, and the steps needed to achieve it. Alternatively, the instructor may opt to invite participants to share their take-aways

Supporting Material for Instructors

- Powerpoint slide set on shared vision setting (Annex 3)
- A shared vision 's template

Stakeholder Role (Government, private sector, co-workers, community etc.)	Stakeholder Name	Actions / Activities	Your Stakeholder Needs/ Interest	Joint Key Performance Indicator KPIs	Timeline
	Name				
	Name				
	Name				
	Name				
	Name				

Goal: Articulate your shared vision ""

Communication for Change

Session Overview

This session demonstrates that effective implementation of Health in All Policies hinges on soft skills, particularly in communication – including persuasion, negotiation, and influence. The purpose of communication for change is to create a win-win situation in which all parties work together to meet their interests and maximize a shared vision. Thus, comprehensively analysing and understanding your audience is crucial, especially those who dissent from your proposed policy or plan, in order to shift their attitudes, transform work practices, or amend policies.

Duration	
Lecture with VDO clip and discussion	30 mins
Group work	30 mins
Report back to the meeting	60 mins
Questions and feedback	30 mins
Total Time	2 h 30 mins

Learning Objectives

By the end of the session, participants will:

- Analyse audience segments and select appropriate communication tools and policy channels for effectively engaging with diverse groups.
- Craft key messages tailored to the audience's needs that align with and promote the shared vision.

Ultimately, participants will acquire the skills to formulate a comprehensive communication plan aimed at catalysing change and resonating with targeted audiences.

Key Messages

- Communication for policy change, behaviour change, or attitude change start with a planning process by targeting audiences and choosing the right tools and channels for targeted audiences.
- Communication with policymakers, policy implementers and stakeholders should be done both in a formal and informal way. It is often found that informal communication with consistency is powerful that can build trust and common understanding between message

senders and audiences. However, the senders must express sincerity and reliability to audiences. And it should be two-way communication.

- Evidence and information are key to inform decision-making. Visuals speed up the rate at which information is processed. Therefore, a one-page policy brief with infographic or a VDO clip are effective tools to present complex issues and convince decisions.
- Selecting the right timing for communication is as important as the content of communication. The communication sender should find windows of opportunity for communication, for example, before a general election or a new executive board.
- Communication for change should be done across sectors and at all levels. HiAP may be agreed in principle at the policy level, but cannot be applied at the implementation level because of lack of clear communication within an organization.

Key Learning Resources

- World Health Organization (2015), Health in All Policies training manual: <https://www.who.int/publications/i/item/9789241507981>

Training Instructions

1. Begin by showing a video clip about Non-Communicable Diseases (NCDs) to the participants. Follow with these guiding questions:
 - How did the video make you feel?
 - What is the key message of the video?
 - What approach does the video utilize? Is it to entertain, educate, inspire, or persuade?
2. Introduce the communication content matrix. This matrix categorizes communication objectives into four distinct aspects, each with a specific goal:
 - To entertain, with the aim of increasing engagement.
 - To educate, with the aim of enhancing understanding.
 - To inspire, with the aim of motivating change or policy development.
 - To persuade, with the aim of advocating for change or policy adoption.
 - Each objective uses different tools.
3. Refer to NCD prevention measures identified in previous sessions.
4. Instruct groups to conduct a detailed audience analysis using the power-interest matrix for communication planning by considering:
 - Who is your audience?
 - What is the character of your audience? i.e., a policymaker or a policy implementor; a policy supporter vs. a policy opponent.
 - What do you want them to do?
 - What do they gain or lose?
 - What is the key message for your audience?
 - What communication tool do you use according to the content matrix? i.e., policy brief, case study, infographic, event.
 - Through what policy channel do you communicate? i.e., a ministerial committee,

a national health board, a multisectoral committee.

- What is the timing or window of opportunity for communication? i.e., general election, new government, aftermath of natural disasters.
5. Fill out the provided communication plan template, focusing initially on audiences who possess high power but low interest as identified in the power-interest matrix. If time allows, expand the plan to include all audience segments across the matrix quadrants.
 6. Present the completed communication plan to the other participants for review and discussion.

Supporting Material for Instructors

- Clip VDO on Speed Blinds You https://www.youtube.com/watch?v=BFmkYx_zoKD0&t=3s
- Clip VDO on Smoking Kids <https://www.youtube.com/watch?v=qHH2LsAHeHc&t=3s>
- Powerpoint slide set on communication for change (Annex 3)
- Communication plan template

Audience	Character of your audience	What do you want them to do	Gain	Lose	Key message	Communication tools	Channel for communication	Timing

Building a Sense of Ownership of Stakeholders

Session Overview

This session explains the process of building a sense of ownership among stakeholders. Participants will view a video titled "Phang Nga: The City of Happiness," which serves as a springboard for brainstorming and discussion. The aim is to explore how the people of Phang Nga province, Thailand, cultivate a sense of ownership and collaboratively forge a 'city of happiness.' The session provides a supportive environment where participants can explore innovative approaches to instil a sense of stakeholder ownership within their respective spheres of influence or localities.

	Duration
Background Introduction to Phang Nga Province, Thailand	10 mins
Viewing of Video Clip: (Link: https://youtu.be/E3Wspaoklc8?si=hFXJDfVAC2gFoUi9)	10 mins
Group Brainstorming Session I	30 mins
Presentation: "The Journey to Happiness in Phang Nga City"	10 mins
Group Brainstorming Session II	20 mins
Instructor's Summary	10 mins
Total time	1 h 30 mins

Learning Objectives

By the end of the session, participants will:

- Understand the methods of building a sense of ownership through the exchange of experiences among attendees.

At the end, participants will be familiar with innovative strategies to cultivate ownership, tailored for implementation in their respective work environments, within multisectoral mechanisms, or in their localities.

Key Messages:

Building stakeholder ownership is multifaceted and vital for the success of Health in All Policies (HiAP). Four key strategies can enhance this:

- Cultivate a Shared Vision: Have a shared vision, but allow stakeholders freedom to achieve it. This may require reframing individual goals, so that we can create a shared vision that embraces everyone.
- Regular communication. Sharing information and exchanging ideas among stakeholders regularly. It requires a two-way and open communication among stakeholders.
- Implement Multisectoral Mechanisms: Establishing a multisectoral mechanism or platform to work together. These platforms facilitate 'learning by doing,' fostering trust and reciprocal respect among stakeholders.
- Promote a Collaborative Culture: Fostering a collaborative culture and empowering stakeholders, especially civil society and communities that they can co-define the issue, co-design process, co-create solution, co-deliver actions and co-benefit.
- Consistency and persistence are key in building stakeholder ownership – a process potentially undermined by frequent staff changes.
- Ownership can also emerge in the wake of crises, such as natural disasters or pandemics, providing a unique opportunity to strengthen collaborative bonds during recovery efforts.

Key Learning Resources

- World Health Organization (2015), Health in All Policies training manual:
<https://www.who.int/publications/i/item/9789241507981>
- World Health Organization (2023) Working together for equity and healthier populations Sustainable multisectoral collaboration based on Health in All Policies approaches
<https://www.wellbeingsa.sa.gov.au/assets/downloads/Working-together-for-equity-and-healthier-populations.pdf>

Training Instructions

1. Start the session by posing an open-ended question about building a sense of ownership. Encourage participants to draw from their personal experiences or perspectives.
2. Introduce methods for cultivating a sense of ownership, including the concept of reframing issues within the context of the four pillars of Health in All Policies.
3. Provide background of the case study set in Phang Nga Province, Thailand.
4. Show the video "Phang Nga: The City of Happiness." Subsequently, guide a discussion using a set of guiding questions
 - 4.1 What are the standout moments or key takeaways from the video clip?
 - 4.2 Identify the key challenges currently facing Phang Nga Province.
 - 4.3 Who are the visible stakeholders in the video clip?
 - 4.4 How is the local government fostering the vision of "The City of Happiness"?
5. Offer further context regarding the case study and lead another brainstorming session with a new set of questions
 - 5.1 How would you articulate the issue at hand to encourage cross-sectoral collaboration and ownership?

- 5.2 Identify potential existing or upcoming opportunities to highlight your issue on the public agenda or within policy discussions.
6. Wrap up the session by summarizing the various strategies for building a sense of ownership that emerged during the brainstorming and knowledge exchange.

Supporting Material for Instructors

- Video Clip Presentation: "Phang Nga: The City of Happiness" in Thailand
(Link: <https://youtu.be/E3Wspaoklc8?si=hFXJDfVAC2gFoUi9>)
- Powerpoint slide set on introduction to Phang Nga Province, Thailand (Annex 3)
- Powerpoint slide set on an evolution of Phang Nga as "The City of Happiness":
A Presentation (Annex 3)

Monitoring and Evaluation on HiAP

Session Overview

This session focuses on the monitoring and evaluation of process aspects within Health in All Policies (HiAP) concerning Non-Communicable Disease (NCD) prevention and control. Participants will be introduced to a framework designed to monitor and evaluate the inputs, processes, outputs, outcomes, and overall impact of multisectoral actions implemented to prevent and control NCDs.

Duration	
Lecture	20 mins
Questions and answers	10 mins
Total Time	30 mins

Learning Objectives

By the end of this session, participants will:

- Understand the significance of monitoring and evaluation (M&E) and learn how to devise an evaluation framework and methodology.
- Distinguish between inputs, process, outputs, outcomes, and impact, enabling them to design more effective evaluations of HiAP initiatives in NCD prevention and control.

Ultimately, participants will be equipped to implement M&E processes for HiAP in the context of NCD prevention and control within their professional roles.

Key Messages

- Monitoring and Evaluation (M&E) is an essential component of the public policy cycle. Conducting M&E for HiAP initiatives provides crucial evidence about what has worked and why. It also helps identify challenges and highlight best practices. The findings of M&E strengthen the vision of health and provide a better understanding of the value of HiAP in the work and among stakeholders.
- Various methods exist to assess the progress of HiAP implementation. It is critical to evaluate three principal levels of multisectoral collaboration success:
 - Collaboration Mechanism Effectiveness: This level is often measured by inputs, such as whether the collaborative processes meet the expectations of all participants and

contribute to a conducive collaborative working environment (e.g., whether there is support for continuing engagement and whether resources have been allocated);

- Policy Processes: Evaluation at this level seeks evidence of policy impact, including whether governance decision-making processes and institutions themselves have been impacted to consider health and equity and whether modifications to the plan need to be made; and
- Policy Impacts: This involves assessing if there is evidence or proxy measures suggesting that the policy objectives of various agencies have been met and whether there have been positive medium-to-long-term effects on Social Determinants of Health (SDH). Monitoring the SDH is most closely associated with the area of assessing policies and policy impacts. The ultimate successful outcome of any HiAP approach is to influence and sustain policy decisions, goals, and actions of other sectors that also promote positive SDH and health equity.
- Key steps for designing an evaluation framework and methodology include: identifying the evaluation focus (process, outcome, or impact); developing evaluation questions; selecting indicators; organizing the evaluation (budget, team, timeline); and identifying data source and collection method.
- The table below provides an example of indicators for monitoring and evaluating HiAP implementation aspects in the NCD prevention and control areas. These indicators may be monitored by the health sector or any agency facilitating HiAP in the country.

Key Learning Resources

- World Health Organization. (2023) Working together for equity and healthier populations Sustainable multisectoral collaboration based on Health in All Policies approaches <https://www.wellbeing.sa.gov.au/assets/downloads/Working-together-for-equity-and-healthier-populations.pdf>
- World Health Organization. (2022) Toolkit for developing a multisectoral action plan for noncommunicable diseases. Module 5. Evaluating the implementation of a multisectoral action plan. <https://www.who.int/publications/i/item/9789240043596>

Training Instructions

1. Begin the session with an introduction to Monitoring and Evaluation (M&E) processes
2. Open the floor for questions and feedback from the participants.

Supporting Material for Instructors

- Example of indicators for monitoring and evaluating HiAP implementation aspects in the NCD prevention and control, developed from (WHO, 2023) and (WHO, 2022)

Inputs	Governance <ul style="list-style-type: none"> <input type="checkbox"/> Existence of policy endorsement at the political level of explicit HiAP approach or multisectoral action that contributes to addressing NCDs. <input type="checkbox"/> Existence of formal or informal multisectoral coordination mechanisms specific to prevention and control of NCDs. <input type="checkbox"/> Existence of national policy or strategy specific to prevention and control of NCDs, which utilize HiAP mechanisms or multisectoral actions. <input type="checkbox"/> Existence of national health plans that utilize the HiAP approach. <input type="checkbox"/> Existence of government priorities in addressing NCDs.
	Finance <ul style="list-style-type: none"> <input type="checkbox"/> Resources allocated through separate or integrated budget lines to HiAP mechanisms for prevention and control of NCDs <input type="checkbox"/> Government spending on HiAP mechanisms as percentage of government health spending <input type="checkbox"/> Government spending on HiAP mechanisms specific to the prevention and control of NCDs as percentage of government health promotion budget (not including health care cost)
	Workforce <ul style="list-style-type: none"> <input type="checkbox"/> Number of dedicated personnel in non-health ministries working on prevention and control of NCDs (as part of the implementation of the national NCD plan) (measured in full time equivalent) <input type="checkbox"/> Number of dedicated personnel in non-health ministries working on other issues but with NCD elements integrated in their job description (measured in full time equivalent)
	Monitoring and evaluation <ul style="list-style-type: none"> <input type="checkbox"/> Existence of national M&E systems on NCD related outcomes <input type="checkbox"/> Existence of systems to capture best practices, lessons learned and innovation related to multisectoral actions for prevention and control of NCDs
Processes	<ul style="list-style-type: none"> <input type="checkbox"/> Regular collaborations to address NCDs (bilateral or multiple partners collaborations) <input type="checkbox"/> Existence of multisectoral and multistakeholder mechanisms with clearly defined roles and functions <input type="checkbox"/> Interventions at community level in support of multisectoral action on prevention and control of NCDs

Outputs	<ul style="list-style-type: none"> <input type="checkbox"/> Frequency of meetings of multisectoral and multistakeholder coordination mechanisms on prevention and control of NCDs (at different levels) <input type="checkbox"/> Representation of non-health ministries or departments involved in multisectoral and multi-stakeholder coordination mechanisms for prevention and control of NCDs (types, seniority, numbers of members of policy-decision making bodies) <input type="checkbox"/> Inclusion of health considerations that linked to NCDs in the work, policies and programs of non-health ministries and other sectors (independent of health sector input) <input type="checkbox"/> Improved community perception, knowledge, and access to information on multisectoral actions for prevention and control of NCDs
Outcomes	<ul style="list-style-type: none"> <input type="checkbox"/> Existence of reporting structures or accountability measures that address policies impacting on determinants of health and NCDs <input type="checkbox"/> Level of engagement with different types of non-health ministries and other sectors as a result of collaborative work or national action plan <input type="checkbox"/> Characterization of the problem of inequity explicitly framed in terms of SDH (essential conditions for health – good-quality and accessible health services; income security and social protection; decent living conditions; social and human capital; decent work and employment conditions) <input type="checkbox"/> Increased political commitment to address economic and social determinants of health and NCDs at national, subnational and local level <input type="checkbox"/> Introduction of NCD-related legislations or policies indicating the HiAP mechanism as part of policy process (including interdepartmental level in health sector)
Impact at policy level	<ul style="list-style-type: none"> <input type="checkbox"/> Improved public policies aligned to evidence on economic and social determinants of health and NCDs, or strategic areas of NCD prevention and control (such as NCD risk reduction, research, M&E system) <input type="checkbox"/> Systematized mechanisms for HiAP implementation <input type="checkbox"/> Improved enabling environment for health, economic and social determinants of health, and equity in health. <input type="checkbox"/> Improved outcomes for other policy sectors (co-benefits)

Next Steps

Session Overview

This final session is designed to consolidate the knowledge and skills participants have acquired throughout the training. It aims to empower them to apply these insights practically in their professional roles. Therefore, this session encourages participants to collaborate with fellow attendees in formulating.

Duration	
Group work	30 mins
Report back to the meeting	90 mins
Questions and feedback	60 mins
Total Time	3 hrs

Learning Objectives

By the end of this session, participants will:

- Be prepared to integrate the knowledge and skills acquired from the prior sessions into their professional practices.

Ultimately, they will have the capability to collaboratively devise a strategic plan with the partner, aimed at implementing Health in All Policies (HiAP) for a specific Non-Communicable Disease (NCD) related issue.

Key Messages

- The development of a joint plan utilizing the Health in All Policies (HiAP) approach is a collaborative effort that mobilizes a diverse array of partners. This includes stakeholders from government, the private sector, and non-state actors, all converging with the intent to not only enhance health outcomes but also to promote progress in education, housing, green spaces, and economic stability.

Key Learning Resources

- WHO (2022). Toolkit for developing a multisectoral action plan for non-communicable diseases. Geneva: World Health Organization

Additional Reading Materials

- Local Government Association (2016). Health in All Policies – a manual for local government. London. Local Government Association
- Robert Bos, Martin Birley, Peter Furu and Charles Engel. Health Opportunities in development: a course manual on developing intersectoral decision-making skills in support of health impact assessment. 2003

Training Instructions

1. Encourage participants to create a joint action plan with their partners, drawing on the knowledge learned during the HiAP training sessions.
2. Offer a series of reflective questions based on the ten sessions covered, guiding participants through a review process.

Problem Issue:

- What are the critical challenges in your work?
- Which problems are you aiming to address?

Stakeholders:

- Identify your current stakeholders.
- Have you considered new stakeholders based on this training? If so, who are they?

Goal:

- Does your organization's defined goal resonate with other stakeholders?
- If a new goal is needed to unite stakeholders, what keywords would it include?

Action to be Taken:

- Outline the actions you intend to initiate.
- What actions do you anticipate from your stakeholders?

Benefits for Partners:

- What advantages will stakeholders obtain from these actions?

Communication:

- Which communication tools and policy channels do you plan to use?

Building Ownership:

- How do you build a sense of ownership with your stakeholders on your work?

3. Distribute a template for the joint plan. Allow participants to decide whether to work individually or in groups. Allocate 30 minutes for this exercise.
4. Have participants present their joint plans to the larger group. Use this as an opportunity for peer feedback, facilitated by the instructor.
5. The instructor concludes the session by summarizing the key takeaways, ensuring that participants leave with a clear understanding of the steps to create an effective joint plan.

● Template

Topics	Reply
Name of your organization	
Administrative level of your organization	<input type="checkbox"/> Central level <input type="checkbox"/> Provincial level <input type="checkbox"/> Community level
Issue of your work, i.e., Alcohol, Domestic Violence	
Pain point of your issue i.e., Ineffective enforcement on alcohol advertising, Misconception that domestic violence is a family matter not other one business.	
Stakeholders	<p>Who are your stakeholders?</p> <p>.....</p> <p>Have you thought of new stakeholders from this training? If yes, who are they?</p> <p>.....</p> <p>.....</p>
Goal	<p>Can the goal of your work as specified by your organization easily persuade other stakeholders to work with?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe</p> <p>If you have to think of a new goal which can embrace other stakeholders, what keywords would it include?</p> <p>.....</p> <p>.....</p>

Topics	Reply
Action to be taken.	<p>What do you plan to do?</p> <p>.....</p> <p>.....</p> <p>What do you expect your stakeholder to do? Please identify a name of an organization.</p> <p>.....</p> <p>.....</p>
Benefits that partners gain from the action	<p>What benefit do the stakeholders gain?</p> <p>Please identify a name of an organization.</p> <p>.....</p> <p>.....</p>
Communication	<p>What communication tools do you plan to use?</p> <p>.....</p> <p>.....</p> <p>What policy channels for communication do you plan to use?</p> <p>.....</p> <p>.....</p>
Building a sense of ownership	<p>How do you build a sense of ownership with your stakeholders on your work?</p> <p>.....</p> <p>.....</p> <p>.....</p>

Course Evaluation and Individual Assessment

Session Overview

This session offers an interactive platform for participants to raise any remaining questions, share reflections on the workshop experience, and voice additional interests or areas for further exploration.

Duration	
Wrapping up the training	10 mins
Reflection by participants	40 mins
Filling out the evaluation forms	20 mins
Total time	1 hour 10 mins

Instructions

1. Begin by reviewing the content covered and exercises completed from Day 1 of the workshop. Highlight the key concepts, skills, and knowledge that participants have engaged with.
2. Invite the participants to share reflections and lessons learnt by asking the following questions:
 - 2.1 Did the workshop meet your expectations, and if so, how?
 - 2.2 What are the key lessons learned you've taken away from this training?
3. As the training draws to a close, ask the participants to complete two evaluation forms, including a (1) Course evaluation form and a (2) Individual assessment form.
4. An individual assessment form (Form 2) can also be completed by the participants at the beginning of the training as baseline data for indicating an increased knowledge of each participant at the end of the workshop.

Supporting Material for Instructors

Form 1: Course Evaluation Form

1. Workshop program, materials, and time allocation

Please indicate to what extent you agree or disagree with these statements on a scale of 1 to 5.

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1.1	The objectives of the workshop were made clear to the participants.	1	2	3	4	5
1.2	Training materials were adequate.	1	2	3	4	5
1.3	The program flowed in such a way that learning was enhanced.	1	2	3	4	5
1.4	The duration of the workshop was appropriate.	1	2	3	4	5
1.5	Time provided for discussions, questions, and sharing experiences by the participants was adequate.	1	2	3	4	5

2. About the usefulness of each session

Please indicate to what extent you agree or disagree with these statements on a scale of 1 to 5.

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
2.1	Session 1: Course Introduction	1	2	3	4	5
	If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5. <input type="checkbox"/> Sufficiency of contents of the session <input type="checkbox"/> Effectiveness of teaching methods of the session <input type="checkbox"/> Appropriateness of materials of the session <input type="checkbox"/> Knowledge and skills of facilitators <input type="checkbox"/> Time allocations for the session <input type="checkbox"/> Others (please explain.....)					

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
2.2	Session 2: SDH (with exercise)	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.3	Session 3: NCDs & HiAP	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.4	Session 4: HiAP in Practice (Panel discussion)	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
2.5	Session 5: Problem & Stakeholder Analysis (with exercise)	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.6	Session 6: Vision Setting, Action & Role of Stakeholders (with exercise)	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.7	Session 7: Communication for Change (with exercise)	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
2.8	Session 8: Building Ownership of Stakeholders	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.9	Session 9: M&E on HiAP	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				
2.10	Session 10: Next Steps of your work	1	2	3	4	5
		<p>If you rated 1, 2, or 3, what are the reasons or concerns that made you not to rate 4 or 5.</p> <p><input type="checkbox"/> Sufficiency of contents of the session</p> <p><input type="checkbox"/> Effectiveness of teaching methods of the session</p> <p><input type="checkbox"/> Appropriateness of materials of the session</p> <p><input type="checkbox"/> Knowledge and skills of facilitators</p> <p><input type="checkbox"/> Time allocations for the session</p> <p><input type="checkbox"/> Others (please explain.....)</p>				

3. What did you like most about this training?

.....

4. What did you like least about this training?

.....

.....

5. If you were given the task of designing a similar training, what would you change and add in?

I would change

.....

.....

I would add

.....

.....

Form 2: Individual Assessment Form

1. Relevancy of and expectations on the training

Please indicate to what extent you agree or disagree with these statements on a scale of 1 to 5.

No.	Statements	1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1.1	The workshop content is relevant to my work.					
1.2	I learned new things in the workshop.					
1.3	I better understand colleagues' perspectives from other sectors.					
1.4	I have got to know new colleagues from other sectors with whom I will collaborate with in the future. .					
1.5	I should be able to use the knowledge and skills I have gained to improve my work.					
1.6	I should be able to develop policies that could contribute to improving population health and health equity					

2. Knowledge and skills (based on learning objectives of the training)

Please indicate whether the following statements are true or false. Please indicate "don't know" if you don't know.

No.	Statements	1	2	3
		True	False	Don't know
2.1	Health is a state of complete physical aspect with absence of disease or infirmity.			
2.2	Health is individual responsibility, so the public policies have to focus on behaviour, belief and preference of individual.			
2.3	Unhealthy lifestyles contributed to non-communicable diseases are influenced by living and working conditions.			
2.4	Health in All Policies is an approach to public policies to take health into account in decision-making and seek synergies across sectors for improvement of population health and health equity.			
2.5	Health sector should be a leader in applying Health in All Policies approach.			
2.6	The interest and power of stakeholders should be considered in applying Health in All Policies approach.			
2.7	The vision of approach Health in All Policies should be shared among all stakeholders.			
2.8	The understanding of stakeholders' interests and approaches is important for communication with stakeholders to ensure effectiveness of 'Health in All Policies'			
2.9	It is necessary to build a sense of ownership in 'Health in All Policies' by applying regulatory approach. .			
2.10	Multisectoral collaboration monitoring and evaluation has to focus on effectiveness of the collaboration (input), policy processes (process), and policy impacts (outcome).			

Answers:

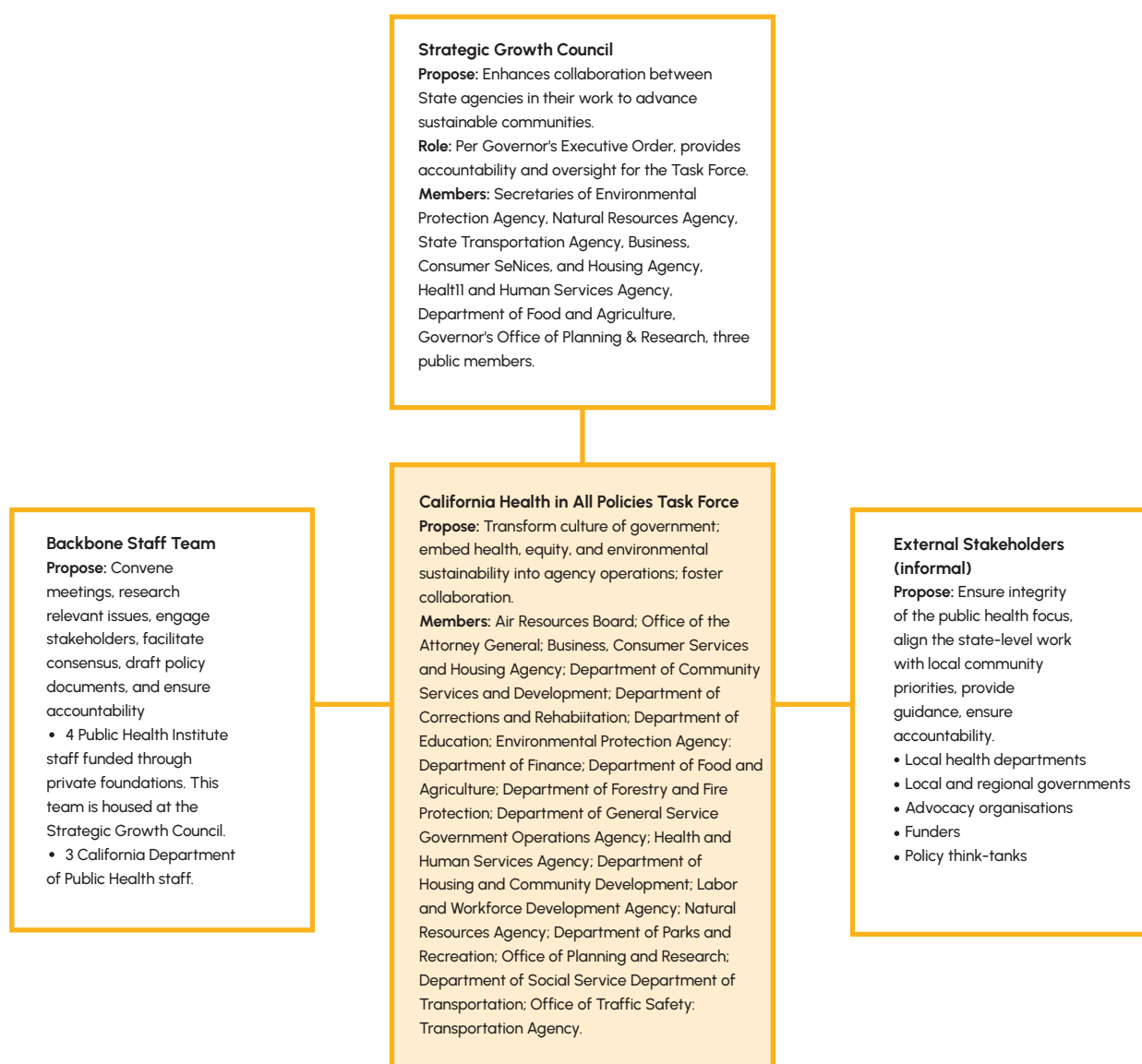
Items 2.3, 2.4, 2.6, 2.7, 2.8, and 2.10 are "True".

Items 2.1, 2.2, 2.5, and 2.9 are "False".

Case studies on Health in All Policies (Session 4)

California's Health in All Policies Task Force

Established in 2010, the California Health in All Policies Task Force represents a collaborative effort between the Public Health Institute (PHI), the California Department of Public Health (CDPH), and the California Strategic Growth Council (SGC). The Executive Order S-04-10 situated the Task Force under the guidance of the SGC, a cabinet-level entity fostering inter-agency cooperation to achieve the objective of building sustainable communities. The Task Force envisions a California government that embeds health, equity, and sustainability in every policy. Their mission is to cultivate a government culture that consistently integrates health and equity considerations into all policies and practices. Moreover, they aim to foster opportunities for various agencies to recognize mutual goals and boost their performance through teamwork.



The Task Force comprises representatives from 22 agencies and convenes quarterly as a complete body. Its objectives are fulfilled through individual department actions and collaborative inter-agency initiatives. HiAP staff oversee progress, offering updates at public SGC meetings approximately four to six times annually. Part of this oversight involves creating action reports, which encapsulate outcomes and gleaned insights from specific projects. The backbone of the Task Force, in terms of staffing and funding, is primarily sustained by the CDPH and philanthropic entities. External stakeholders, including local and regional governments, advocacy groups, funders, and policy think tanks, are integral to the Task Force's operations. They offer their perspectives via workshops, one-on-one consultations, and public feedback.

The Task Force undertakes a range of activities, such as hosting forums for coordination on shared interests, facilitating capacity-building workshops and presentations, and directly integrating health and equity into government grant programs and guiding documents. On occasion, multi-agency teams have been established by the Task Force to tackle contentious issues.

Several key success factors have emerged such as robust support from the high-level SGC, clear articulation of values in health, equity, and sustainability, agility in seizing emergent opportunities, fostering extensive intersectoral involvement, and cultivating a strong foundational staff. Nevertheless, the Task Force grapples with challenges, including monitoring and evaluation complexities, a dearth of technical expertise, and the uncertainties of political shifts.

Thailand's National Health Assembly

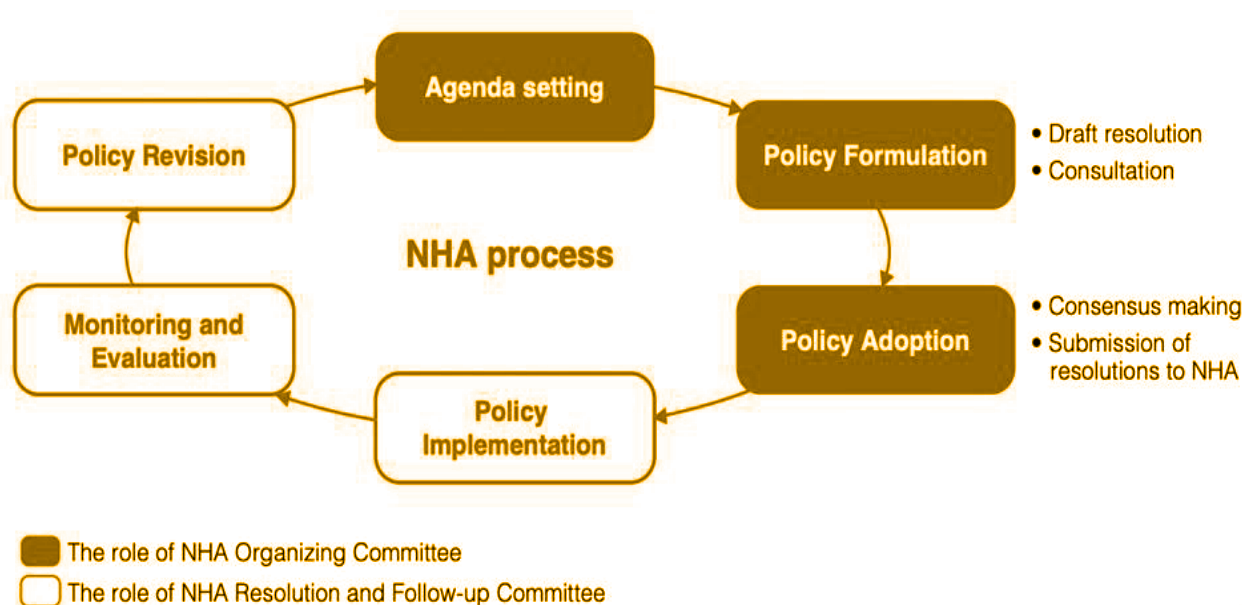
Thailand embarked on health system reforms in the late 1990s, culminating in a pivotal shift with the National Health Act of 2007. This legislation expanded the concept of health to include well-being, inviting contributions from all sectors. Consequently, the National Health Commission (NHC) was established as an advisory arm to the Cabinet, focusing on health policies and strategies. It champions cross-sectoral collaboration and emphasizes evidence-based public policies to enhance health and well-being across Thailand.

The National Health Assembly (NHA) serves as a primary mechanism for the NHC to enact the "Health in All Policies" approach. This annual gathering fosters dialogue between the public and pertinent state agencies, facilitating the exchange of insights and framing recommendations for health-oriented public policies. By its fifteenth session in 2022, the NHA had deliberated upon and adopted 93 resolutions. To streamline and ensure robust policymaking, the NHC inaugurated two committees:

1. The NHA Organizing Committee, charged with crafting policy suggestions and overseeing the NHA's operational flow.
2. The NHA Resolution Follow-up and Drive Committee, dedicated to the implementing, monitoring, and refinement of NHA resolutions.

The NHA procedure is initiated with agenda suggestions sourced from various sectors, including the National Health Commission and its affiliated bodies. Selection hinges on criteria like urgency, national relevance, public interest, and feasibility of execution. Technical working groups, comprising diverse stakeholders, assess present scenarios, challenges, and prospective remedies, thereby informing evidence-backed resolutions. Concurrently, public hearings facilitate stakeholder feedback during the policy drafting phase. Once the NHA endorses a draft resolution, it's either presented to the National Health Commission for approval, and subsequently to the Cabinet for further proceedings, or directly disseminated to all concerned parties. During policy enactment, the NHA Resolution Follow-up and Drive Committee devises a strategy, drawing on insights from multi-stakeholder assemblies. This committee also reviews earlier resolutions, measuring them against achievements and the dedication of the responsible entities. Underperforming resolutions are re-evaluated, amended, and reintroduced at the subsequent NHA.

Key successes include the impartial stance of the policy moderator (National Health Commission Office; NHCO), inclusive stakeholder engagement from inception to monitoring, and the formulation of precise, actionable NHA resolutions. Nonetheless, certain challenges persist, such as enhancing dialogue within pivotal agency networks, amplifying political backing for execution, and forging medium to long-range success markers



Thailand's Area-Based Health Assembly

In Thailand, the National Health Act of 2007 instituted several mechanisms for health assemblies, key among them being the Area-based Health Assembly. This method, employed by the National Health Commission, engages local stakeholders in shaping health policy. Its goal is to elevate community concerns and foster shared learning for public policy development via participatory methods. It also serves as a vital conduit for feedback on draft National Health Assembly resolutions and plays a pivotal role in their implementation. In 2022, an impressive 66 of Thailand's 77 provinces convened their own provincial health assemblies.

The "Phang-Nga: City of Happiness" project is an example of how to facilitate community action in response to local issues. Phang-Nga is located in the south of Thailand and consists of mountainous and coastal areas, with agriculture as the main business. Recognized by the government as a tourist destination, Phang-Nga is acutely conscious of the pressures of tourism on natural heritage and the encroaching influence of capitalism. The 2004 tsunami brought to light the critical need for readiness against both urban development challenges and natural disasters, emphasizing the necessity for robust cross-sector partnerships.

At that time, non-governmental organizations (NGOs) took the lead in establishing provincial health assemblies and went on to draft a foundational document for the "Phang-Nga: City of Happiness" initiative. This constitution outlined ten strategies to promote sustainable politics, the economy, society, and the environment in Phang-Nga. The strategies were the fruit of a thorough analysis of local issues, designed to mirror the community's true needs, and subsequently incorporated into the provincial development agenda.



The "Phang-Nga: City of Happiness" project serves as a facilitator, supporting communities in developing their own projects. Communities can address critical public issues, and they may require assistance from external agencies or structural policy changes. They engage stakeholders responsible for these issues, including public agencies, NGOs, and civil society, through regular meetings. Notable among such projects is the "Community Fund for Farmer Debt," aimed at equipping community members to manage debt with resource allocation and capacity-building assistance, and the "Disaster Response by Community," designed to bolster community efforts in disaster surveillance, response, and rehabilitation.

This project not only facilitates the process of engaging local actors but also focuses on building human capacity. The "Phang-Nga of Happiness Learning Institute," with backing from NGOs and universities, and funded by the Thai Health Foundation since 2020, endeavours to fortify community capabilities and implement knowledge management drawing from triumphs in the field. In conclusion, the key factors for multisectoral participation at the local level include community engagement with resource and capacity support from other sectors to ensure that people have good health and well-being based on context specific

The Brazilian Strategy for the Prevention and Care of Childhood Obesity (PROTEJA)

In 2022, the United Nations Task Force for the Prevention and Control of Chronic Non-Communicable Diseases (NCDs) recognized Brazil for its pioneering PROTEJA strategy. Introduced in 2021 by the Ministry of Health (MOH), this initiative endeavours to counteract the escalating incidence of childhood obesity. It harnesses comprehensive intersectoral collaboration, spanning areas such as health, education, social assistance, agriculture, urban development, and sports, with a particular emphasis on City Councils.

Noting the rising rates of childhood obesity – from 3% in 1989, to 7.8% in 2006, and reaching 10% in 2019—the Brazilian MOH undertook a comprehensive review of existing policies and consulted international guidelines. Their approach expanded beyond just health and education, aiming for broader, municipality-level impacts to foster healthier childhoods. PROTEJA emerged from collaborations with academics, policymakers, and advocates, designed to bolster advocacy and bridge previous implementation gaps. This strategy underwent scrutiny from experts, civil society representatives, and decision-makers at both federal and subnational tiers. Ultimately, it was embraced by the Brazilian Unified National Health System (SUS) and ratified by the Tripartite Commission of Interagency.

PROTEJA directs municipalities on executing 20 pivotal actions to enhance the health of children and adolescents across diverse environments, such as primary health care centres, schools, and wider communities. To bolster this, financial incentives are provided and health managers at all governmental tiers are backed. The MOH devised prioritization criteria, considering factors like population size, prevalence of overweight individuals, coverage of nutritional status assessments, and records of food consumption markers within health systems. For effective local



management of PROTEJA, intersectoral coordination with pertinent sectors is essential. Municipalities are also required to include updates on the agreed actions' progression in their annual management reports.

The governance for PROTEJA's rollout hinges on institutional backing, spearheaded by the Brazilian MOH in collaboration with subnational entities (both state and municipal). This approach aligns with the inter-federative management structure of the SUS. A partnership with the Federal University of Alagoas (UFAL) ensures a stringent implementation process, independent monitoring, and periodic evaluations of the program. Regular interactions with states and municipalities facilitate virtual training sessions and capacity-building workshops. Both the Brazilian MOH and UFAL undertake assessments of PROTEJA's deployment and its effects. This evaluation aims to determine if the strategy aligns with its initial design, gauging whether the utilized resources and processes meet expectations or require refinements.

More than 1,320 Brazilian municipalities have embraced PROTEJA, pledging to champion essential measures that foster healthy eating, encourage physical activity, and initiate intersectoral interventions to counter childhood obesity. This stands as a commendable illustration of incorporating multisectoral efforts into NCD policy.

Active Transport Program and Healthy Public Open Spaces Initiative in the Philippines

transportation, are known to benefit public health, especially in densely populated areas. In the Philippines, the COVID-19 pandemic highlighted substantial shortcomings in health-promoting environments and sustainable transport systems across urban centres.

In 2020, the Philippine government launched two collaborative programs to address this issue. The Active Transport program promotes cycling and walking as practical transportation alternatives. It aims to extend the network of exclusive bike lanes and pedestrian paths in the nation's three largest cities. An administrative order issued collaboratively by the Departments of Health, Transportation, Public Works and Highways, and the Interior and Local Government provided a legal foundation to craft guidelines for these initiatives. The roles of each department are distinct and critical for the program's success:

- The Department of Health is responsible for developing safe active transport guidelines and tracking health-related statistics.
- The Department of the Interior and Local Government ensures the enforcement of traffic regulations and the maintenance of clear bike lanes and walkways.
- The Department of Transportation aids in the seamless incorporation of bike lanes and pathways into existing and new road networks.
- The Department of Public Works and Highways is tasked with constructing and maintaining the cycling and pedestrian infrastructure on national roads and bridges.

The Healthy Public Open Spaces initiative is another effort aimed at providing communities with secure, well-ventilated public spaces for physical activities, exercise, relaxation, and social interaction with community members. This initiative involves collaboration with eight national government agencies. For instance, the Philippine Commission on Women is dedicated to ensuring these spaces are free from gender-based harassment, while the Department of Environment and Natural Resources lends technical expertise to cultivate accessible green and water spaces.



Since its inception in 2021, the Active Transport initiative has facilitated the construction and enhancement of over 500 kilometres of bike lanes in Manila, Davao, and Cebu. This multisectoral approach has attracted increased government investment, additional resources, and capacity-building support from the private sector and multilateral organizations. Finally, active transport and road-based public transportation are prioritized in the Philippine Development Plan 2023-2028 and have received funding and implementation support from local governments. The success of these programs hinges on clear roles and responsibilities, continuous skill enhancement, effective communication across agencies, and platforms that empower civil society and non-governmental organizations to engage and contribute.

References

- Government of South Australia and World Health Organization (2017). Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. Adelaide; Government of South Australia.
- World Health Organization (2023). Global mapping report on multisectoral actions to strengthen the prevention and control of non-communicable diseases and mental health conditions: experiences from around the world. Geneva; World Health Organization.
- Kongtuk, K (2021). Bringing people and building city. The Phang-Nga of Happiness Learning Institute. Nakhonpathom: The Future Leader Project, Faculty of Learning Science and Education, Thammasat University.
- World Health Organization (2023). Healthy mobility and public recreational spaces: Boosting physical activity in the Philippines to prevent NCDs and mental health conditions. Geneva; World Health Organization

The Assigned Stories for session 6

Preventing Harms from Alcohol among Young People: Regulating Advertising, Sponsorship, Promotion, and Other Measures

The Problem & Challenges

- **Ubiquitous Marketing:** Alcohol is marketed through an array of sophisticated advertising and promotional techniques. From aligning alcohol brands with sports and cultural events to sponsorships and product placements in media, the outreach is expansive and pervasive.
- **Digital Revolution in Advertising:** The advent of digital platforms, particularly social media sites like TikTok, Facebook, and Instagram has provided alcohol companies with new, cheaper ways to promote alcohol to young people and women. These ads often link alcohol with positive emotions, camaraderie, success, adventure and cultural exploration. Such portrayals can be misleading, especially for younger audiences, as they often overshadow the potential risks associated with alcohol consumption.
- **Cross-Border Promotions:** The ability of alcohol marketing messages to transcend national borders and jurisdictions via satellite television and the Internet is emerging as a serious concern in many countries.

<p>Alcohol ads in a newspaper</p> 	<p>Outdoor advertising</p> 
<p>Sale promotion of alcoholic beverages on social media</p> 	<p>Sport and music sponsorships</p> 

- Young people are exposed to a lot of these alcohol advertisements. Nearly all Nepalese teenagers (90%) encounter regular online ads for alcoholic products, which provide easy access to buy alcohol through the 'shop now' button, often bypassing crucial age verification steps

The Evidence:

- Research indicates that alcohol advertising influences the perception of alcohol's acceptability. Furthermore, it's associated with younger individuals initiating drinking at earlier ages and patterns of drinking, including instances of heavy episodic consumption.

Proposed Actions and Policy Interventions:

To mitigate the harmful use of alcohol, especially among young people and adolescents, the reduction in the impact of marketing is pivotal. Evidence suggests that advertising restrictions are highly cost-effective and stand as a top-tier intervention for NCD prevention. Their appeal lies in their low implementation cost. Moreover, by influencing the initiation and risk behaviour at a population level, advertising bans and substantial restrictions have the potential to outperform more resource-intensive interventions aimed at individual-level alcohol use prevention or reduction.

The objectives of comprehensive bans or stringent restrictions on alcohol advertising, promotion and sponsorship are threefold:

- **Shielding the Youth:** To prevent young people from exposure, which is known to influence their decision to start consuming alcohol and to escalate alcohol use;
- **Minimizing Triggers:** To reduce the presence of alcohol cues that might trigger reactions and cravings in those battling alcohol dependency.
- **Countering Industry Influence:** To prevent industry influence on social norms concerning consumption in general, especially given the adverse public health, economic, and societal ramifications of alcohol use.

Policy Options and Interventions:

1. Marketing Restrictions

- Develop comprehensive regulatory frameworks, ideally underpinned by legislative mandates, to govern alcohol marketing. Specific measures might include:
 - regulating the content and the volume of marketing;
 - regulating direct or indirect marketing in certain or all types of media;
 - regulating sponsorship activities that promote alcoholic beverages;
 - restricting or banning promotions in connection with activities targeting young people;
 - regulating new forms of alcohol marketing techniques, for instance social media and other digital media

- Entrust public agencies or independent bodies, including civil society groups, with the task of closely monitoring the marketing behaviours of alcohol corporations.
 - Establish robust administrative measures and deterrent mechanisms to penalize any breach of marketing restrictions.
2. Health and Digital Literacy Promotion
- Awareness and Education: Provide broad access to information through comprehensive education and public awareness initiatives. These programs should detail the full spectrum of alcohol-related harms in the country and emphasize the importance and availability of effective preventive strategies.
 - Health Warnings: Introduce regulations mandating health warning messages in every alcohol advertisement. Additionally, ensure warning labels are prominently placed on containers and packages of alcoholic beverages.
3. Advocacy for Alcohol-Free Lifestyles and Events:
- Community Mobilization: Engage communities in efforts to prevent alcohol sales to underage individuals and its consumption by them. Moreover, champion the creation and sustenance of alcohol-free zones, with a particular focus on youth and other high-risk groups.

References

- World Health Organization (2010) Global Strategy to reduce the harmful use of alcohol <https://www.who.int/publications/i/item/9789241599931>

Promoting Active Lifestyles in Urban Areas through the Built Environment

The Problem & Challenges:

- Engaging in regular physical activity is a vital measure in preventing and treating non-communicable diseases (NCDs).
- Physical activity encompasses all types of movement, whether it's during leisure time, for commuting, or as a part of one's job.
- A concerning 23% of adults and a staggering 81% of adolescents do not meet the WHO global recommendations on physical activity for health.
- Built environments refer to human-made surroundings that both shape and offer opportunities for physical activity. They include transportation infrastructure, land use patterns, and urban design characteristics.
- Growing urban sprawl, marked by increased distances between destinations that reduce walkability, has been linked to reduced physical activity and a higher prevalence of obesity among adults.
- Therefore, urban design and planning is crucial for promoting healthy lifestyle.

The Evidence:

- Built environments, as measured by walkability, street connectivity, residential density, and land-use mix diversity, have shown to promote physical activity. This positive correlation stems from perceptions of safety, diversity, pleasure, and the density, proximity, accessibility, connectivity of these environments.

Proposed Actions and Policy Interventions:

- Global Action by WHO: The "Global Action Plan on Physical Activity 2018-2030" by WHO aims to ensure that everyone can access safe and enabling environments, fostering diverse opportunities to be physically active in their daily routines. It is based on the principles of human rights, equity and sustainability.
- Strategy for Active Environments: An integral strategy is the creation of active environments. These environments uphold the rights of individuals, regardless of age or ability, ensuring equitable access to safe places in their cities and communities for consistent physical activity.
- The key measures of creating active environment promoting physical activity in urban areas are as follows

Support active mobility such as walkability, cyclability, access to public transportation	Access to good-quality public and green spaces, recreational spaces, and sports amenities	Promote active environment in workplace
  	  	  

- To realize these objectives, a multisectoral approach is essential. This involves collaboration among various stakeholders, including those from health, transportation, education, urban planning, environment, tourism, finance, and labour sectors.

References

- World Health Organization (2018). Global action plan on physical activity 2018–2030: more active people for a healthier world. Geneva; World Health Organization. Elshahat, S., O'Rorke, M., and Adlakha, D. (2020). Built environment correlates of physical activity in low- and middle-income countries: A systematic review. PLoS ONE, 15



Annex 3

PowerPoint Slide Set

<https://en.nationalhealth.or.th/>

2023 Training on HiAP for NCDs Prevention Control

National Health Commission Office, Thailand: (NHCO)

More information please contact global@nationalhealth.or.th
or visit : <https://en.nationalhealth.or.th/>

Session 1 : Introduction

Session 2 : Social Determinants of Health

Session 2 : Social Determinants of Health (SDH)



**What makes him fat!!!
Game**



(c) Copyright by 2023 National Health Commission Office (NHCO) Thailand

Designed Game by Thunyakorn Surapukdee



Mr. A's Story

- He is **38** years old
- He is living in a community with high prevalence of overweight/obesity
- He is also **overweight/obese**
- He has to lose his weight 15 kg within 3 months

Session 2 : Social Determinants of Health (SDH)

Life journey of Mr. A



Session 2 : Social Determinants of Health (SDH)



His Salary: 700 USD/month



He lives in a **rental apartment (120 USD/month)** with his wife and kid.

He has so many expense such as apartment rental bill, electricity bill, water bill, cell phone bill, school fee, traveling cost etc.

Session 2 : Social Determinants of Health (SDH)



Session 2 : Social Determinants of Health (SDH)

When he want to go to....

1 The nearest public park

25 > 151 > 1 hr 55 min

Every 15 min from Housing



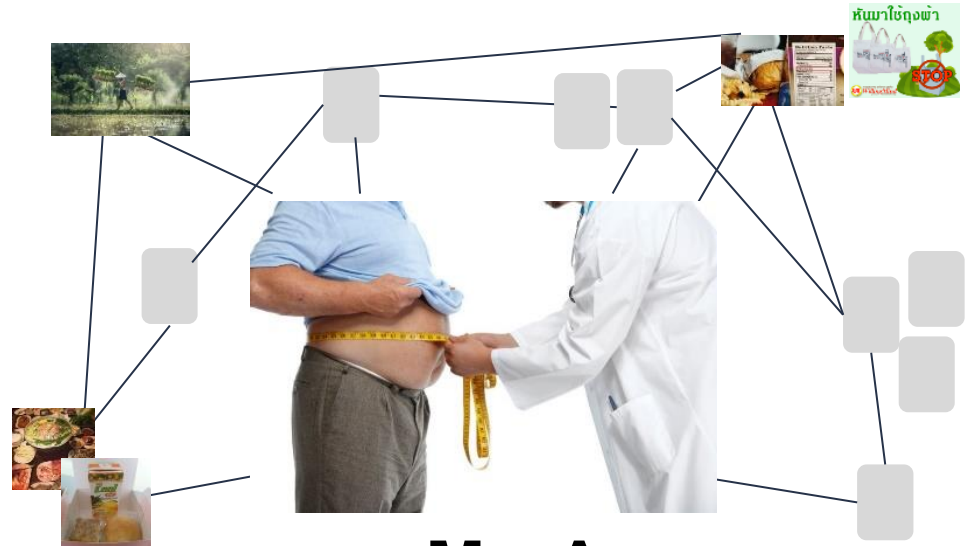
2 The nearest shopping mall

via ถนน เจริญเกล้า 8 min
600 m



Game Instruction

1. Reading Mr.A's story
2. Dividing into small groups
3. The group selects cards that cause him fat
4. The group draws the line to show how selected card related to Mr.A's health problem (direct cause/Indirect cause)
5. The group discussion based on these questions
 - 5.1 What is the cause of him being fat?
 - 5.2 What actors did you see?
 - 5.3 What policies should ministers/organizations issue to solve obesity?
6. Every group present to the class



Mr. A

30 mins

What creates health?



- Political
- Economic
- Social
- Commercial
- Environmental
- Behavioural

Example of factors have contributed to obesity;

- **socio-economic changes**
- **urbanization**
- **cultural attitude**
- **sedentary habits**

मोटोपन ले लाग्ने खतरनाक रोगहरु

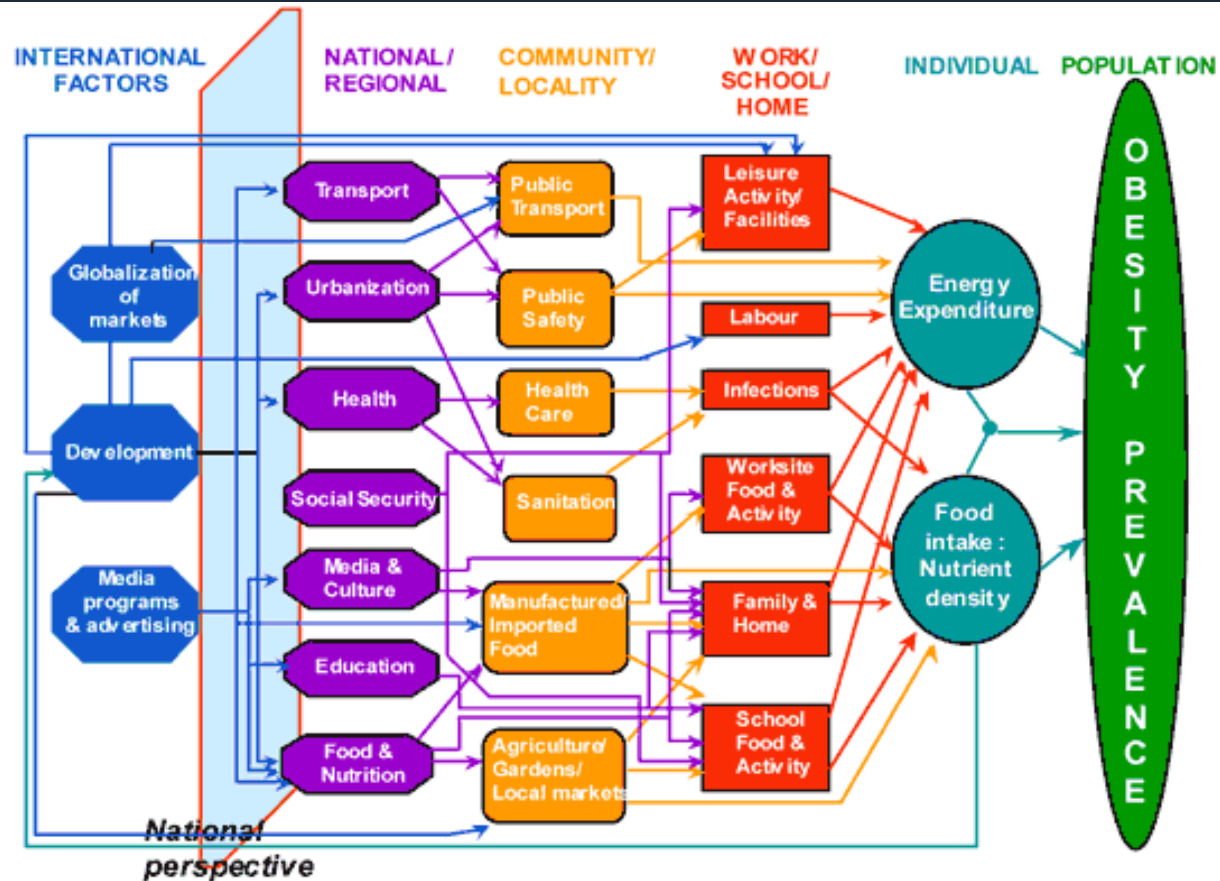
मोटोपन कसरी घटाउने



Session 2 : Social Determinants of Health (SDH)

Health in All Policies: The food system for Obesity

- Levels of determinants and sectors of society implicated in the complex systems of obesity-



Source S Kumanyika, RW Jeffery, A Morabia, C Ritenbaugh and VJ Antipatis Public Health Approaches to the Prevention of Obesity [PHAPO] Working Group of the International Obesity Task Force [IOTF]: International Journal of Obesity [2002] 26, 425–436)

Session 3 : NCDs landscape at the global

Session 3 : NCDs landscape at the global and regional level



NCD prevention and control
as “*a social development agenda*”

Session 3 : NCDs landscape at the global and regional level

Key messages

1. NCD is the number one killer in the world.
2. NCDs contribute to poverty & impede economic growth
3. NCD prevention and control as “***a social development agenda***”
4. **Multisectoral actions** are needed for tackling NCDs.
5. **Policies in non-health sectors** can contribute to reducing NCD risk factors, resulting in people's health and well-being and overall national development.

Session 3 : NCDs landscape at the global and regional level

NCDs is the number one **killer** in the world.

74%

of global deaths
were from NCDs (2019)

- 17 million people die from a NCD before age 70 each year



5x5

5 risk factors X 5 NCDs(2018)

DISEASES



Cardiovascular
Disease



Chronic Respiratory
Diseases



Cancer



Diabetes



Mental and
Neurological Conditions

RISK FACTORS



Unhealthy Diet



Tobacco Use



Harmful Use of
Alcohol



Physical Inactivity



Air Pollution
17

Session 3 : NCDs landscape at the global and regional level

Global actions against NCDs



At UN level



Political Declaration on NCDs (4X4)

A/RES/66/2

1st HLM UNGA on NCDs



2nd HLM UNGA on NCDs



Political Declaration on NCDs 2018 (5X5 agenda) 14 commitments

A/RES/73/2

3rd HLM UNGA on NCDs

4th HLM UNGA on NCDs



At WHO level

Global Strategy for the Prevention and Control of NCDs



Action Plan on the Global Strategy for the Prevention & Control of NCDs 2008-2013

Global Action Plan on Prevention & Control of NCDs 2013-2020

9 Global targets & 25 Outcome indicators

Marketing of food & non-alc beverages to children

Global Strategy to Reduce the Harmful Use of Alcohol 2010

Global Action Plan on Physical Activity 2018-2030

Global Alcohol Action Plan 2022-2033



Global Strategy on Diet, PA & Health



WHO resolutions addressing NCD risk factors

2000

2003

2004

2008

2009

2010

2011

2013

2014

2015

2018

2022

2025

2030

NCD prevention & control included in the 2030 Agenda for Sustainable Development (adopted in Sep 2015)



Commits governments to develop national responses:

- **Target 3.4:** By 2030, reduce by one third **premature mortality from NCDs**
- **Target 3.5:** Strengthen responses to reduce the harmful use of **alcohol**
- **Target 3.8:** Achieve **universal health coverage (UHC)**
- **Target 3.a:** Strengthen the implementation of the **WHO FCTC (Tobacco)**
- **Target 3.b:** Support research & development of vaccines & medicines for NCDs that primarily affect developing countries
- **Target 3.b:** Provide access to **affordable essential medicines & vaccines for NCDs**

1 NO
POVERTY



NCDs exacerbate “poverty”

NCDs can impoverish people, keep them in poverty,
& drive already poor deeper into poverty.

Loss of household income from unhealthy behaviours, poor health & premature death (*treatment cost, unemployment/loss of income, death/disability of breadwinner*) >> **leading to individuals & households into poverty.**

- Spending on tobacco and alcohol leaves **less money for productive investments.**
- The **lowest income** group consumes the **highest number of cigarettes.**
- Poor **households with a smoker(s)** earn **less over time** than otherwise similar households without smokers.

Session 3 : NCDs landscape at the global and regional level

2 ZERO HUNGER



Undernutrition & NCDs/risk factors are related

- **Malnutrition in all its forms**, overweight & obesity and undernutrition, **are risk factors for NCDs** such as heart disease, cancer, and type II diabetes.
- **Undernutrition**, and its effects on growth, development and maturation, has numerous detrimental outcomes, including the potential to **increase risk of developing an NCD** later in life.
- [add your country data here] Prevalence of **obesity** increased sharply for **school-aged children** (6-14 years) from 4.9% in 2009 to **13.9%** in 2014. 8.4% of **Thai students** aged 13-17 were **underweight**.

Session 3 : NCDs landscape at the global and regional level

Spending on tobacco/alcohol leaves
less money for nutritious foods, especially in poor households

[add your country data here]

76% of smokers in Thailand reported spending money on tobacco,
instead of essentials such as food and education.



=



Rice 1.5kg

548 kg/year

[add your country data here]

O
R



17 eggs

6,205 eggs/year

[add your country data here]

Session 3 : NCDs landscape at the global and regional level

4 QUALITY
EDUCATION



NCDs impede children's education

All major NCD risk factors - tobacco and harmful alcohol use, physical inactivity and malnutrition - can **negatively affect students' educational performances.**

By making teachers and parents sick, NCDs can **take away important educational resources from children.**



Source: [1] Bortouluzzi, EC et al. [2]" University of New Hampshire; How does tobacco use impact your academic performance, [3] UNESCO, [4] Committee on Physical Activity and Physical Education in the School Environment; Food and Nutrition Board;

Session 3 : NCDs landscape at the global and regional level

5 GENDER
EQUALITY



NCDs are closely related to gender issues

- Women & girls are disproportionately affected by NCDs and their risk factors such as **exposed to indoor air pollutions** including smokes from cooking and second-hand cigarette smoke.
- Harmful use of alcohol is linked to domestic **violence against women**
- Tobacco and alcohol industries **target girls/women.**

8 DECENT WORK AND
ECONOMIC GROWTH



NCDs harm economic development & decent work

Tobacco, alcohol & NCDs can **cause considerable labour productivity losses** through mortality, absenteeism & presenteeism (*such as due to hangover, nicotine withdrawal, poor physical health*)

Tobacco farming is a dangerous occupation due to the extensive use of chemicals and constant exposure to nicotine.

Social costs of obesity, physical inactivity, alcohol consumption, ...

Source: Saleeon, T. "Green Tobacco Sickness (GTS) in Thai traditional tobacco farmers related to the occupational exposure in Nan province, Thailand"

10 REDUCED
INEQUALITIES



NCDs widen inequalities

Tobacco harms among the most vulnerable people in society – poor, street children, youths, minorities, women, among others.

The **burden of NCDs usually falls disproportionately on the poor** who are both more vulnerable and have limited access to protective measures and preventive health services.

Tobacco addiction is concentrated among people with lower incomes and education.

Session 3 : NCDs landscape at the global and regional level

Air pollution is harming people in many cities.

7 AFFORDABLE AND
CLEAN ENERGY



13 CLIMATE
ACTION



Outdoor air pollution causes 3.7 million premature deaths annually, a number which could be vastly reduced by transitioning to renewable energy sources

3.8 million premature deaths annually from NCDs attributed to exposure to household air pollution.

[add your country data here]

Session 3 : NCDs landscape at the global and regional level

16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



NCD response can promote the rule of law & reduce organized crime and corruption

- **SDG 16.4** By 2030, significantly reduce illicit financial and arms flows, strengthen the recovery and return of stolen assets and combat all forms of organized crime
- **SDG 16.5** Substantially reduce corruption and bribery in all their forms
- **Smuggling of alcohol and tobacco** by organized crime – need for strong customs capacity and border measures.
- **Tobacco industry interference remains one of the biggest obstacles** to effective tobacco control.



17 PARTNERSHIPS
FOR THE GOALS



Taxation on health-harming products can strengthen domestic resource mobilization







- **Increasing taxation** on health-harming products is a **win-win measure** to expand fiscal space by:
 - Increasing government revenues
 - Reducing government expenditures (health, social security)

Session 3 : NCDs landscape at the global and regional level

NCD highly cost-effective interventions (16 WHO Best Buys, 2014)

\$7

a return on investment in
best buys for each \$1

TOBACCO US\$ 1		Return on Investment (ROI) per dollar invested US\$ 7.11
ALCOHOL US\$ 1		US\$ 8.32
HEALTHY DIETS US\$ 1		US\$ 11.93
PHYSICAL ACTIVITY US\$ 1		US\$ 3.20
MANAGE CARDIOVASCULAR DISEASE AND DIABETES US\$ 1		US\$ 3.12
HPV VACCINATION & CERVICAL CANCER SCREENING US\$ 1		US\$ 2.34

TOBACCO



- 1 Increase excise taxes and prices on tobacco products
- 2 Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages
- 3 Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship
- 4 Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport
- 5 Implement effective mass-media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

ALCOHOL



- 6 Increase excise taxes on alcoholic beverages
- 7 Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- 8 Enact and enforce restrictions on the physical availability of alcohol in sales outlets (via reduced hours of sale)

HEALTHY DIETS



- 9 Reduce salt intake through the reformulation of food products to contain less salt, and the setting of maximum permitted levels for the amount of salt in food
- 10 Reduce salt intake through establishing a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable low-salt options to be provided
- 11 Reduce salt intake through behavior change communication and mass-media campaigns
- 12 Reduce salt intake through the implementation of front-of-pack labelling

PHYSICAL ACTIVITY



- 13 Implement community-wide public education and awareness campaigns for physical activity, including mass-media campaigns combined with other community-based education, motivational and environmental programmes aimed at supporting behavioral change around physical-activity levels

Session 3 : NCDs landscape at the global and regional level

NCDs not only cause suffering for individuals & families,
but also **overburden health systems** & impede **economic growth**.



VS



The cumulative **economic lost** output in developing countries associated with NCDs **US\$ 7 trillion over 2011-2025**

- US\$ 500 billion per year
- US\$ 25 in LICs, 50 in LMICs & 139 in UMICs

The average cost for LMICs to scale up action by implementing the “best buy interventions”

US\$ 170 billion for 2011-2025

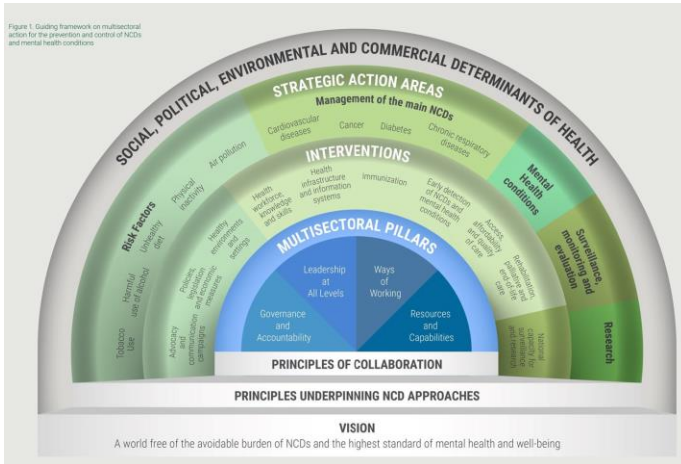
- US\$ 11.4 billion per year
- US\$1 per capita in LICs, 1.5 in LMICs & 3 in UMICs

Session 3 : NCDs landscape at the global and regional level

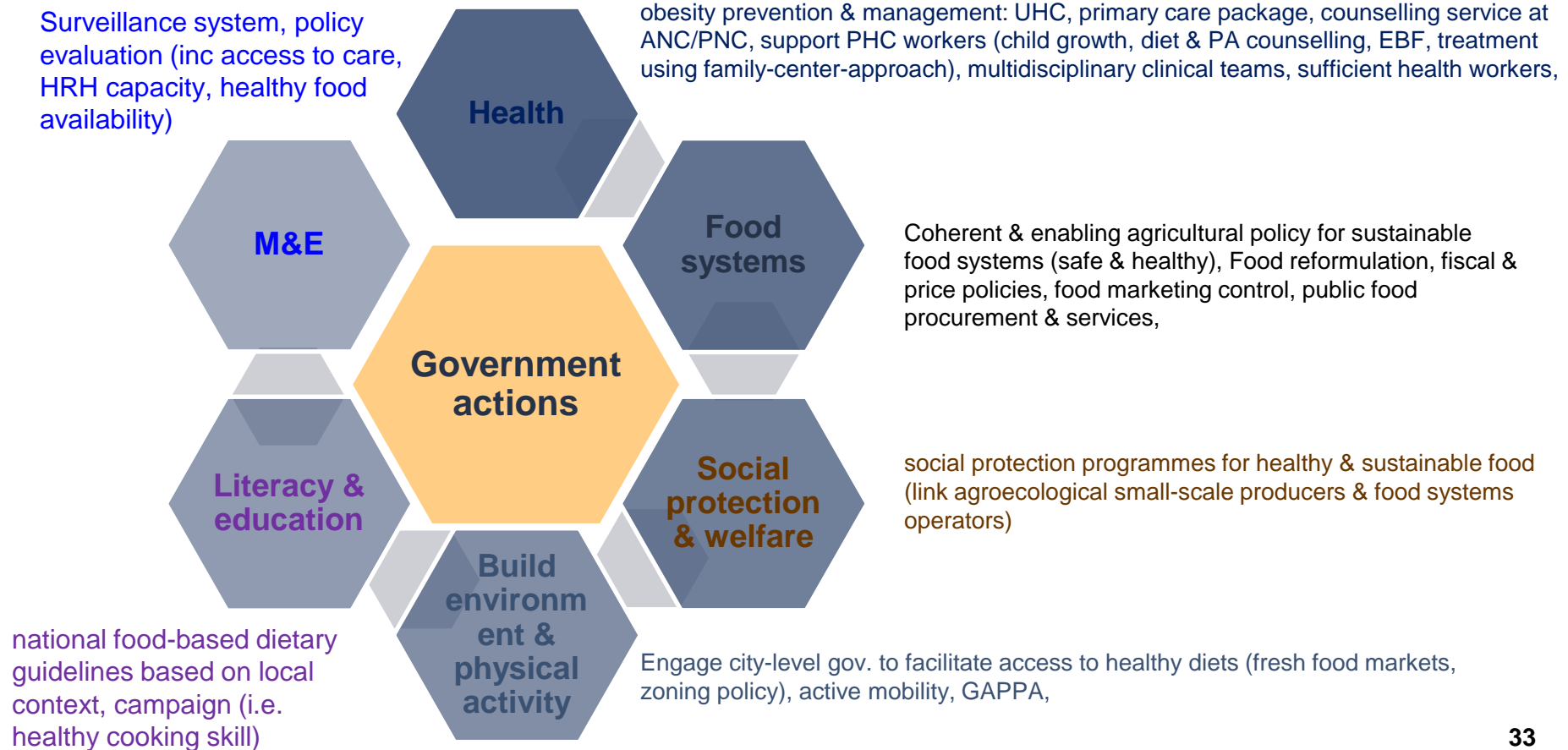
Framework on **multisectoral action** for the prevention and control of NCDs

Multisectoral action for the prevention and control of NCDs should focus on:

- ❑ **creating mechanisms to achieve whole-of-government action** in order to tackle NCDs
- ❑ **securing political commitment** at the highest levels
- ❑ **integrate specific health concerns** into relevant sectors' policies, programmes and activities, where possible
- ❑ reinforcing responsible stewardship, while safeguarding public health from any potential conflict of interest & recognizing the fundamental conflict of interest between the industry and public health
- ❑ establishing sustainable & predictable financing mechanisms
- ❑ investing in an appropriate workforce
- ❑ promoting access to safe, effective, good-quality medicines & technologies
- ❑ promoting the development and use of impact assessment methods to monitor & evaluate multisectoral action



Recommended actions **for government**



Recommended actions for **other societal actors**

Civil society

Encourage governments to develop ambitious national responses

Ensure and amplify the voices of, and raise awareness about, people living with or affected by obesity

Mobilize the public to increase popular demand for obesity-prevention policies, with change agents embedded across organizations and sectors.

Academia

- Consolidate and expand the evidence base for obesity causes, determinants and consequences and for responses at individual, community and societal levels
- Design and implement policy evaluation programmes to assess the impact, feasibility and scalability of recommended interventions associated with cost-effectiveness analysis.

Recommended actions for **private sector**

Economic operators in the food system

Guarantee access to healthy diets, (from production, distribution to promotion)

Manufacturers, particularly those intended for children should reformulate their products (□ sugar & salt content) & reduce portion sizes.

All companies can offer healthy diets in their workplace canteens.

Food distribution chains might facilitate the access to fresh products, particularly fruit & vegetables and support their promotion through adequate product placement.

Catering firms can take steps to align their offers with national food-based dietary guidelines.

Economic operators in the sports, exercise & recreation industries

- Promote PA in workplace
- Improve access & affordability to PA facilities/gadgets
- Strengthen physical education & school sports for all children

Session 3 : NCDs landscape at the global and regional level

Key messages

1. NCD is the number one killer in the world.
2. NCDs contribute to poverty & impede economic growth
3. NCD prevention and control as “*a social development agenda*”
4. **Multisectoral actions** are needed for tackling NCDs.
5. **Policies in non-health sectors** can contribute to reducing NCD risk factors, resulting in people's health and well-being and overall national development.



Session 4 : Health in All Policies (HiAP)

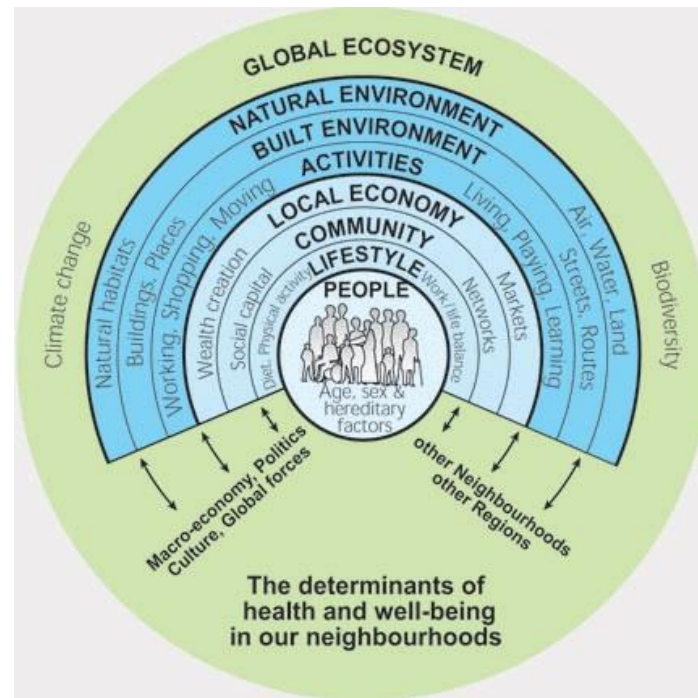
Learning Objectives

- Concept and principles of HiAP
- Origin and development of HiAP
- Implication of HiAP and case study



Health in All Policies

“An approach to **public policies across sectors** that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts to **improve population health and health equity**”

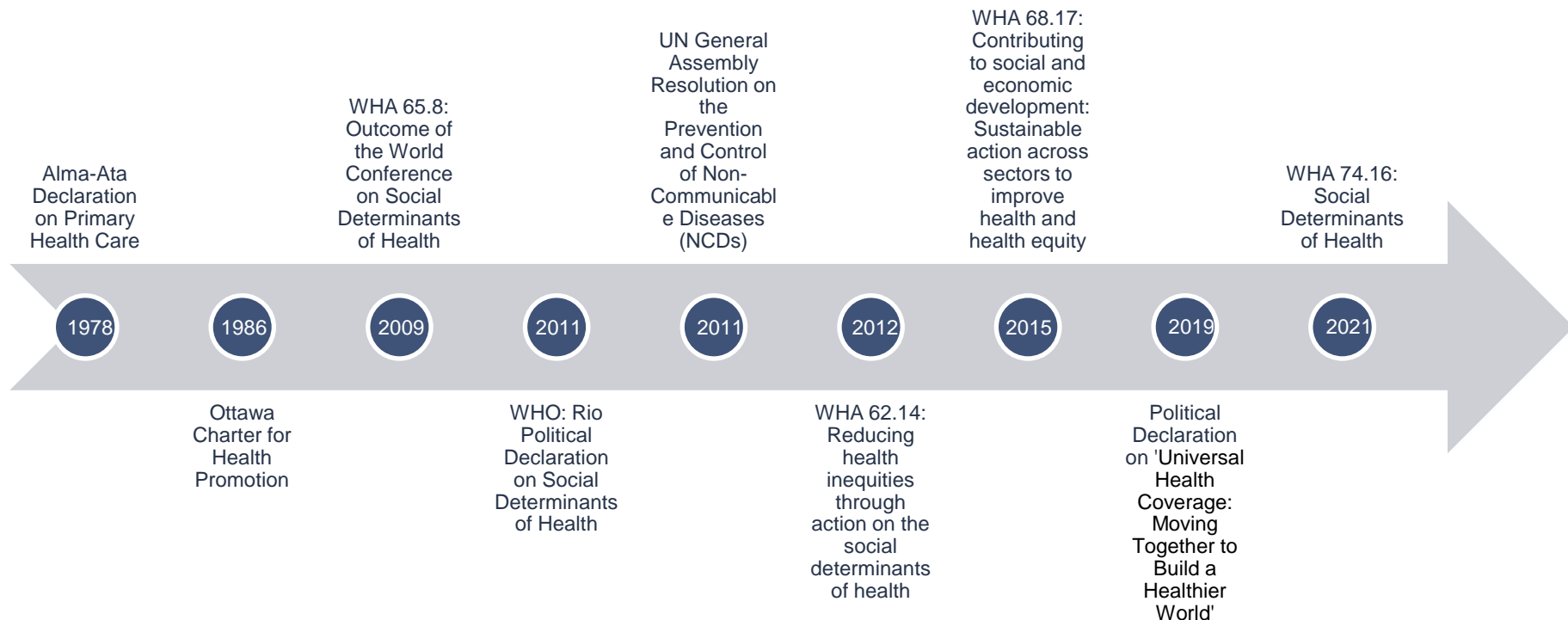


Session 4 : Health in All Policies (HiAP) Concept and Practice

To tackle air pollution, collaboration is needed within many sectors



Origin and development of HiAP



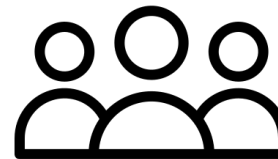
Session 4 : Health in All Policies (HiAP) Concept and Practice

When we may consider applying HiAP

Complex health challenges
(population health/
health equity/
health systems challenges)

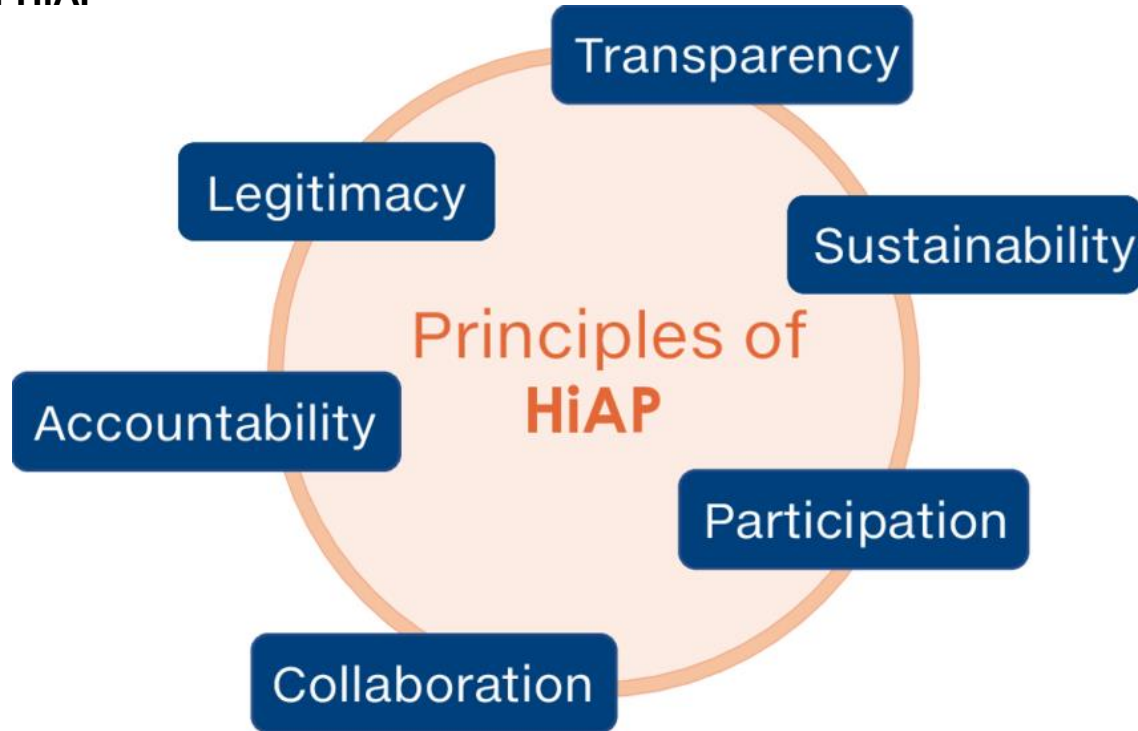
External policies with a
high impact on health

Government priorities
affecting many sectors



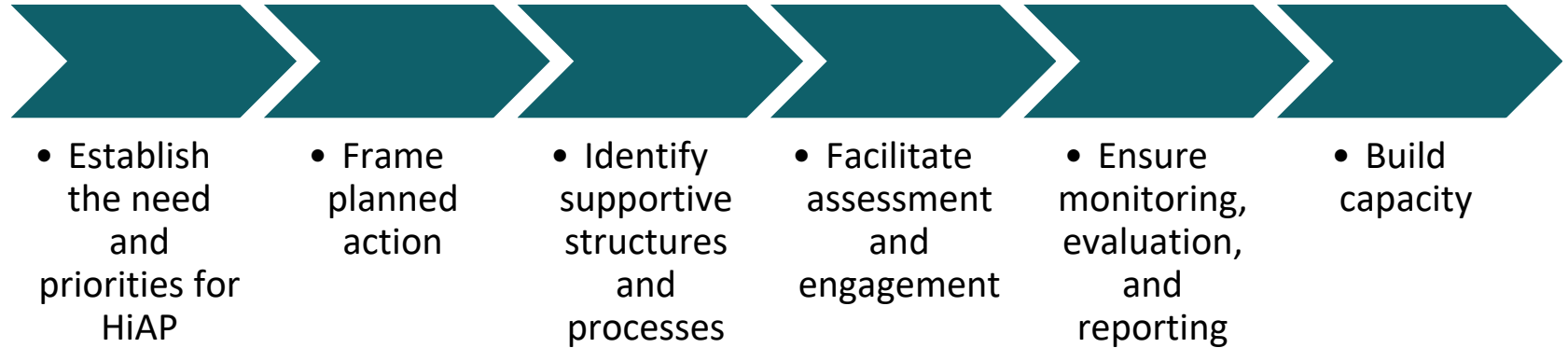
Session 4 : Health in All Policies (HiAP) Concept and Practice

Principles of HiAP



Session 4 : Health in All Policies (HiAP) Concept and Practice

HiAP framework for action



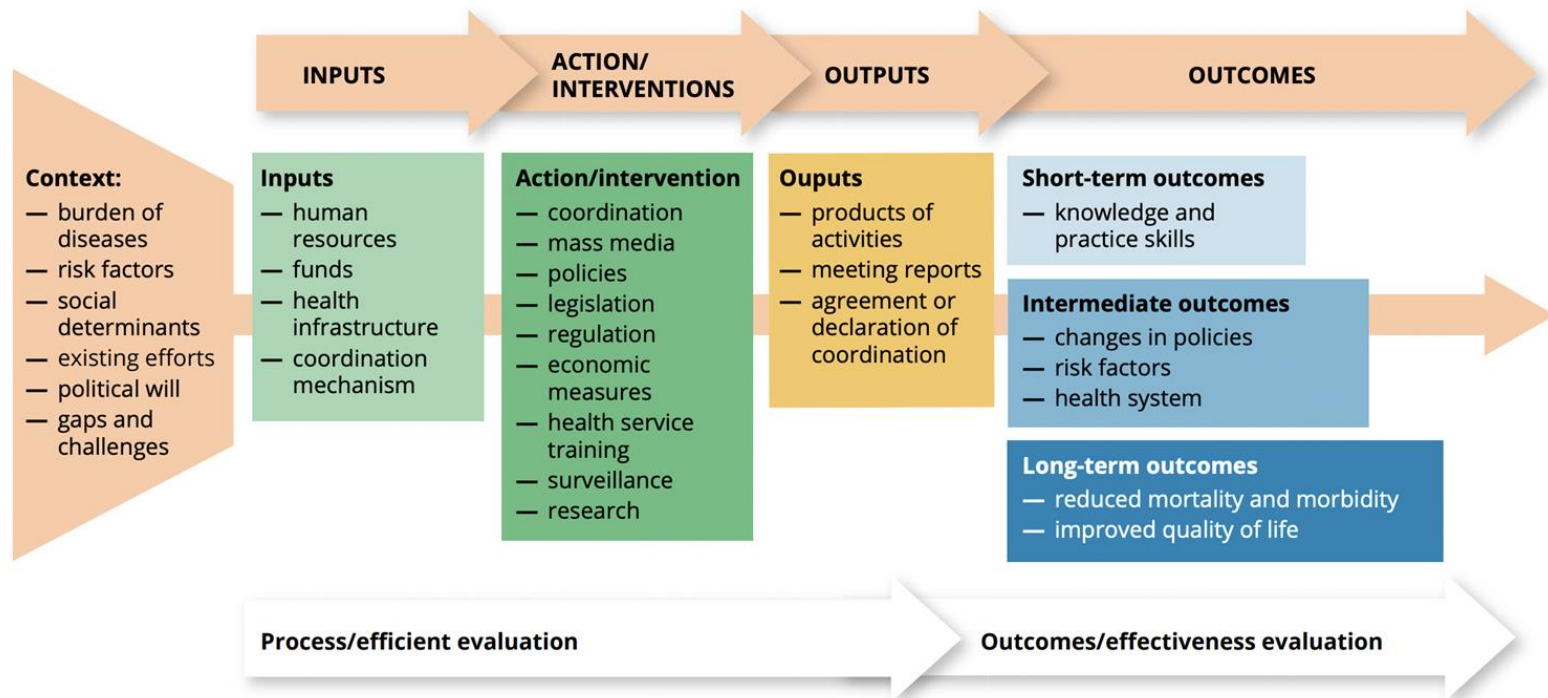
Session 4 : Health in All Policies (HiAP) Concept and Practice

California's Health in All Policies Task Force



Session 4 : Health in All Policies (HiAP) Concept and Practice

Monitoring and evaluation on process aspects of HiAP in NCD prevention and control



Session 5 : Panel Discussion

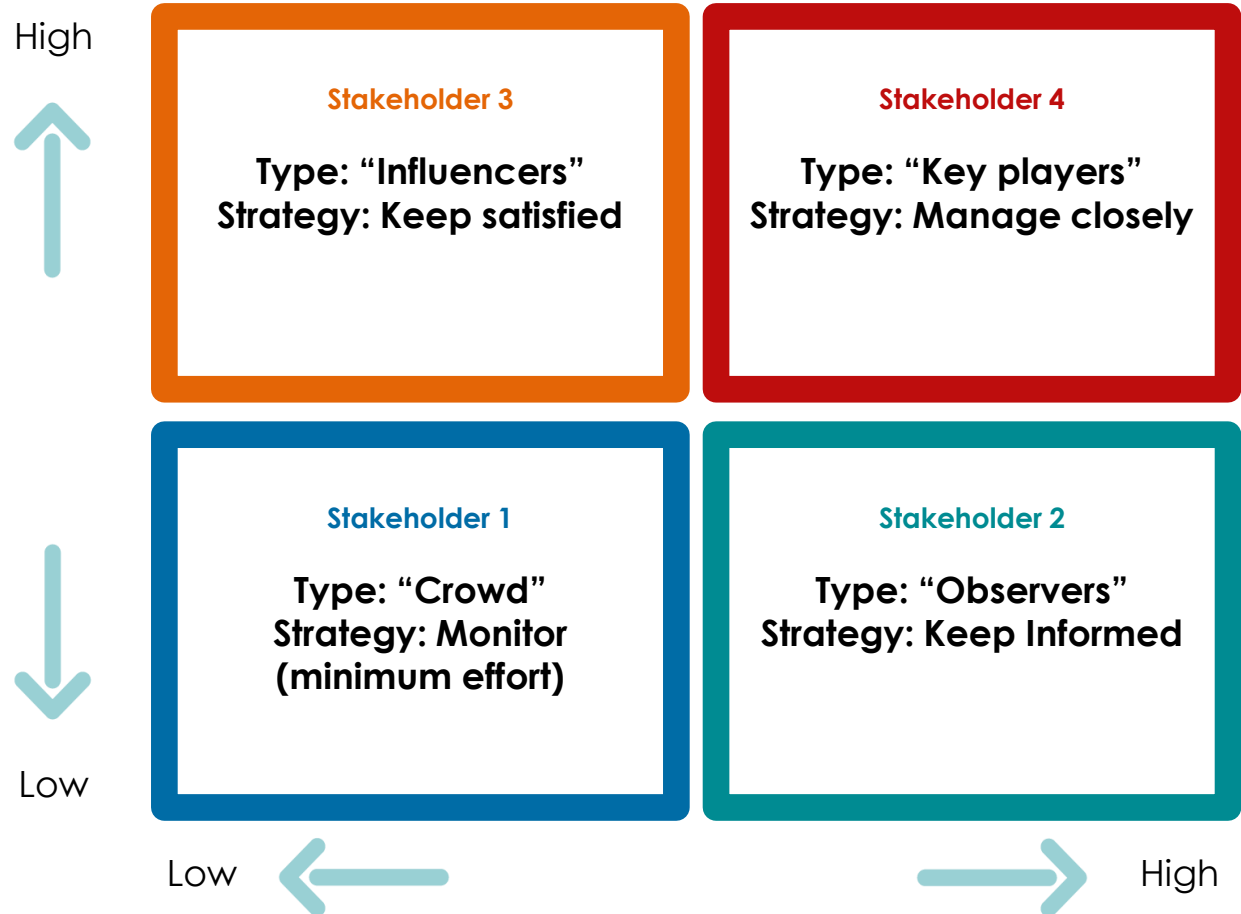
Session 6 : Stakeholder Analysis

Why Stakeholder Analysis?

- Identify people, groups, and institutions that will influence your HiAP policy or programme (either positively or negatively).
- Anticipate the kind of influence, positive or negative these groups will have on the policy process.
- Develop strategies to get the most effective support possible for your HiAP policy or programme and reduce any obstacles to successful implementation

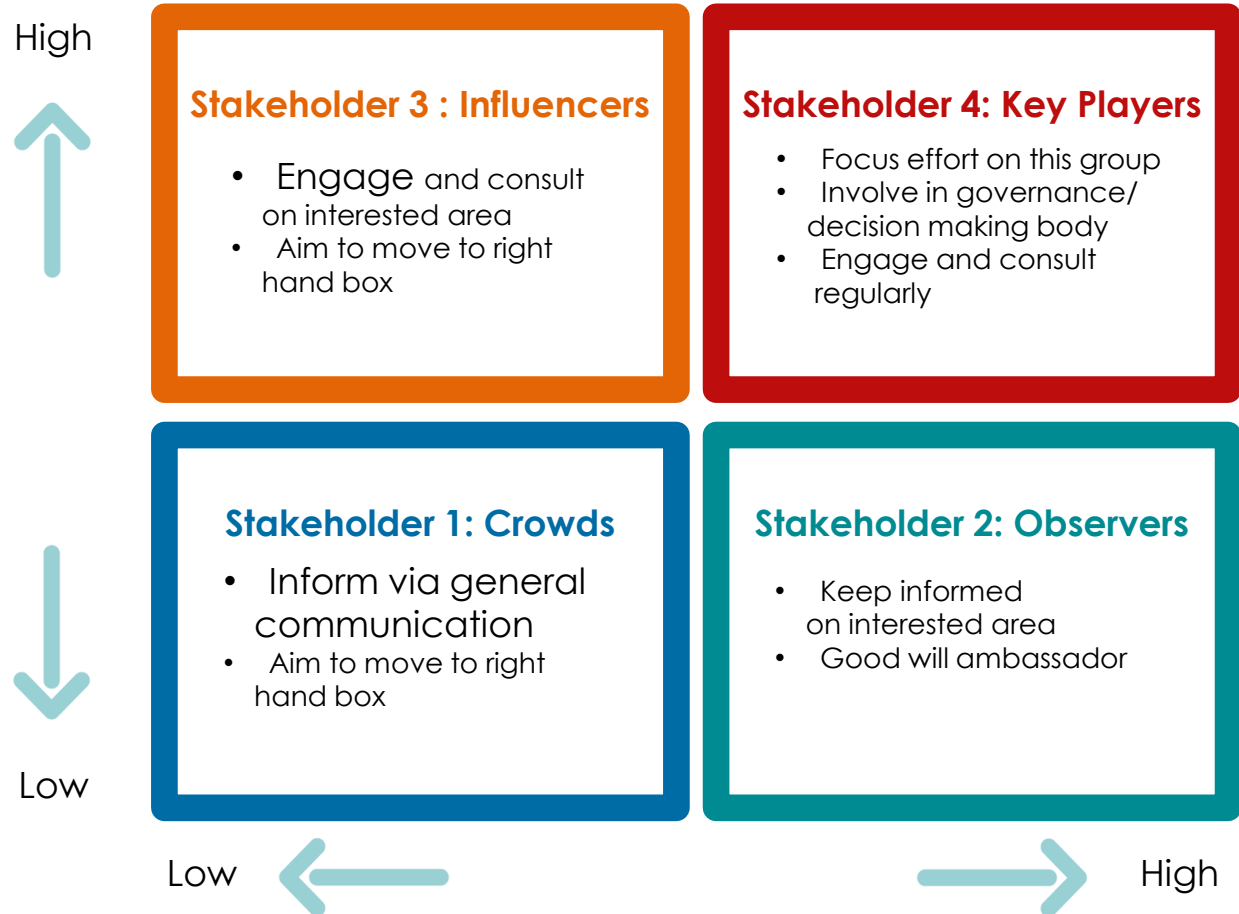
Session 6 : Stakeholder Analysis

Power-Interest Relation Matrix



Session 6 : Stakeholder Analysis

Power-Interest Relation Matrix



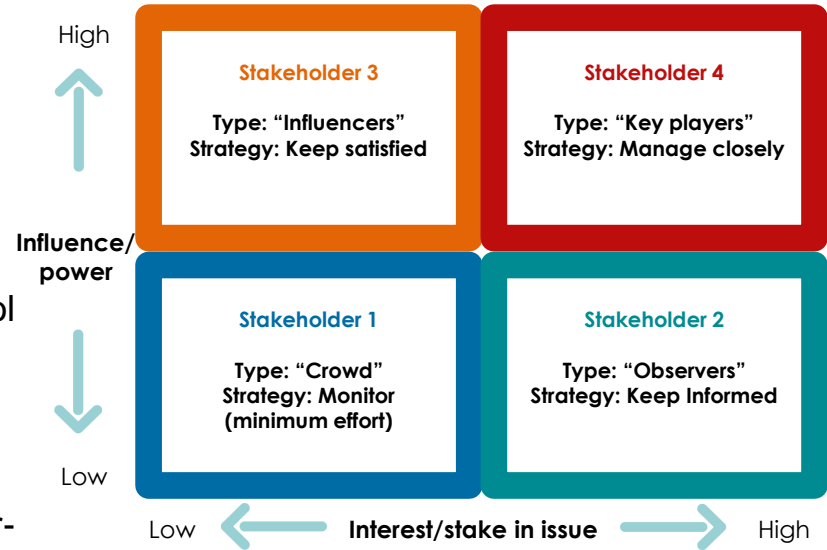
Session 6 : Stakeholder Analysis

Assignment

Group Work: 20 Minutes

1. Identify the public health issues that need to be solved by multi-stakeholders in Palika, e.g., alcohol advertisement, sponsorship and promotion, helmet use, smoking in public places, malnutrition in school aged children
2. Identify the stakeholders of your story
3. Analyse and categorise the stakeholders into the power-interest relationship matrix

Report back: 5 min presentation each group



Session 7 : Shared Vision

Differences

VISION MISSION



- Future objective
- Describe a future state that you are working towards
- Someday



- Present tense
- Describe why you do what you do and who benefits from this work
- Everyday

Session 7 : Shared Vision



To challenge the status quo.
To think differently.



To refresh the world and inspire
moments of optimism and happiness.

facebook.

To give people the power to build
community so that we can bring
the world closer together.



To empower every person and organization
on the planet to achieve more.



To fulfill dreams of personal,
All-american freedom.



To organize the world's information and
make it universally accessible and useful.



To create happiness for people
of all ages, everywhere.



To accelerate the world's transition
to sustainable energy.



To inspire and nurture the human spirit
– one person and one cup at a time.

5 Factors for the BEST Shared Vision

1. Alignment with Values and Mission
2. **Relevance to Stakeholders**
3. Inspiration and Motivation
4. Sustainability and Ethical Considerations
5. Positive Contribution

Shaping

1. Identify Key Stakeholders
2. Facilitate Collaboration
3. Gather Inputs
4. Identify Common Values and Goals
5. Craft the Vision Statement
6. Iterate and Refine
7. Communicate with Stakeholders and a Broader Organisation

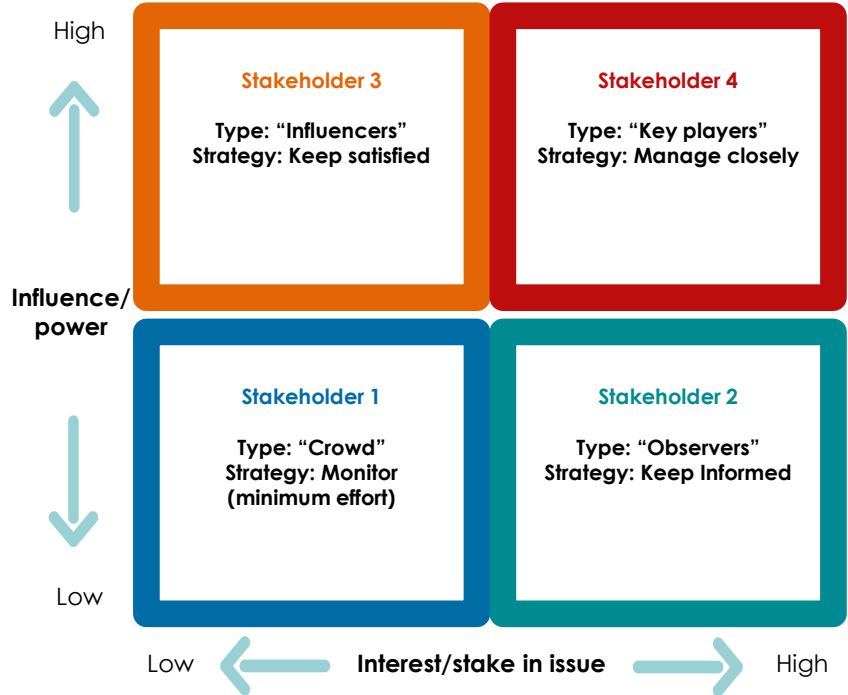
Session 7 : Shared Vision

Assignment

Group Work: 15 Minutes

1. Craft a shared vision statement or key words that aligns with the values and missions of all stakeholders.
2. Decide action you want them to do to reach the shared vision

Report back: 5 min presentation each group

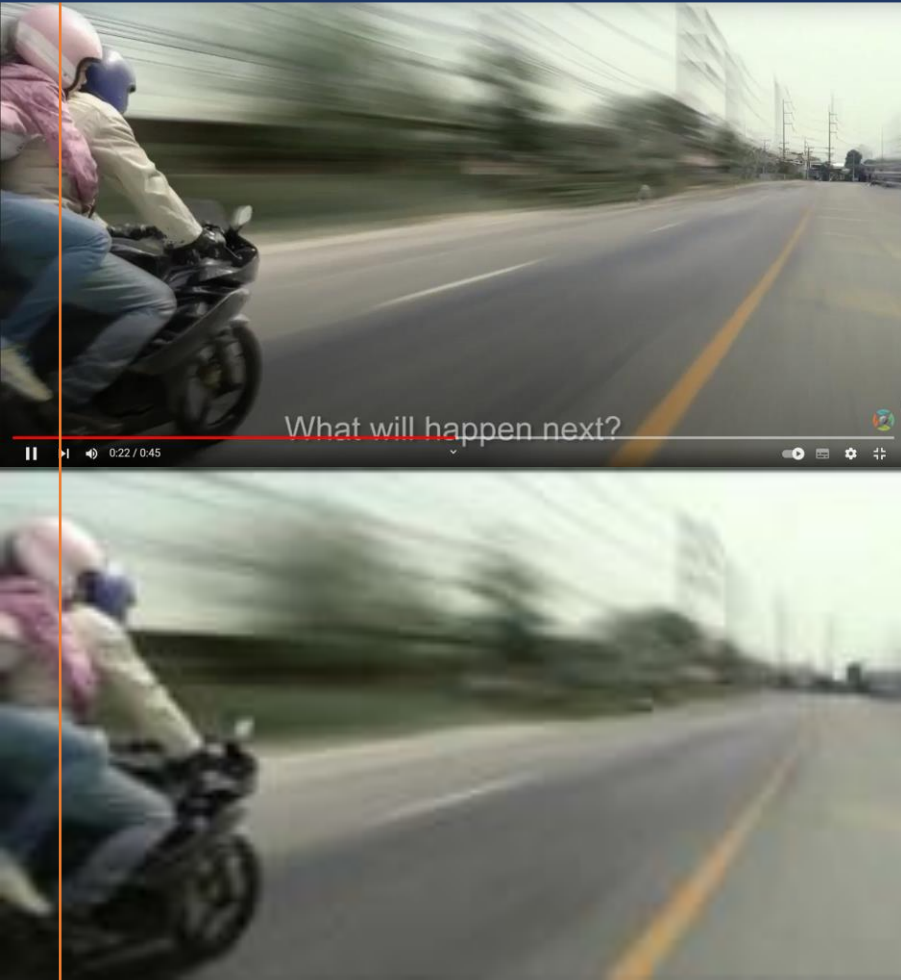


Session 8 : Communication for Change

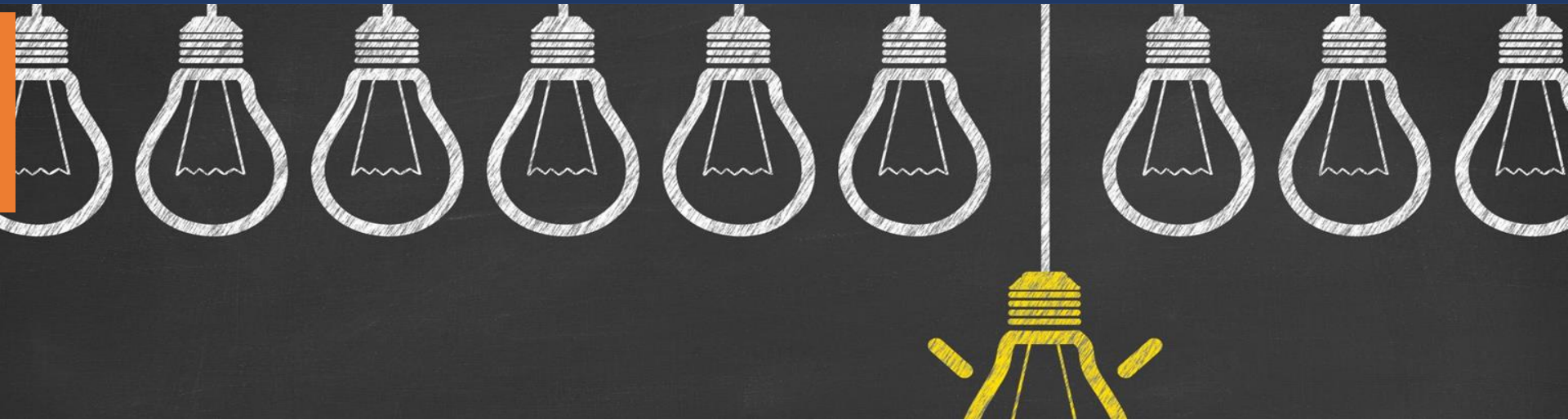
What does
the ads tell?



Session 8 : Communication for Change



What does the ads tell?



Communication for Change

- **What is C4C?**

A process of integrating different communication tools, i.e., research, best practices, video clip to influence and inform audiences such as policy makers for a social change.

- **What is C4C for?**

- To raise awareness by educating and/or entertaining audiences.
- To make a change and propose a policy by convincing and/or inspiring audiences.

Communication Planning for Change

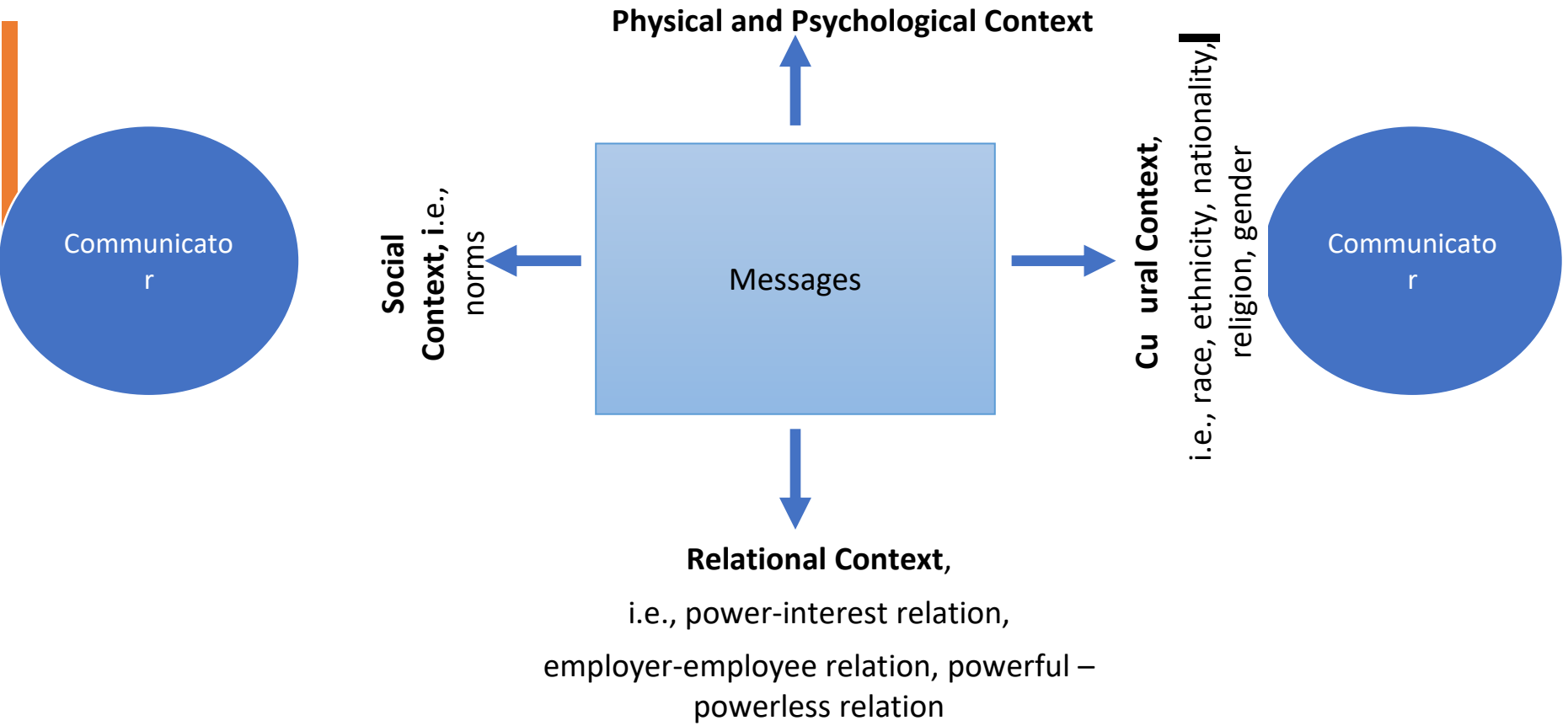


1. Setting Objectives
 2. Identify Target Audiences
 3. Understanding Your Audiences
 4. Create Key Messages
 5. Choose Communication Tools
 6. Choose Policy Channels to Communicate
 7. Implementation and Timing
 8. Evaluation
-

1. Setting Objectives

2. Identify Audienc

- Want Whom to do What



3. Understand Audience Profiles

4. Creating Key Messages : Examples



4. Creating Key Messages

Effective Key Messages

Concise : Should be read or spoken in 30 seconds or less.

Strategic : Define, differentiate, and address benefits.

Relevant : Balance what you need to communicate with what your audience needs to know.

Compelling : Design meaningful information to stimulate action.

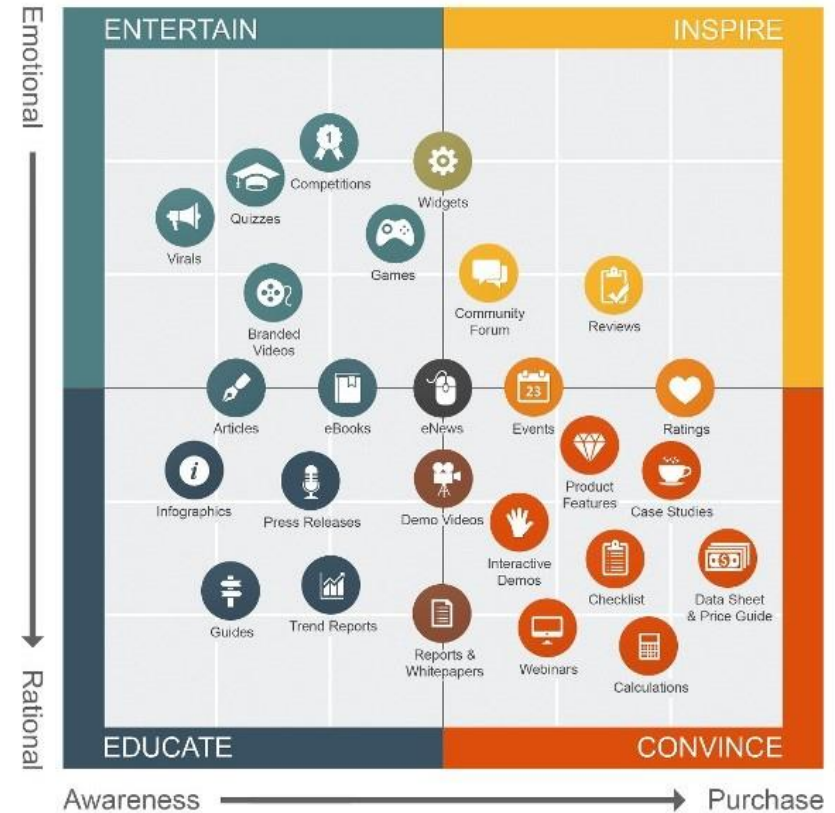
Simple : Use easy-to-understand language; avoid jargon and acronyms

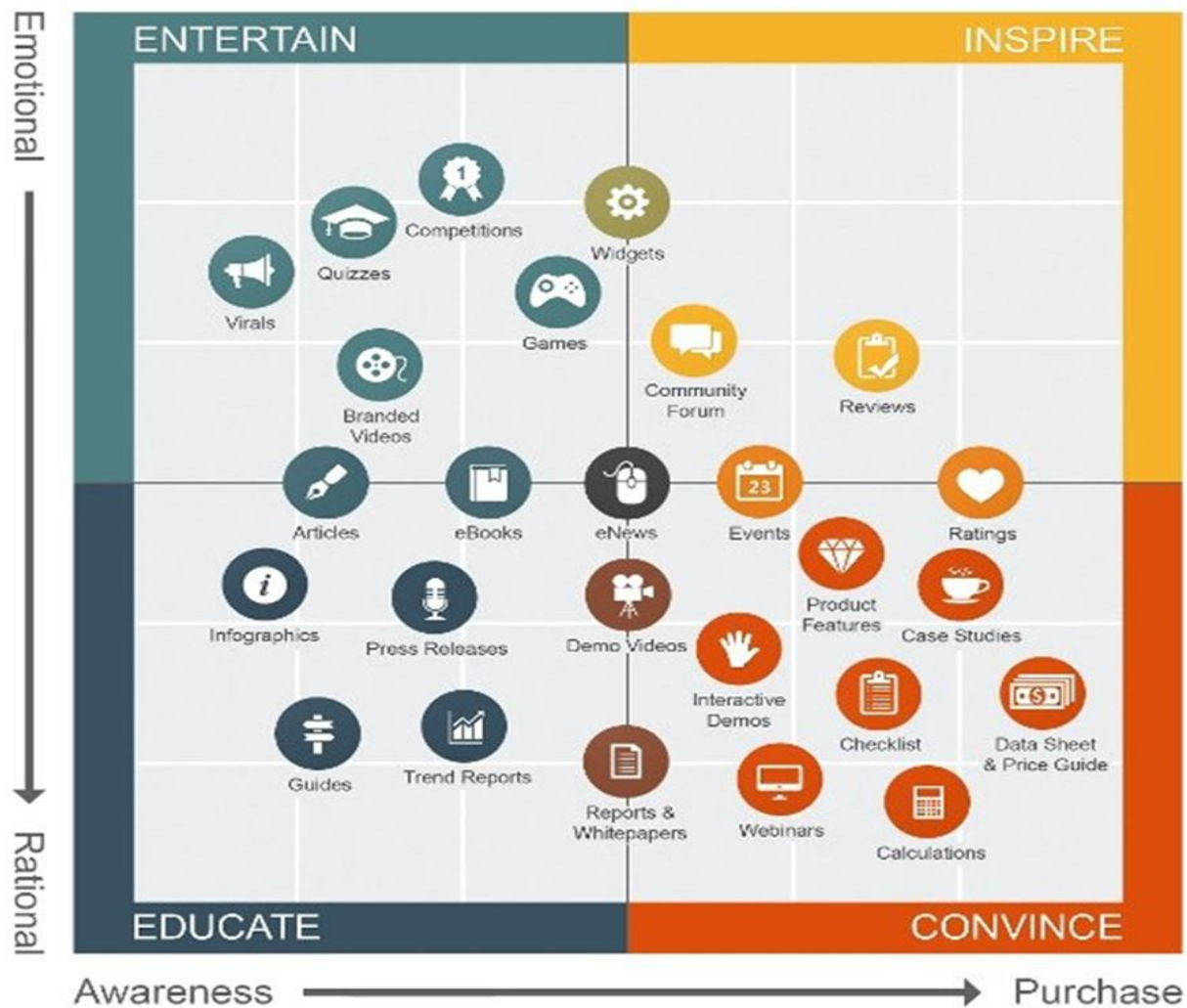
Memorable: Ensure that messages are easy to recall and repeat.

Real : Use active voice, not passive; do not use advertising slogans.

Tailored: Communicate effectively with different target audiences by adapting language and depth of information.

5. Choose Communication Tools





. Choose Communication Channels

- National Planning Commission
- National Steering committee for prevention
and control of NCDs
- Ministerial Committee
- Multi-sectoral Committee

7. Implementation & Timing

8. Evaluation

- What is the right timing?

7. Implementation & Timing

8. Evaluation

- Plan without action is not a plan
- Action without evaluation is not progress.

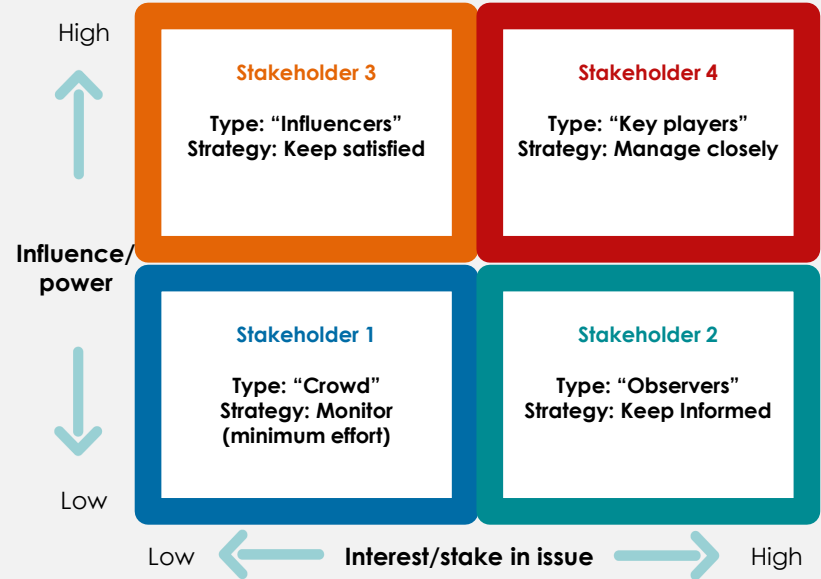
Session 8 : Communication for Change

Assignment

Group Work: 15 Minutes

1. Anticipate the Stakeholder 3: Influencer (a policy opponent gain or lose from your proposed action from the prevision session)
2. Craft a key message to convince the Stakeholder 3: Influencer (a policy opponent)

Report back: 5 min presentation each group



Assignment

-
- Based on your problem-stakeholder analysis, shared vision and actions to be taken, please develop a communication plan
 - Discuss with your group
 1. Who is your audience?
 2. What profiles of your audience?
[Select 2 Audiences who are in different positions]
 - a policy maker or a policy implementor
 - a policy supporter vs a policy opponent.
 3. What do you want them to do?
 4. What do they gain or lose from your proposed action?
 5. What is a key message for your audience?
 6. Which communication tool according to the content matrix do you use? i.e., policy brief, case study, infographic, event.
 7. What policy channel do you communicate? i.e., a ministerial committee, a national health board, a multisectoral committee.
 8. What is timing or window of opportunity for communication? i.e., general election, new government, aftermath of natural disasters

Assignment

- Fill in a communication plan template plan

Audiences	Character	Obj.	Gain	Lose	Key Message	Communication Tools	Policy Channel	Timing

- Group work for 30 minutes. Choose 2 audiences
- Report back to the meeting. 10 minutes per group, totally 40 – 60 mins
- Q & A for 30 minutes

Session 9 : Building a sense of ownership

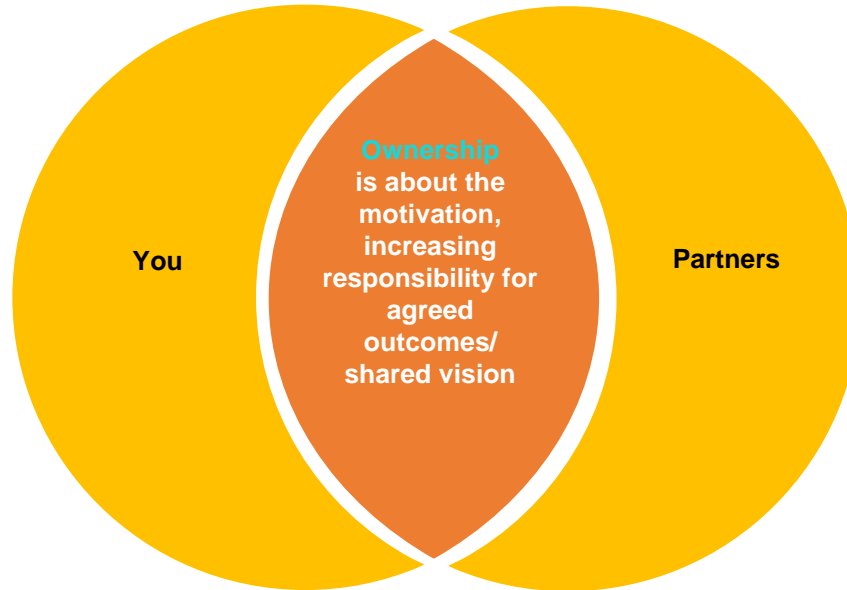
**How do you
create a
sense of
ownership?**

- Proposed driven
- Find tune mutual value/outcome
- Encourage knowledge/information sharing
- Regulatory Platforms
- Joint KPI/Joint Action Plan
- Multi sectoral mechanism etc.

Session 9 : Building a sense of ownership of stakeholders

Regulatory Platforms

Joint KPI/Action Plan/Mechanisms



Reframing the issue

- How the issue is viewed
- Who is considered responsible and the cause and possible solutions
- Allows for new ways of understanding, which can encourage new stakeholders to engage in the policy process

Ways of working

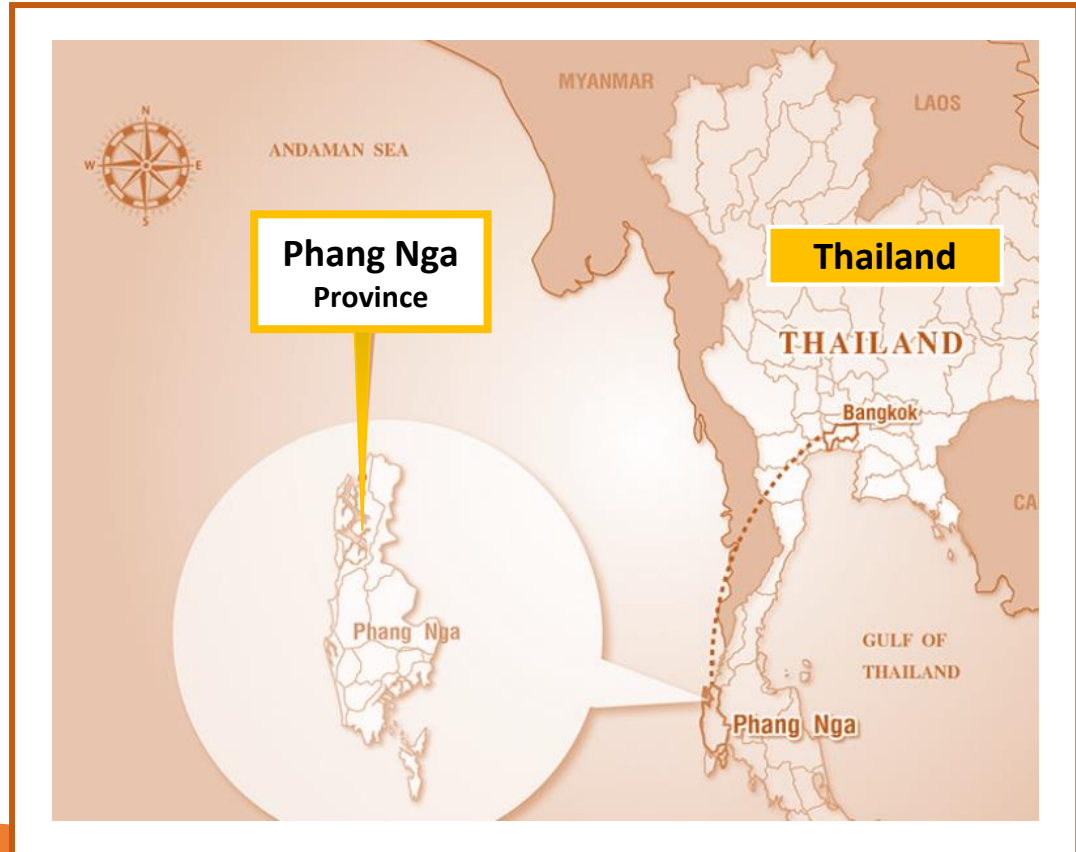
- consist of the attitude, mindset, behaviors, and practices used to collaborate with partners
- underscores trust-based collaborative work through co-design, co-production, and co-benefit
- using open communication and sharing information among relevant stakeholders



Introduction of Phang Nga Province : The city of happiness

Session 9 : Building a sense of ownership of stakeholders

- Phang Nga is one of the southern province, Thailand and the western side located next to the Andaman sea
- Phang Nga is divided into 8 districts, 48 subdistricts, 314 villages.



Session 9 : Building a sense of ownership of stakeholders

Phang Nga Province

- **Governance;**
 1. 1 Provincial Administration Organization
 2. 15 Municipalities
 3. 13 Subdistrict Organizations
- **Vision:** Ecotourism center, Sustainable Agriculture, Livable City and City of Happiness (2023-2027)
- **People's Occupation:** Farmers, Fisheries, Labors/staffs in the tourism industry
- **Important Situation:** 2004 : Tsunami hit the province
- **Social Capital :** Strong relationship between local government and CSO/NGOs network since the Tsunami situation.



Ko Panyee
(Photo: Shutterstock)



'James Bond Island', Phang Nga Bay

Session 9 : Building a sense of ownership of stakeholders

Building a sense of ownership : Inspirational Clip VDO on “Phang Nga: The city of Happiness” in Thailand

Clip : <https://youtu.be/E3Wspaoklc8?si=hFXJDfVAC2gFoUi9>

Session 9 : Building a sense of ownership of stakeholders

Brain Strome Questions

Q1 : What are **highlight points** from the VDO clip?

The city of happiness

collective efforts of people

A shared vision of people in the community to reimagine what happiness means for them

Wonderful
view/Attraction spots

culture of mutual respect
between the local
communities and tourists

Q2: What are the **problems** of the Province?

Disaster History

Toxic Food

Debt

Trashed beaches

Exploitation of
communal resources

Session 9 : Building a sense of ownership of stakeholders

Q3 : Who are *actors* did you see from the VDO clip?

The Provincial Administrative Organisation (PAO)

The Provincial Agriculture Office

Civil Society Association on Phang-Nga

– The city of Happiness

The Provincial Health Assembly

The Chamber of Commerce

The Subdistrict Health Promoting Hospital A
local healthcare unit

Community Organization Council

The Provincial Strategy and Planning Division

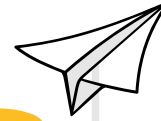
Q4 : How does *the government work to support* the city of happiness vision?

1. Join with people/CSO in *sketching out our vision and how to get there (developed the plan)*
2. Join the Provincial Health Assembly to *explore ideas and found that 10 development strategies* to realise ‘the Pang-Nga of happiness’
3. The Provincial Administrative Organisation (PAO) *has adopted this vision and insert in the provincial* strategy Promoting healthy living, self- and community care (in some areas)

The background is a solid orange color. It is decorated with various yellow geometric shapes: a large triangle at the top, a semi-circle on the right, a dashed vertical line on the right, a square at the bottom right, a large circle at the bottom, and several smaller dashed lines and arcs scattered around. The text is positioned on the left side of the slide.

The Journey **of the City of Happiness**

The Journey of the City of Happiness



Provincial Development Plan 2023-2027 : The City of Happiness

2013-2023

- **Organize the provincial assembly every year** under the theme - the city of happiness
- **PHA has used as regulatory platform** for meeting/discussion/sharing information among related stakeholders about the provincial development plan
- **Provincial Administration Organization supports budget for PHA to organize the assembly sine 2021**
- **PHA and networks set up learning center** to solve local problems such as financial problem, sustainable agriculture

2004-2009

Provincial Health Assembly team studies on people needs and found an agreed outcome is “City of Happiness”

- Provincial Health Assembly (PHA) team consist of CSO/local government staffs/Chamber of Commerce etc and has mandate to create public policy.
- PHA join hand with several networks/organizations to do the study/survey what people needs for their future and provincial development

2013

The 1st provincial assembly on the city of happiness

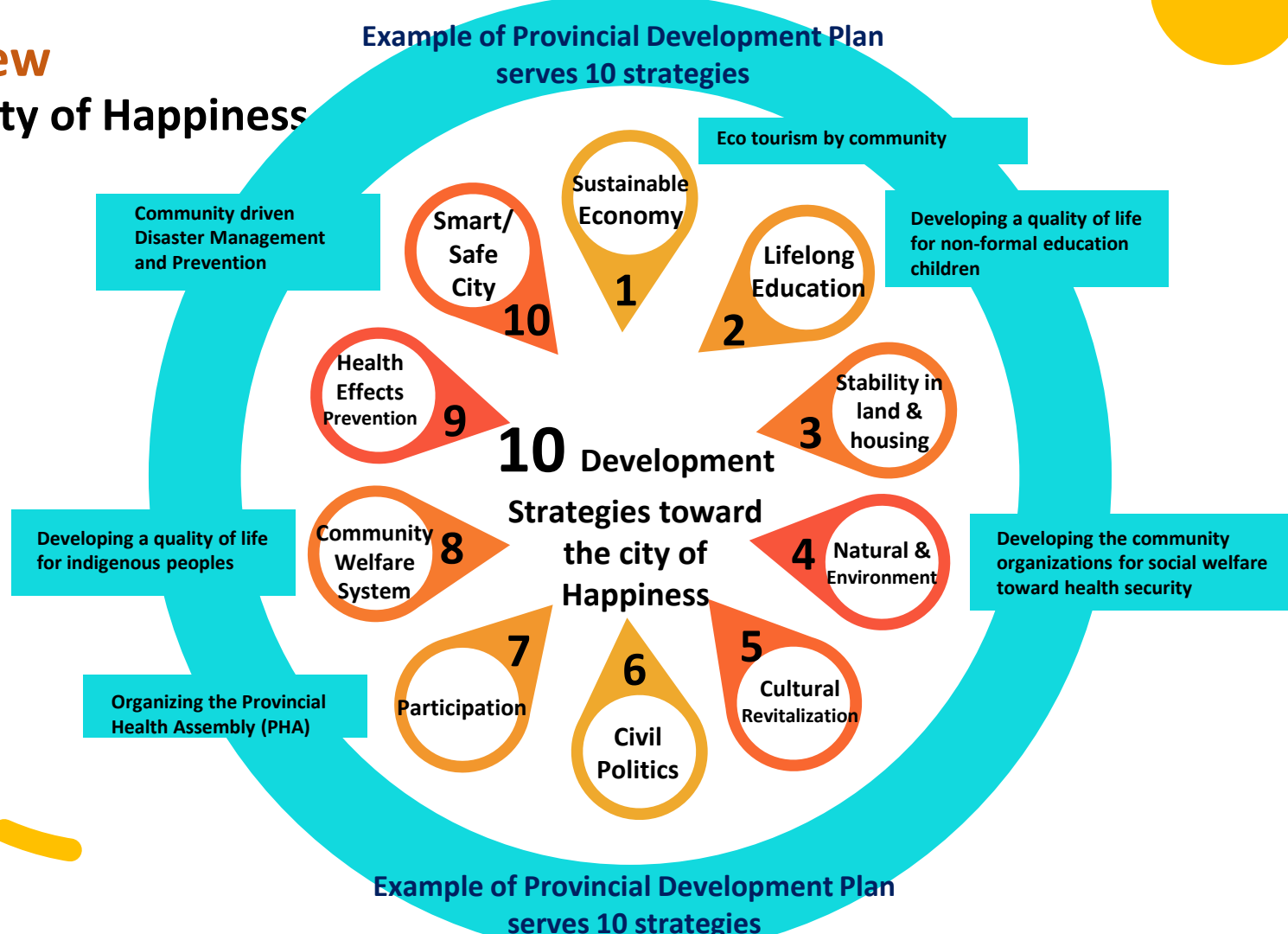
- *The provincial governor* was invited to join and to be informed of the provincial goals that come from people/society

2004

The province hit by the Tsunami

- CSO/NGOs began to invite people to set provincial goals from their own.
- Write down the future that they want to see, most of them mentioned : Happiness

Overview of the City of Happiness



What is the PHA?

What is the Provincial Health Assembly (PHA)?

- PHA is a process and platform of developing participatory public policy based on wisdom.
- It seek to bring together three sectors – the government sector the academia sector and the people sector – from health and non health background – to dialogue for healthy public policies and solutions

How do they work?

- Organize the provincial assembly every year under the theme - the city of happiness and invite the governor to join
- Have a regular meeting with various stakeholders who are PHA members
- Create joint projects between the network and responsible agencies
- Coordinate with relevant agencies and present it to the provincial strategic plan etc

PHA Members :

The Key for sketching out shared vision

1.Health organization:

- 1.1 Provincial Public Health Administrative
- 1.2 Village Health Volunteers etc

2.Non-Health organization:

- 2.1 The Chamber of Commerce
- 2.2 The Provincial Industry Council
- 2.3 The Provincial Tourism Council
- 2.4 The Provincial Culture Council
- 2.4 The Provincial Strategy and Planning Division etc

3. CSO network :

- 3.1 Civil Society Association for happiness of Phang Nga
- 3.2 Sea Gypsy Ethnicity Networks etc

Thailand Experiences

- (1) **Cultivate a Shared Vision:** Having a shared vision but allow stakeholders freedom to achieve it. This may require reframing individual goals, so that we can create a shared vision that embraces everyone.
- (2) **Regular communication.** Sharing information and exchanging ideas among stakeholders regularly. It requires a two-way and open communication among stakeholders.
- (3) **Implement Multisectoral Mechanisms:** Establishing a multisectoral mechanism or platform to work together. These platforms facilitate 'learning by doing,' fostering trust and reciprocal respect among stakeholders.
- (4) **Promote a Collaborative Culture:** Fostering a collaborative culture and empowering stakeholders, especially civil society and communities that they can co-define the issue, co-design process, co-create solution, co-deliver actions and co-benefit.

