



World Health Organization perspectives

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Education and Training for addressing the environmental and social determinants of health



Overview of key initiatives

- SDH e-book: *post-graduate formal education*
- Health in All Policies Training manual: *vocational training, short courses*
- 5-step quality improvement tool in public health programmes: *vocational tool*
- Housing guidelines and tools for involvement of medical practitioners

E-book on Social Determinants of Health

- WHO eBook: SDH-training for young health professionals, especially post-graduate
- Collaborative work of three WHO departments: - Human Resources for Health – Knowledge, Ethics, Research – Public Health, Environmental, Social Determinants of Health
- Other partners: e.g. IFMSA and McGill University
- Finalization of the book: end 2015

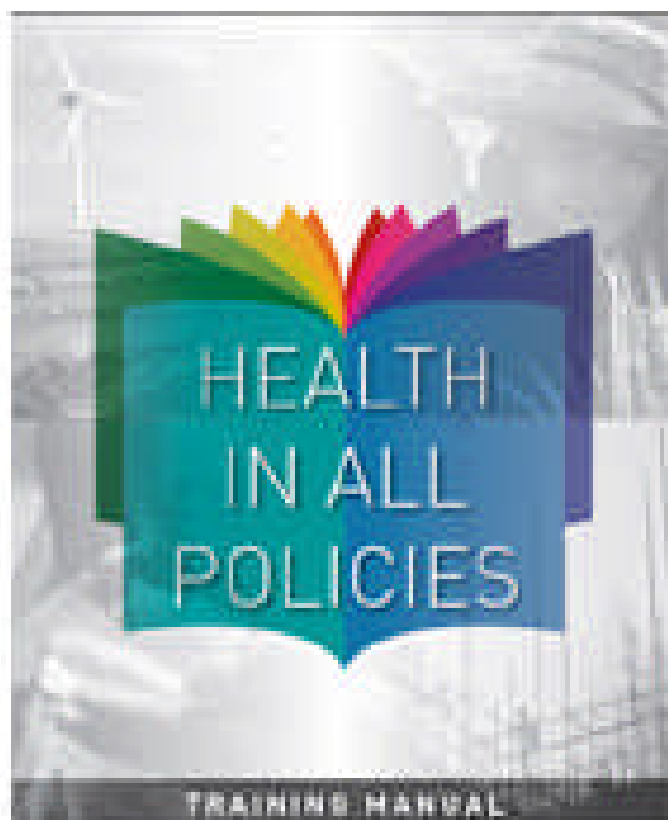
Health in All Policies Training Manual



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

2013 Helsinki Statement on Health in All
Policies

Health in All Policies Training Manual scaling-up



1. Dissemination, advocacy and demand generation
2. Developing networks of institutions/trainers to deliver the training and support Ministries of Health in developing training
3. Regional training of trainers' courses
4. Creating a data base of training institutions, resources (e.g. case studies) & trainees

134th Session of the Executive Board in January 2014

**Contributing to social and economic development:
sustainable action across sectors to improve
health and health equity**



2014 World Health Assembly adopts resolution
**MEMBER STATES: to develop sustainable institutional
capacity with adequate knowledge and skills in assessing
health impacts of policy initiatives in all sectors;**

Purpose of the Manual

- Build capacity to promote, implement and evaluate HIAP
- Encourage engagement and collaboration across sectors
- Facilitate exchange of experience and lessons learned
- Promote regional and global collaboration on HIAP
- Promote dissemination of skills to develop training courses for trainers

Audience - Faculty

- A manual for trainers in organisations, academic institutions, NGOs,...
- To be ADAPTED to context and participants

International
Intersectoral
Interdisciplinary



Focus: Participants

- Educational approach: highly participatory
- Learn skills

**International
Intersectoral
Interdisciplinary**

- Preparing policy briefs
- Stakeholder analysis
- Stakeholder engagement
- Framing and communication
- Policy negotiations and mutual gain
- Negotiating for health
- Measuring progress in health
- Health leadership qualities
- Health impact assessment
- Solution, mutual gains seeking mindset
- Inter personal and organisational sensitivity
- Capacity to acknowledge others contribution

Mindset

- shift in perspective so that all actors consider improved health and wellbeing as an overarching social goal that requires shared action
- create a shared mental map for participants in relation to HIAP and equip them to be policy champions for HIAP and equity

WHO HIAP Training Manual

1. Introduction to the determinants of health
2. 21st century health dynamics and inequalities
3. Health in All Policies
4. The policy making process
5. Role of government in HIAP/Whole of government approaches
6. Preparing policy briefs
7. Role on non-governmental stakeholders in HIAP/Whole of society approaches
8. Negotiating for health
9. HIAP Implementation at local, regional and global levels
10. Measuring progress in health
11. The Leadership role of the health sector in HIAP
12. Round up



WHO 5-step quality improvement tool

- ✓ *Enhanced capacity.* “Applied learning” approach linked to health professionals’ ongoing programmatic work to strengthen their capacity to understand and apply key concepts and principles.
- ✓ *Entry points for action.* Guided analysis conducted by a multidisciplinary review team, identify entry points to strengthen how the programme addresses equity, social determinants of health, gender and human rights.
- ✓ *Sustained change.* Improve a programme’s ongoing planning, monitoring, review and evaluation cycles.

Three phases of the review cycle

Sensitization
phase

5-step
review
phase

Follow-up
and redesign
phase

Steps of the review process

• STEP 1: Apply evaluative thinking

• STEP 2: Identify who is being left out

• STEP 3: Consider the barriers and facilitators

• STEP 4: Identify mechanisms generating inequities

• STEP 5: Explore how intersectoral action and social participation can be used

• FOLLOW-UP: Formulate goals and priorities for reorientation

• FOLLOW-UP: Improve monitoring, review and evaluation cycles

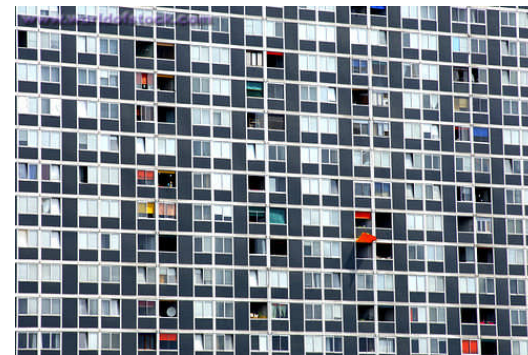
Examples of outputs: Chile

National health programme on cardiovascular disease

- Equity challenges identified by review team:
 - Employment conditions (especially those in precarious employment) affected men in the detection and admission to the programme stages
 - The programme did not adequately account for the needs of men under 55 years
 - Barriers were individual, social, environmental and related to the health system
- Human resource and system changes :
 - Flexible hours to meet needs of working population
 - Medical controls on weekends
 - Differentiate interventions and establish outreach for prioritized groups
 - Training of professional staff responsible for cardiovascular health program
 - Additional detection strategies outside of health centers
 - Intersectoral and community engagement at the local level
 - Communication campaigns for identified subpopulations

SECTORAL FOCUS: HOUSING

- Social gradient for housing quality & housing-associated health outcomes
- Indoor environment – greatest exposure (75-90%)
- Important link between housing & urban planning
- Link between housing & transport affordability
- Shortage of affordable secure housing
- Healthy and climate resilient housing improves health



→ Housing mediates health inequalities

Role of health professionals in healthy housing

- Setting standards and evidence-based requirements for housing
- Linkages of data on illnesses, injuries and other health conditions to housing conditions
- Surveillance and referral systems enabling doctors and emergency departments to refer patients presenting with housing-related health conditions for housing advice.

Some examples

- Conseiller Médical en Environnement Intérieur in France
- Green Ambulance in Belgium (and various other places)

A referral is made when a patient presents certain health conditions that could be associated with the housing environment.

Such a referral then triggers an investigation of possible exposures and risks in the home environment as a potential cause of the respective health effects.

Gracias! Thank you!

