



HEALTH IN ALL POLICIES TRAINERS' MEETING

GENEVA, SWITZERLAND, 24–26 MARCH 2015

An Evaluation Report for a Training of Trainers' (TOT) workshop

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This document was compiled following the Health in All Policies Trainers' Meeting in Geneva, March 2015. The meeting in March brought together participants nominated by WHO Regional offices to review the use of the WHO Health in All Policies Training manual for intersectoral trainings in working across sectors.

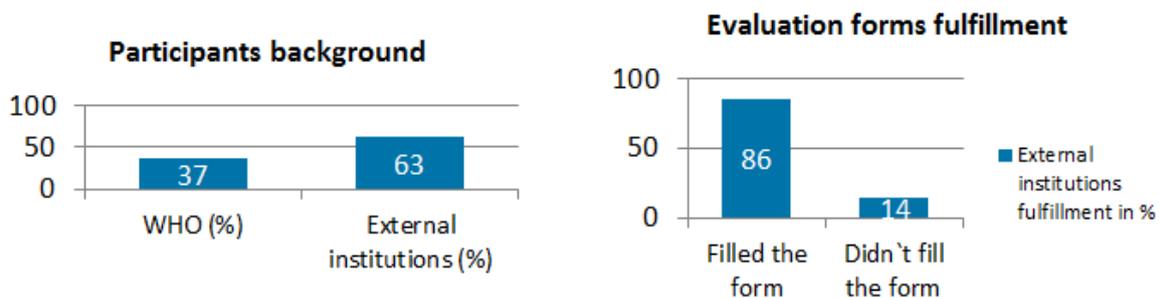


INTRODUCTION

In March 2015, the World Health Organization held a training of trainers (TOT) meeting on the use of the WHO Health in All Policies training manual, launched in February 2015. The training programme was directed and developed by Ilona Kickbush, from the Graduate Institute of International and Development Studies, with assistance of the technical lead in WHO Geneva (Nicole Valentine) and Carmel Williams (Government of South Australia).

The meeting consisted of a 2-day workshop focussing on how to use the manual for training practitioners from health and other sectors in Health in All Policies skills. At the end of day 2, participants were asked to complete an evaluation form referring to the 2-day workshop. A third day focussed on discussing the needs of trainers' and in the context of an overall WHO strategy to scale-up training but participants were not asked to evaluate this aspect of the meeting.

A total of 35 individuals participated in the training of trainers' meeting of which 22 were the key target audience, coming from new external institutions identified by WHO regional offices to assist in scaling up training of trainers. A total of 22 external participants were requested to complete evaluation forms (this excluded faculty, invited presenters and WHO staff). The evaluation question is found in Annex 1. A total of 19 evaluation forms were handed in. Questionnaires were mostly 100% complete.



The method for drafting the evaluation report was to present quantitative and qualitative results from the evaluation to the course director, and ask her to reflect on these results and draw on her own experience to derive lessons learnt. The report was then revised by the Director, and supporting co-directors, based on the analysis of the evaluation forms and personal observations.

As the meeting focussed on TOT, the focus of this report is on lessons learnt **for trainers who need to prepare training workshop to train other trainers**. Documenting these lessons learnt will assist trainers as they go forward.



RECAP OF FORMAT OF MEETING

- **Objectives:**
 - To review how the Health in All Policies training manual is organized and intended to be used and adapted to different contexts
 - To discuss the needs and priorities of collaborating institutions in the context of supporting WHO's global plan for increasing awareness of and responding to requests for training
- **Structure:**
 - ☺ General introduction and overview [Day 1, morning]
 - ☺ In-depth review [Day 1, afternoon, Day 2, morning]
 - Modules 1 to 3
 - Module 4-8
 - Module 9-12
 - ☺ Debriefing on the WHO Manual [Day 2, end of morning]
 - ☺ HiAP training contextual considerations [Day 2, afternoon]
 - ☺ Supporting WHO scale-up of regional training [Day 3 – planning with WHO]
- **Participants:** Mainly trainers from training institutions and WHO staff



COURSE FACULTY BACKGROUND

DIRECTOR

PROFESSOR ILONA KICKBUSCH, THE DIRECTOR

THE GLOBAL HEALTH PROGRAMME
THE GRADUATE INSTITUTE FOR INTERNATIONAL RELATIONS AND DEVELOPMENT
STUDIES, GENEVA



Professor Ilona Kickbusch is the Director of the Global Health Programme at the Graduate Institute for International Relations and Development Studies, Geneva. In Switzerland she serves on the board of trustees of the Careum Foundation and on the expert panel to the Federal Councillor to advise on the implementation of the Swiss Health Strategy 2020.

She was a member of the Commission established by the Calouste Gulbenkian Foundation on Health in Portugal and was advisor on the German global health concept, adopted by the German government. From 1998 – 2003 she was Professor of Public Health (Global Health) and Political Science, and Distinguished Scholar Leader in the New Century Scholars Program of the Fulbright Scholar Program at Yale University, New Haven, Connecticut, USA. Before that, she served in various capacities at WHO.

CO-DIRECTORS

1. NICOLE VALENTINE,
TECHNICAL OFFICER

SOCIAL DETERMINANTS OF
HEALTH UNIT
WORLD HEALTH
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Nicole Valentine has 20 years' work experience in public health and health economics. In the past 15 years at WHO, she has served in the Secretariat of the global Commission on Social Determinants of Health. These last 7 years, her work on SDH has focused on intersectoral policy-making, and more recently, on monitoring and evaluation of health determinants.

2. CARMEL WILLIAMS
THE MANAGER,
STRATEGIC
PARTNERSHIPS UNIT,
SOUTH AUSTRALIAN
DEPARTMENT FOR
HEALTH AND AGEING



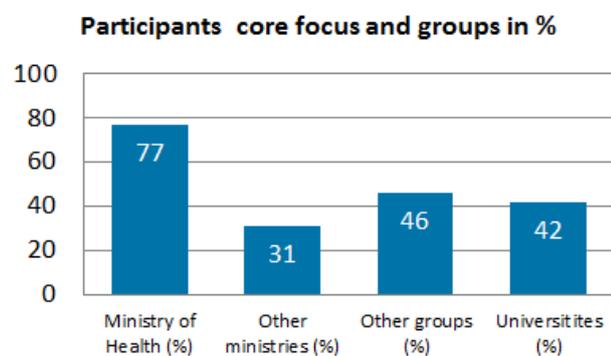
Ms Carmel Williams is the Manager of the Strategic Partnerships Unit, South Australian Department for Health and Ageing, which continues the work of the former Health in All Policies Unit. Carmel has overseen the development, implementation and evaluation of South Australia's Health in All Policies approach. Ms Williams has worked extensively with the World Health Organization, including collaborating to develop the Manual.



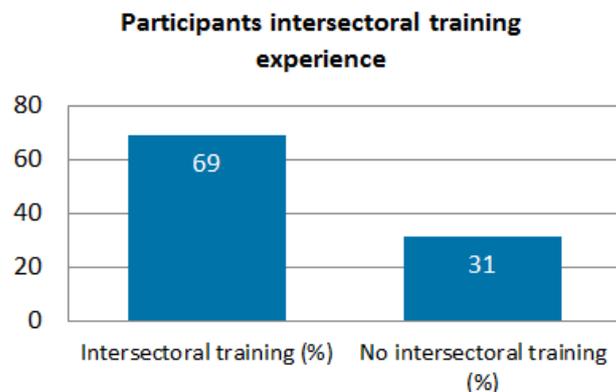
PROFILES OF TRAINER-PARTICIPANTS

Key facts

- 23 participants from 22 different institutions and countries external to WHO participated in the trainers' meeting/workshop (In one case, Brazil, 2 different units in the institution were represented).
- These institutions were nominated by regional offices according to ANNEX 2.
- There were 3 participants attending for training from regional WHO offices [South-East Asia, Africa region (2)] and 8 WHO headquarters participants, in addition to the course director.



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Questions for evaluation

Are there any lessons on how participants can be configured with regard to selecting from institutions/countries/ roles within countries?

What changes would you suggest for curriculums which have a different balance of participants?



Lessons

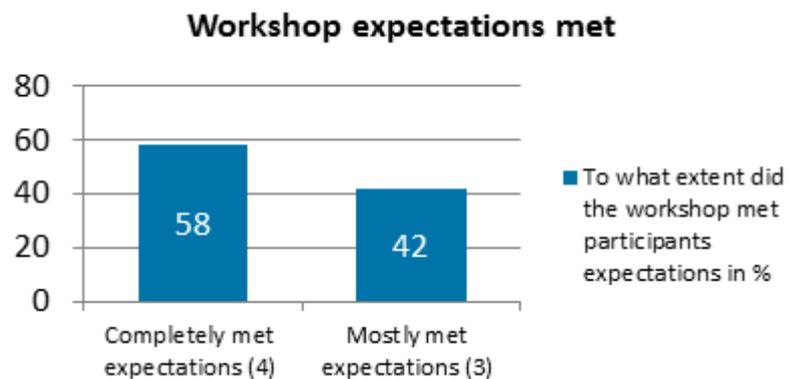
- The group assembled for the Training the Trainers workshop was impressive. It was not fully clear though what extent of teaching experience some participants had and which of the participants would really be conducting such courses themselves. Also the intersectoral nature was not fully ensured.
- For future and particular regional courses it would be important to be able to put significant work into selecting the participants and have - if at all possible - a commitment of their organisation or institution to be conducting such courses. This would then also make the monitoring of the follow up and follow through easier.
- It would be ideal if each institution/organization were able to come with 2 representatives each representing another discipline. Probably for many countries it would be the schools of public health that take the lead, but they could benefit from working with departments of political science, sociology or management.
- By putting together the participants profiles and experiences in providing "executive" education - one could then structure the training programme to be tailored very closely to their needs. This might lead to different ratings. In this first TOT workshop the diversity of participants made it difficult.



GENERAL CONTENT COVERAGE

Key facts

- In answering the question on, "To what extent did the workshop meet your expectations?" we received the following responses on a 4-point mixed verbal-numerical response scale: 1 (not at all) to 4 (completely):
 - 58 % responded completely met expectations (4)
 - 42% responded 3 (mostly).



Questions for evaluation

What other realistic expectations did participants have? (see qualitative answers)

What could be done differently in future trainings of trainers to meet these?

Lessons

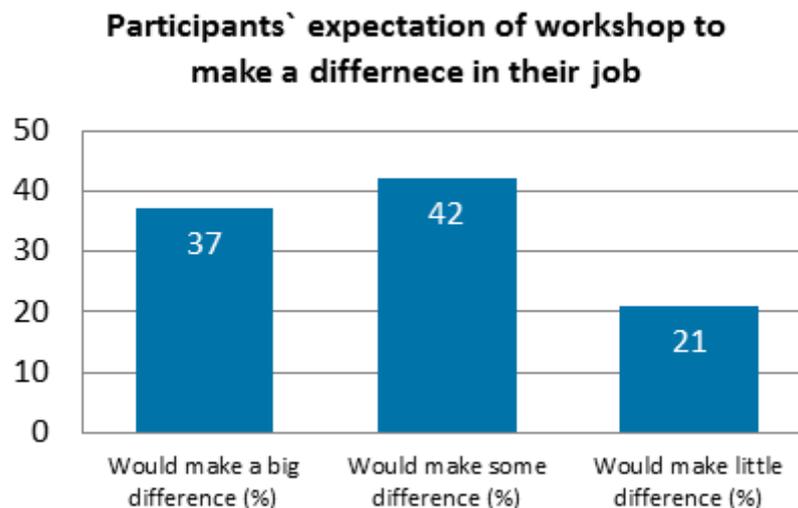
- Of course participants should have studied the manual. One could start by asking them to list what they find particularly helpful, difficult, missing etc.
- Participants of TOT workshops could be asked to prepare one or two sessions - how they would run them in their context - and run them for the participants in the TOT workshop or they could present their approach - the leader of the TOT workshop could then be more of a coach.
- Approaches chosen by participants could be compared and discussed. There could then be group work at tables: how would you teach the module on XXX in your context and why.
- It would need to be ensured though that people are willing to "teach" their peers and then be subject to a peer review of the experience.



ADULT LEARNING TECHNIQUES

Key facts

- In answering the question on, “To what extent do you expect this workshop to make a difference in the way you do your job (training)?” we received the following responses on a 4-point mixed verbal-numerical response scale: 1 (no difference) to 4 (big difference):
 - 37 % responded it would make a big difference
 - 42% responded 3 (some difference)
 - 21% responded 2 (little difference).



Question for evaluation

The question gets more at the training skills acquired. Given that the majority of participants were trainers and attending for training, what further adult learning techniques could have been taught?

Lessons

- Depending on the composition of the participants of a TOT workshop more time could be spent at the beginning to introduce and/or recap the principles of adult education and participatory learning that the manual is based on.
 - In adult education the key principle is the equality of the teacher and the learner - this is outlined well in <http://www.qotfc.edu.au/resource/?page=65375>
 - Knowles has identified the six principles of adult learning:
 - Adults are internally motivated and self-directed
 - Adults bring life experiences and knowledge to learning experiences
 - Adults are goal oriented
 - Adults are relevancy oriented
 - Adults are practical
 - Adult learners like to be respected.

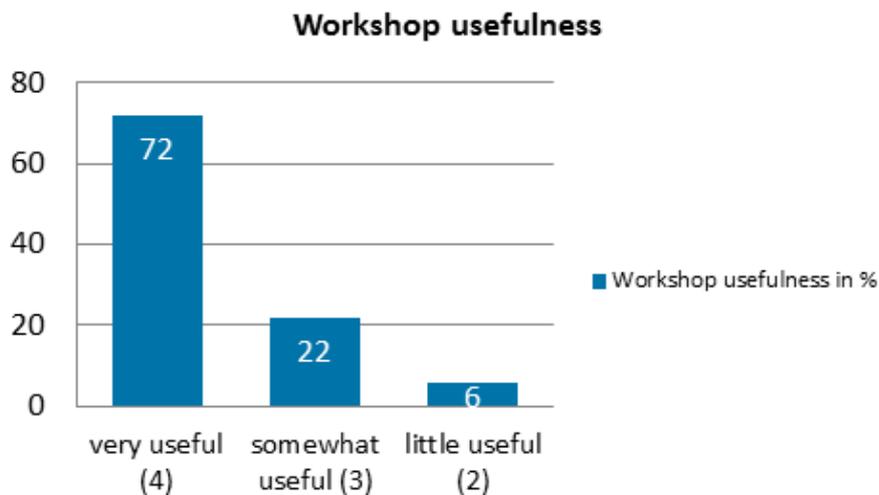
- Special challenges arise from HIAP training: the intersectoral and interdisciplinary nature; it can well be that some of the attendees have quite high status or have been sent to the course and are not really self-motivated. Trainers have to be well prepared for such situations and react flexibly. All training on HIAP must build on the experiences of the participants and allow them to bring this experience into the course. Trainers must constantly keep this in mind.
- In preparing the manual and the training events in SA and Manila a source book on participatory workshops by Robert Chambers was used. In spending more time discussing the HOW with the prospective trainers more can also be learned about participatory training approaches in their respective countries and cultures. <http://community.eldis.org/?233@@.598f9f60!enclosure=.598f9f5d&ad=1>
- Of course each trainer has their personal preference for certain techniques - this experience can also be shared between participants at the table. Learning from other trainers can be helpful. Of course experienced trainers would be more interested in content than in HOW to train - or they hope to be introduced to a totally new method.



LEARNING ABOUT THE HIAP TRAINING MANUAL FOR TRAINING

Key facts

- In answering the question on, “Overall, how would you rate the usefulness of this workshop?”, we received the following answers on a scale from not useful (1) to 4 (very useful):
 - 72% said very useful - 4
 - 22% responded 3 (somewhat useful)
 - 6% responded 2 (little use).



Questions for evaluation

This question gets more at the transmission of ideas on training from the manual. A very high percentage of people seemed satisfied with this aspect. However, what if any changes would you suggest for pre-meeting preparations, or curriculums, in future, if any ?

Lessons

- In the qualitative answers, respondents mentioned the following reasons for liking the course:
 - The workshop was positive enjoyable, well-planned, exciting, good session dynamics
 - Facilitators were open, provided short lectures and
 - Practical and varied examples were useful - e.g. Thailand, South Australia, Finland
 - Opportunity to think together with people from different countries on relevant issues
 - The trainers were practical and provided practical tips for future trainers to be aware of and there was a good combination of training and practical experiences
 - Lovely teaching method, with scenarios, simulations, real roles and situations, and sharing, participatory methods



SPECIFIC USE OF EXAMPLES, TIME FOR DISCUSSION VERSUS THEORY

Key facts:

- In answering the questions in the evaluation form on:

--To what extent did the workshop provide the following?

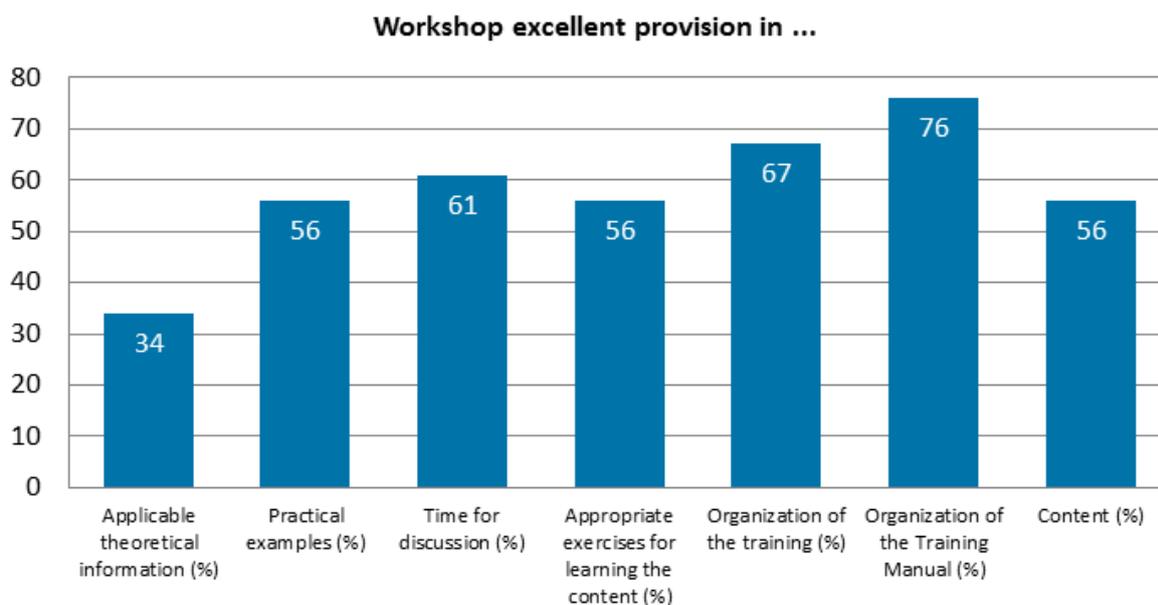
- Applicable theoretical information (6 out of 18 responded excellent)
- Practical examples (10 out of 18 responded excellent)
- Time for discussion (11 excellent out of 18 responded)
- Appropriate exercises for learning the content (10 excellent)

.. highest number of less favourable responses on “**applicable theoretical information**” – A.

--Overall, how would you rate the following aspects of the workshop?

- Organization of the training (12 out of 18 responded excellent, the rest, very good)
- Organization of the training manual (13 out of 17 responded excellent, the rest, very good)
- Workshop content (from the) training manual (10 out of 18 responded excellent, the rest, very good)

.. highest number of less favourable responses on “**workshop content from the manual**” – C.



Questions for evaluation

How do you think this rating of more poorly for A and C arose?

What changes would you suggest for sessions and using the manual in future, if any ?

Lessons

- Knowing who is present and how familiar they are with concepts in the manual can help structure the programme. In this case little time was spent introducing concepts to trainers - presupposing they all know well what HIAP is and what concepts it builds on. Maybe more would be needed to make sure there is a common understanding. Maybe more time also needs to be spent to explain, challenge and illustrate that there is "Nothing more practical than a good theory" - and what that can mean.
<http://webuser.bus.umich.edu/lsandel/PDFs/What%20is%20so%20Practical%20about%20Theory.pdf>
- Especially in public health there is a tendency to discount theory as being impractical. Possibly a more detailed exercise on framing can also be helpful to address this.



SPECIFIC SUGGESTIONS FOR IMPROVEMENT MENTIONED BY PARTICIPANTS

Key suggestions

A bit more time spent on each module and longer duration of course.

Emphasize the broader meaning of health and policy which are the key words of HiAP. Health should be equal to wellbeing. And a policy is not only formed by the government, it can be driven by people and become social commitment and development's direction. With these broader meanings, the whole of society approach can be easily created.

Allow some participants to chair some sessions on last day (a 4th day possibly) which might be fun to record look at mistakes and challenges.

Questions for evaluation

What main approaches are participants recommending for improvements? Do you agree with them?

How practical are each of these?

Lessons

Using the manual in the TOT workshop

- It is difficult to decide to what extent one should stick closely to the manual in a TOT workshop. In some cases one might have to follow the manual more closely and lead through its various sections in greater detail with having participants work through short exercises also suggested in the manual. The decision was to put the focus on negotiation - this can be different if one asks participants ahead of time what they would particularly like to focus on in a TOT workshop.
- Using more time to discuss the interface questions also raised in the manual - the links between values and policies, SDH and HIAP, policies and politics can also be of useful. These issues will be raised when training - in having discussed them at the TOT workshop trainers will be better prepared.

Environment

It was good to have a large room - yet working for days in artificial light is not conducive to learning.



ANNEX 1: EVALUATION QUESTIONNAIRE

Date:				
On a scale of 1–4, circle the answer that best indicates your level of agreement.				
1. Before coming to the workshop, to what extent were you informed about the purpose of this workshop?	Not at all 1	2	3	Completely 4
2. Was the workshop content consistent with the stated objectives?	Not at all 1	2	3	Completely 4
3. To what extent did the workshop meet your expectations?	Not at all 1	2	3	Completely 4
4. To what extent do you expect this workshop to make a difference in the way you do your job?	Not at all 1	2	3	Big Difference 4
5. Overall, how would you rate the usefulness of this workshop?	Not useful 1	2	3	Very useful 4
6. To what extent did the workshop provide the following?	Very poor 1	2	3	Excellent 4
A. Applicable theoretical information	1	2	3	4
B. Practical examples	1	2	3	4
C. Time for discussion	1	2	3	4
D. Appropriate exercises for learning the content	1	2	3	4
Additional comments about these topics:				
7. Overall, how would you rate the following aspects of the workshop?	Very poor 1	2	3	Excellent 4
A. Organization of the training	1	2	3	4
B. Organization of the training manual	1	2	3	4
C. Workshop content in the manual	1	2	3	4
Additional comments about these topics:				



8. What did you like most about this workshop?

9. What did you like least about this workshop?

10. If you were given the task of redesigning the workshop, what would you change?

11. Any other suggestions?



ANNEX 2: NOMINATIONS OF TRAINING INSTITUTIONS TO SUPPORT TRAINING IN HEALTH IN ALL POLICIES

Background

Skills in Health in All Policies (HiAP) are much needed in the practice of modern public health. The WHO resolution *Contributing to social and economic development: sustainable action across sectors to improve health and health equity*, urges Member States to develop and maintain adequate, sustainable HiAP capacities and skills. To support capacity development in addressing health determinants and equity, the Department of Public Health, Environmental and Social Determinants of Health at WHO is publishing a Health in All Policies Training Manual and will offer a HiAP course for trainers in Geneva, 23-27 March 2015, supported by the Graduate Institute for Development Studies of Geneva.

Call for nominations

The trainer's course aims to convene institutions, which will be able to support WHO to meet requests from countries for training on Health in All Policies. A second aim of the course will be to develop an agreement for networking collaborating institutions, which will include developing mechanisms for coordinating course planning and sharing of course materials. To this end, a request is being sent to regional office focal points to identify institutions, based on their existing networks, to recommend for this meeting. Each regional office is invited to recommend up to three persons, representing up to three institutions.

Suggested preferred institution characteristics

Institutions should preferably have all or most of the following characteristics. These characteristics will ensure that their attendance has the maximum likelihood in achieving the course's intended aims.

- High level commitment to supporting public health training including budgetary allocations
- Previous experience in training
- General financial stability and independence from W.H.O. (similar to requirements for collaborating centre)
- Previous experience with W.H.O. in supporting staff and member states in technical work, or existing formal ties
- An area of work in the institution on social determinants of health and health equity.



ANNEX 3: TRAINERS' PARTICIPANT PROFILE QUESTIONNAIRE

Name: _____

1. Following, this meeting, will you personally be involved in developing and delivering training courses?

a. Yes

b. No

i. If no, how will you be transmitting the knowledge obtained in the training course?

--

2. Describe your personal experiences in training health professionals in the areas related to Health in All Policies, health equity and social determinants of health.

a. Describe the core focus and groups:

i. Ministry

1. Health (describe more e.g. level - national, local government):

--

2. Other sectors:

ii. Other (e.g. Practicing health care providers):

--

iii. University students in formal courses:

--

b. Were any of your training experiences intersectoral? (participants drawn from health and other sectors):

i. No

ii. Yes



1. If yes, describe sector combinations:

c. Was any training international?

i. No

ii. Yes

1. If yes, list some of the countries/regions:

2. List any international organizations, NGOs, institutions or associations you worked with:

3. Relate any experience where training was integrated into a policy change process, or used to catalyse a change in practice:

Other information to provide with completed survey questions:

1. A personal bio and photo.
2. A PPT for your institution on the main relevant vocational /short training courses in the past 2 years
 - a. including any thematic focus e.g. obesity, governance reform)
 - b. the main target audiences and, or, setting
 - c. funding for the course
 - d. channels used to advertise the course
 - e. any tool used to communicate to /sustain contact with a community of practice after trainings.



ANNEX 4: PARTICIPANTS (SEPARATE DOCUMENT FOR PARTICIPANTS BIOS)

Institution	Participant	Email
AMERICAS		
Institute of Public Health Mexico	Nelly Salgado	nelly.salgado@insp.mx
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