

Regional capacity building for policy dialogue on Sexual and Reproductive Health and Rights, 15 June – 30 November 2021

Program Summary

Policy solutions such as legislative and regulatory interventions are critical to addressing important global public health problems at the population level. However, developing effective public health policy interventions requires technical skills around legal analysis, leveraging data and scientific evidence, and strategic advocacy which governments officials often lack. This drives a public health action gap where evidence-based and cost-effective policies fail to be considered or are left on the shelf without effective advocacy, causing preventable death and suffering, especially in low- and middle-income countries (LMIC). There is an urgent need to address this gap by increasing the capacity of LMIC government public health officials to effectively develop, advocate and implement policy interventions.

A Policy Dialogue cycle with an additional Training-of-Trainer's component was provided for up to 32 participants made up of WHO country office staff, government staff and consultants from seven countries in the WHO South-East Asia Region. This project was completed through a single arm of execution: the SRHR (Sexual and Reproductive Health and Rights) Health Policy Accelerator.

Objectives of the TOT

- To train country teams from Bangladesh, Bhutan, Indonesia, Myanmar, Maldives, Sri Lanka and Timor-Leste and on undertaking policy dialogue including initiating, preparing documents, negotiating and achieving agreements.
- To develop a policy brief and suggestive roadmap for policy dialogue on SRHR issues in SEAR countries and plan for country-level training.

SRHR Health Policy Accelerator—SEARO

The SRHR Health Policy Accelerator was delivered to this cohort of participants (32) as a joint effort between the World Health Organization (WHO) and Vital Strategies. The main objectives of this program were to promote the importance of employment policies to address root causes of the most important sexual and reproductive health problems facing participating countries and support regional capacity in sustaining such strategic interventions. This goal was reached by skill- and capacity-building via shepherding a specific policy solution over a four-month engagement with country teams made up of WHO Country Office technical staff, and in the case of a most team, counterpart(s) from the country's health ministry. See the attached Annex 1 for additional details on the participating cohorts and Vital Strategies staff, and WHO collaborators.

Vital Strategies staff adapted existing SRHR Policy Dialogue training materials for remote learning as well as the regional context. This included an adaptation of baseline evaluations, presentation slides, policy tables, policy brief templates, stakeholder analysis templates, group activities, and reference materials. Additionally, training materials were adapted to include a Training-of-Trainer component that focused squarely on enabling participants as facilitators and mentors in future regional Policy Accelerator training.

This initiative involved a variety of approaches to advance policy initiatives in the seven participating countries. Technical support was provided in the form of expert guidance on policy options, how to use data and analytic approaches (e.g., cost-effectiveness, health impact assessment) to select among options; how to carry out a stakeholder analysis; and how to combine public health communication science and political analysis to develop an advocacy strategy. Mentoring from Vital Strategies staff was provided from the time of policy selection by country teams through the end of

the post-workshop period, concluding in November 2021. Mentors had public health policy experts and engaged via the MS Teams platforms.

The curricular engagement involved two stages. In the first phase, Vital Strategies staff offered participants resources to select a specific policy solution they would advance within their country's Ministry of Health and the executive branch of government. A series of ten remotely conducted interactive webinars provided foundational information to participants to enable them to draft a policy brief, strategically engage stakeholders, and map out a pathway to policy adoption via an action plan. See the attached Annex 2 for a summary of the selected policy interventions for advancement.

The second phase was focused on the *Training-of-Trainer's* objective and executed it three additional remote training sessions. After moving through the traditional SRHR Health Policy Accelerator program themselves, participants were trained on how to facilitate interactive discussions on foundational policy and advocacy frameworks through a series of webinars and/or in-person meetings. Here, participants were guided on how to critique and revise the main deliverables of the program, including policy briefs, stakeholder analyses, and strategic action plans. In the final meeting, participants were invited to share plans for the implementation of future training.

Vital Strategies is appending to this report (via email attachment) each of the presentations as PDF documents the Participant Reference Booklet, and the complete Trainers' Package.

Workshop Feedback

Immediately after the last remote training session, Vital Strategies staff shared a feedback survey with the SEARO cohort of participants. The feedback collected on the survey was generally positive, and on a scale of 1 (poor) to 5 (excellent), 100% of survey respondents rated the overall program between 4 and 5 (average score of 4.31). Additionally, 100% of respondents agreed with the statement, "This training will be useful in my work." While 86.7% of respondents felt that the time allotted for the training was sufficient, 46% of respondents mentioned time allotment when asked how the training could be improved. Feedback regarding the time allotted to the training program was mixed as some respondents suggested a shorter, more concentrated training period, while others suggested more time to absorb knowledge and frameworks in between sessions.

ANNEX 1: SRHR Health Policy Accelerator (SEARO) – Participants and Contributors

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ANNEX 2: Summary of Selected Policy Interventions for Advancement

Country Team	Policy Objective	Mechanism
Bangladesh	Introduce HPV-DNA test to health facilities/national screening program	Ministerial decree
Bhutan	Improve unsafe abortion surveillance	Executive order
Indonesia	Add comprehensive sexuality education to the national curriculum	Regulation
Maldives	Reduce unmet needs for family planning, contraceptives	<i>Unspecified</i>
Myanmar	Mandating training of health care workers to provide full range of contraceptive options	Regulatory Mandate
Sri Lanka	Amend existing law to make the common national legal age to marry 18 years	Legislation
Timor-Leste	To ensure youth SRHR needs are met and the health problems are addressed a constant and adequate advocacy to raise awareness of the importance of SRHR education	<i>Unspecified</i>