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Education for Health Promotion

*Report of an Intercountry Expert Committee Meeting,
Madurai, Tamil Nadu, India, 25-28 September 2001*

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1. INTRODUCTION/BACKGROUND

Health promotion has emerged as a cornerstone of contemporary public health that aims to advance the physical, social, and mental health of the wider community. The antecedents of health promotion can be traced to the need to control noncommunicable diseases. Health education is an integral component of health promotion. In contrast to the narrow focus of health education, health promotion addresses the broader environmental and lifestyle determinants that impact on health. In doing so, it seeks to maintain a balance between individual responsibilities and broader societal responsibilities in the area of health development.

Some of the new health challenges and problems in the health scenario include changing demographic trends, increased urbanization, increase in the geriatric population, rising prevalence of chronic diseases, new and emerging infectious diseases, behavioural and lifestyle related problems, and greater prevalence of mental health problems. The situation is further compounded by the influence of transnational factors, the global economy, financial market and trade, access to media and communication technology and environmental degradation. Thus health education and health promotion must emphasize responses to health determinants and positive lifestyles besides building a supportive environment for prevention of disease, promotion, and protection of health.

In response to various WHO global resolutions on health education and health promotion, several Member Countries, through WHO support, have initiated training for health educators. However, most of these programmes in health education focus on disease prevention rather than on health promotion and health protection.

Existing programmes impart skills and knowledge pertaining to health education rather than an all inclusive health promotion course. Strengthening human resource development is one of the forms of strategic support to strengthen national capacity for effective health promotion.

The four-day intercountry expert meeting conducted from 25 to 28 September 2001, was the outcome of a perceived need to restructure the existing curricula in health education to enable trainees acquire knowledge and skills to effectively respond to the new demands of health promotion. The need to incorporate subject areas such as changing epidemiological and demographic trends, information technology, health determinants and lifestyle factors, and health promotion tools such as advocacy in addition to IEC and behavioural change cannot be overemphasized.

2. OBJECTIVES

Following are the objectives of the expert meeting:

- (1) To review the framework of the core curriculum for education of health promotion in the Region;
- (2) To propose a mechanism for regional networking on health promotion and education, and
- (3) To propose recommendations for further strengthening of education for health promotion in the Region.

3. PARTICIPANTS AND PROGRAMME

Twenty-six experts from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, and Thailand attended the meeting. They represented the health and education ministries of the governments concerned as well as the training institutions where certificate/diploma/degree courses in health promotion are conducted. The facilitators included Dr Desmond O'Byrne, Coordinator, LEC/HPS, WHO/Geneva, Switzerland; Dr K C Tang, WHO-Consultant, Sydney, Australia; Ms Martha R. Osei, Regional Adviser, Health Promotion and Education Unit, WHO/SEARO, New Delhi; and Dr N Kumara Rai, Acting Director, Health Services and Community Health, WHO/SEARO, New Delhi.

The programme of the expert meeting, structured to fulfil its objectives, took into consideration the need for strengthening the capacity of Member Countries in responding effectively health promotion demands; strengthening

health promotion educational and training curricula in the Member Countries by building on existing health educational training curricula and a regional network training institute that could adopt and promote the core training curricular content for health promotion.

This was achieved through 14 strategized plenary sessions, five group discussions/sessions and presentations, as well as on the core curricular content for the various levels of training and distribution of relevant documents. To facilitate effective conduct of the sessions, the following participants were nominated as chairperson, vice - chairperson, and rapporteur:

- (1) Mr Mohammed Shah Bhuiyan: Chairperson
- (2) Dr P C Das: Vice-Chairperson
- (3) Mr Dorji Wangchuk: Rapporteur

4. INAUGURAL SESSION

In her welcome address, Dr (Ms) Vijaya Srinivasan said that there was an imminent need to provide direction to the WHO Member Countries to standardize health promotion education.

Dr Desmond O'Byrne, Coordinator, LEC/Health Promotion Services, WHO Headquarters, Geneva; and Dr Ananda Kannan, Vice-Chancellor, Dr MGR Medical University, Chennai and Dr Kumara Rai, Acting Director, Community Health Services, WHO/SEARO inaugurated the meeting by lighting the ceremonial lamp. Representatives of the Member Countries also lit the lamp to symbolize a collective global approach on health promotion practices.

In his opening remarks, Dr Desmond O'Byrne mentioned that although it had been in existence since ancient times, health promotion, as we know it now, acquired a special focus since the Ottawa Conference in 1986. Living as we do in times of global influences on health, he said, "it is perhaps the best of times and the worst of times" for there are operative forces that promote and hinder health. Health promotion implies promotion of peace for it involves an extra challenge to show sensitivity and concern for all people

regardless of colour, nationality or race. He, however, reiterated that while health promotion is an important element in working towards the health and well-being of people; it is not a panacea for health problems. Political commitment and supportive environments are required in support of health promotion if it is to be effective.

Dr Uton Muchtar Rafei, Regional Director, WHO, set the tone of the meeting in his address read out in absentia by Dr Kumara Rai. He emphasized the need for effective health promotion action in the Member Countries at the national level, in view of the increased burden of diseases triggered by epidemiological and demographic changes and lifestyle factors. He said that healthy public policies which effectively respond to the health needs of communities are the dire need of the day. He reiterated that community empowerment and partnerships between various sectors, organizations, and communities are critical to the success of health promotion and indicators of effective health promotion.

Dr Ananda Kannan, Vice-Chancellor, Dr MGR Medical University, in his key note address, highlighted the importance of the truism, 'Health is wealth' referring to public health indices such as increased life expectancy at the beginning and end of the twentieth century. Health being an important social indicator, it is imperative to evolve a strategy towards holistic improvement of health. He said that health status depended on improved nutrition, better living conditions, sanitation, good drinking water, protected environment, adequate road facilities, transportation, and primary education.

Dr Ananda Kannan remarked that some of the current challenges in health promotion would include bringing down the fertility rate and infant mortality rates; to implement universal primary immunization and primary education; promote delayed marriage for girls; increase the female literacy rate and reduce the incidence of school drop outs. Possible strategic options to tackle these issues include maximizing human resources; interfacing of extension workers in health care with the people; developing a cohesive health care team; increasing health awareness of people through media; making health care affordable and accessible to all people; and making health education and health promotion common across all systems of medicine.

5. OVERVIEW OF GLOBAL EDUCATION FOR HEALTH PROMOTION

Dr Desmond O'Byrne in his presentation provided a brief overview of health promotion history, and spelt out the five priorities for health promotion in the twenty-first century. He also emphasized the need for institutional capacity building and training in health promotion. Reiterating that "we live in a global village and cannot work in isolation", Dr O'Byrne stressed the need for a holistic, comprehensive, and interdependent approach to health promotion. Such an approach would entail spelling out the entry points to mobilize an effective health promotion strategy that would underscore the work of the health services and reach out to and motivate other sectors of society for health action.

While much has been done in the field of health promotion, much more needs to be done. Strategic directions need to be adopted to 'create a cadre of professional health promoters who act as yeast or catalysts' in spearheading health promotion activities in society. These include strengthening the curriculum for education and training for health promotion, and enlisting greater community participation to reduce the burden of disease on the poor and the marginalized.

6. OVERVIEW OF REGIONAL EDUCATION FOR HEALTH PROMOTION

"The South-East Asian Region is in transition. Political, social, economic, environmental, technological, demographic, and epidemiological changes now taking place are posing unprecedented health challenges," said Mrs Martha Osei while providing an overview of the regional education programmes for health promotion. The role of health promotion training lies in "strengthening national capabilities in all aspects of health promotion, especially in the training of human resource".

A three-fold strategy for health promotion in developing countries involves advocacy, mediation of sectoral interest for health and social support and community empowerment for health. Some of the challenges for health promotion in the Region involve closing the gaps and inequities in health; ensuring basic health services to all; and placing health at the centre of development on national health promotion. There is a need for graduates

from our training institutions to have the appropriate skills, knowledge and hands on experience to meet these challenges.

7. COUNTRY PRESENTATIONS

Representatives of the Member Countries made presentations on the various health promotion training courses in their countries.

7.1 Bangladesh

Bangladesh conducts a Master's Programme in Health Promotion and Education (MPH). The course equips candidates to plan, initiate, conduct, and evaluate the educational aspects of health programmes at various organizational levels so that the trainers' could assume faculty positions in medical and health institutions. The course covers major areas of health promotion/health education, including the history of health promotion, and evaluation and research. The teaching strategy consists of lectures, seminars, field practice, and Concurrent Field Training (CFT).

7.2 Bhutan

The Royal Institute of Health Sciences offers diploma course for general nurse midwife; certificate courses for health assistants, auxiliary nurse midwives, basic health workers, assistant nurses and technicians. The Institute also conducts upgradation courses for health assistants and basic health workers. The courses deal with the following aspects of health education: community diagnosis, educational diagnosis, process of planning for health education, communication skills, interpersonal communication, counselling and teaching methodologies. The courses provide students adequate exposure to both clinical medicine and community health. The teaching methodology is participatory and student-centred and based on modern technologies.

7.3 India

Diploma in Health Education training is conducted by two institutions namely Central Health Education Bureau, New Delhi and the Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT), Tamil Nadu.

The various training programmes/courses conducted by the Central Health Education Bureau (CHEB) equip candidates with expertise to function as health educators/health promoters at different levels in the country. The institute currently offers the following courses:

- A two-year post graduate diploma in health education for doctors, and paramedical professionals including nurses and postgraduates in sociology, anthropology, and behavioural sciences.
- A key trainer's course in health education for faculty of state training centres, district training centres and voluntary organizations.
- Certificate course in health education for paramedical officials.

Gandhigram Institute of Rural Health and Family Welfare Trust (GIRH & FWT)

The institute offers a postgraduate diploma in health promotion and education awarded by Dr MGR Medical University, Chennai. The course prepares candidates to become basic/professional health educators who can plan, implement, and evaluate health education programmes in the country at all levels. The core components of the course include theory, practical, observation visits, Concurrent Field Training (CFT), and Supervisory Field Training (SFT). The faculty includes health professionals such as epidemiologists, public health experts, health administrators, environmentalists, nutritionists, statisticians, demographers, health educators, behavioural scientists, researchers, and communication experts.

7.4 Indonesia

Broadly speaking, the country's education for health promotion programme can be divided into two categories: special education for health promotion and health promotion as a component of other disciplines. The former consists of diploma, degree, and short courses in health promotion. The latter consists of health promotion training as a component of disciplines such as diploma programmes in nutrition and nursing; and degree programmes and short courses in disciplines such as medicine, dentistry, nursing, and pharmacology.

7.5 Maldives

The country's Faculty of Health Sciences (FHS) offers the following health promotion courses: certificate and diploma in primary health care, and certificate courses to train nurse aides and community level health workers. The institute also conducts in-service training for health workers in health promotion concepts and training workshops in Information Education and communication (IEC).

7.6 Myanmar

Myanmar's Institute of Community Health (IOCH) equips candidates to become Five Star Health Assistants (HA) capable of providing quality health care to the community. On completing the course, candidates would have acquired relevant knowledge, skills and attitude in community health, and also be capable of applying it to implement and evaluate health programmes.

7.7 Nepal

Nepal periodically conducts health education courses to meet the requirements of institutions. These courses are either general or programme specific. The country conducts programme-specific health promotion course in the following areas: family planning, adolescent health, safe motherhood, oral health, dental health, lifestyle and nutrition.

7.8 Sri Lanka

The national universities, the Health Education Bureau, the National Institute of Health Sciences, and provincial primary health care training centres provide training for health promotion for different categories of health workers.

7.9 Thailand

Thailand offers the following programmes in public health and related health sciences: a degree programme (B.Sc.) in public health, a master's programme in public health, and a doctoral programme. The programmes focus on an integrated approach to health promotion, thereby preparing the students to play leadership roles in the field of research and health education and promotion at all levels.

8. ANALYTICAL REVIEW OF EDUCATION PROGRAMMES FOR HEALTH PROMOTION IN MEMBER COUNTRIES

Dr K C Tang, Australian Centre for Health Promotion, University of Sydney presented the findings of the analytical review of selected training programmes in the Region. The teaching-learning context in health promotion needs to be looked at from the following perspectives:

- An institution with capacity,
- A quality curriculum,
- A competent workforce, and
- Population health – the *raison d'être* for any course in health promotion.

A framework for curriculum development must incorporate the following elements: core elements (what is taught or learnt), approaches and methods (how it is taught or learnt), students, trainees (for whom or by whom), and faculty members (by whom or who facilitate the learning). A combination of competency-based and problem-based approaches is necessary to bring about a good fit between learning outcomes and job task accomplishments.

Some of these assertions have been confirmed by the findings of the key informant interviews undertaken in several Member Countries in the Region. Typical comments include:

- “Classroom and reference materials are often lacking”
- “Access to the Internet by students is quite limited”
- “(Students) like to be spoon fed, are passive (and) do not participate well in discussion groups partly because of the paternalistic culture which does not encourage students to express their own views”

Apart from factors relating to student issues and teaching resources, inappropriate teaching styles and assessment formats were also found to be barriers to effective teaching, as revealed by the findings of the key informant interviews. It was found that the great majority of the teaching staff in the Region was:

- “Didactic (and) often too theoretical (and their teachings are) often not relevant to real life situations or difficult to apply to real life situations.”
- “Teachers (also) do not encourage students to participate or take an active role in learning and there is often a “we and them” gap between faculty members and students”.

To ensure that committed and suitably qualified students are recruited, criteria for selection need to be developed and a structured process for selection must also be developed and implemented. There has been concern about the lack of a pool of quality trainers. It is not uncommon in many institutes in the Region that, “there are not many teaching staff members who possess a doctoral degree in health promotion or a related discipline (and) many of them have rather limited working experience in health promotion.”

8.1 Group Work

Based on the guidelines for group work provided by Ms Osei and Dr Tang, participants were divided into four groups. They worked out the core elements of education for health promotion towards evolving a tailor-made health promotion-training programme for the Region. The groups worked on the following courses:

Group 1: Basic/Diploma training

Group 2: Bachelor’s Degree

Group 3: Postgraduate Diploma

Group 4: Master’s Degree

8.2 Presentation of Core Units, Elements, Knowledge and Competencies in Health Promotion

What is taught and learnt

For effective health promotion and education, health promoters must possess the requisite knowledge, skills and beliefs/values for undertaking their day-to-day activities in an outcome-focused, equity-driven, community-based and cost-efficient manner.

The experience in both developed and developing countries confirms that education and training programmes sometimes fail to equip their graduates with the requisite knowledge, skills and values to address real life work problems or situations. There must be a good fit between the learning outcomes of such education or training programmes and the job task accomplishment in real life practice. Graduates of such programmes must also be able to apply what they learn from the programmes to real life practice.

Through the key informant interviews and agency visits, it was found that:

- The knowledge and skills required for job task accomplishment are not covered or not covered adequately in the curriculum of the existing education and training programmes
- Self development should continue to be a key emphasis of the curriculum and there should also be a requirement for graduates to identify and promote the values and beliefs that underpin health promotion, and
- Skills development can further be strengthened as a key emphasis of the curriculum.

For example, “health and development” can be a study unit in the Region’s curriculum and its elements of competency may include: alleviating poverty, facilitating easy access to health care, recognizing the effects of urbanization on environmental health, understanding international organizations at work and minimizing the negative health effects due to economic globalization.

A key part of the existing programmes provided by education and training institutes in the Region is social casework skills and it is important that this training be retained. Practitioners in health promotion and education should continue to be equipped with social casework skills including counselling skills so as to enhance the life skills of their clients, particularly students. They must also be given opportunities to enhance their cognitive ability such as the development of their decision-making, problem-solving and critical thinking abilities.

It is becoming increasingly common in the Region for health promotion and education practitioners to come from not only the ranks of medical doctors, nurses and other health -related professionals, but also graduates of

other disciplines such as teachers, psychologists and social workers. It is important for the latter group to be given knowledge of and skills in basic medical and health sciences, for example, human biology, causes and history of common diseases, hygiene and sanitation, medical and health related terms and their explanations and epidemiology as well as behavioural research.

Practitioners in health promotion and education in the Region repeatedly revealed that there is an urgent need for them to enhance their skills in a number of areas, including skills in building partnership with all key stakeholders, empowering community, advocating the paramount importance of the contributions of health promotion and education, conducting research, evaluating actions and disseminating results.

With reference to the widespread consultation with key stakeholders in the six countries visited by the consultant and the literature review, nine units of competency were proposed for inclusion in certified health promotion and education programmes in the Region, together with input from the Regional Office. Within each of these units of competency, a set of elements of competency was also proposed.

It is important to note that these units and elements are developed based on the experience in education and training as well as real life practice in both Australia and countries in the Region. For information and reference purposes, two sets of competency standards for health promotion in Australia^{1 2} were also extracted and attached to a background paper for the participants of the Experts' Meeting for perusal and reference.

The participants of the Experts' Meeting recognized that those two sets of standards were developed in Australia, respectively in the mid and late 1990s. While the great majority of those standards are relevant to the HP practice in the Member Countries of the Region, there are also other competencies required for best practice in health promotion in developing countries that are not covered by those standards. Given the different health issues encountered, the different intervention methods used and the different infrastructures between Australia and the Member Countries in the Region, in addition to the different political, economic and social contexts, ten units of

¹ NSW Department of Health (1994) Competency based standards for health promotion in NSW. NSW Department of Health, Sydney.

² Shilton, T., Howat, P., James, R. & Lower, T. (2001) Health Promotion Development and Health Promotion Workforce Competency in Australia. *Health Promotion Journal of Australia* 12 (2), 117-123.

competency were developed to be included in certified health promotion and education programmes as specified in Table 1. The units and elements of competency that should be included in four different degree programmes (undergraduate diploma, bachelor, postgraduate diploma and master) were also identified. The specific knowledge and skills that are required for practitioners in health promotion and education in the Region to undertake these units and elements are specified.

Table 1: Units and elements of competency to be included in certified Health Promotion and Education programmes

(1=Undergraduate diploma; 2= Bachelor; 3=Postgraduate diploma, and 4=Masters)

Unit 1 – Plan Health Promotion and Education actions	Degree
➤ Conduct needs assessment (including networking and identification of resources such as finance and partners)	1 2 3 4
➤ Prioritize actions and develop plans	1 2 3 4
➤ Plan and develop interventions (including undertaking formative evaluation)	1 2 3 4
➤ Plan implementation of interventions	1 2 3 4
➤ Develop plans for monitoring and evaluation at process, impact and outcome levels	1 2 3 4
➤ Develop plans for achieving programme sustainability	1 2 3 4
Unit 2 – Build partnerships with all stakeholders (individual, other sectors, private, NGO, community, development agencies)	
➤ Mobilize resources	1 2
➤ Identify stakeholders, including key stakeholders	1 2 3 4
➤ Advocate for change and for support from key stakeholders	1 2 3 4
➤ Build organizational capacity to promote health	1 2 3 4
➤ Lobby for individuals and organizations to participate in addressing health issues	1 2 3 4
➤ Initiate and develop strategic networking	1 2 3 4
➤ Negotiate actions with a range of organizations to enhance health	1 2 3 4
➤ Promote community participation and ownership	1

Unit 3 – Empower community	
➤ Undertake community diagnosis	3 4
➤ Educate people to adopt healthy lifestyles and demand for an environment conducive to the adoption of such lifestyles	3 4
➤ Organize and mobilize community resources;	3 4
➤ Work together with community groups (such as women, youth, workers and school children)	3 4
➤ Provide counselling activities	1
➤ Promote social mobilization	1 2 3 4
Unit 4 – Market healthy practices	
➤ Contribute to creating demand for health promoting actions, products or environments	1 2 3 4
➤ Lobby for increased supply and marketing of health promoting environments by industry and other sectors	1 2 3 4
➤ Use information technology to provide or disseminate information	1 2 3 4
➤ Use appropriate media to persuade communities, organizations (such as schools, hospitals and workplaces) and individuals to adopt positive health practices	1 2 3 4
➤ Work with groups to change knowledge, attitudes and practices	1 2 3 4
➤ Liaise with the public and the communication networks	1 2 3 4
➤ Reach hard-to-reach groups	2
Unit 5 – Advocate or address impact of development on health and vice versa	
➤ Operationalize the concept of health and principles of health promotion and education	1 2 3 4
➤ Use health promotion and education in new public health and primary health care in achieving health	1 2 3 4
➤ Identify how people conceive and manage health and illness	1 2 3 4
➤ Identify the role of traditional medicine and healers in achieving population health	1 2 3 4
➤ Promote income-generating activities	1 2 3 4
➤ Advocate poverty alleviation policies and programmes	3 4
➤ Work with international developmental agencies	1 2 3 4
➤ Minimize the health effects of economic globalization	1 2 3 4

➤ Facilitate access to health care	1 2 3 4
➤ Minimize the effects of urbanization on environmental health	1 2 3 4
➤ Address inequities in health	1 2 3 4
➤ Identify how health care is organized and financed	1 2 3 4
➤ Advocate for policy and legislative changes in response to development	3 4
➤ Advocate for health impact assessment of policies, legislation and development projects	2
➤ Apply basic medical, health and social sciences to promote health	1 2 3 4
➤ Collate report on impact on development on health and vice versa	1 2 3 4
➤ Advocate healthy public policies	1 2 3 4
Unit 6 – Continue self and professional development	
➤ Develop life knowledge and life skills	1 2 3 4
➤ Identify with and promote values and ethics that underpinning health promotion and education	1 2 3 4
➤ Establish and communicate personal goals in professional development	1 2 3 4
➤ Maintain and update professional competency	1 2 3 4
➤ Prepare and deliver reports for professional review	1 2 3 4
➤ Use information technology for literature review, writing and communication	1 2 3 4
➤ Develop leadership skills	3 4
Unit 7 – Develop other professionals' competency in health promotion and education	
➤ Coordinate and implement activities to develop knowledge, skills and values through inter-disciplinary approaches	1 2 3 4
➤ Identify professional needs and enhance opportunities for others to gain experience in promoting health	1 2 3 4
➤ Develop training skills	3 4
Unit 8 – Manage activities	
➤ Prioritize management issues	1 2 3 4
➤ Coordinate day to day activities	1 2 3 4
➤ Acquire adequate resources and manage resources efficiently	1 2 3 4
➤ Develop and maintain mechanisms of collaboration	1 2 3 4

➤ Develop and maintain reporting mechanisms	1 2 3 4
➤ Maintain financial accountability	1 2 3 4
➤ Promote team building and work with people productively	1 2 3 4
➤ Develop organizational and management skills	3 4
➤ Develop health management information system	3 4
➤ Manage time effectively and efficiently	2
➤ Undertake monitoring and evaluation	1 2 3 4
Unit 9 – Advocate for health promotion and education	
➤ Lobby key agencies for health promotion and education (government, university, NGO, community, media, international agencies, research institution)	3 4
➤ Promote investment in health	1 3 4
Unit 10 – Promote evidence-based health promotion and education practices	
➤ Conduct research	3 4
➤ Evaluate health promotion and education actions	1 3 4
➤ Disseminate results	3 4

8.3 Effective Teaching for Health Promotion

Introducing the topic, Dr K C Tang, indicated that effective teaching has become increasingly difficult because of the diverse qualifications, experience, expectations, commitment, and personality attributes of students/trainees. However, these diversities also make effective teaching more necessary. In a survey on health promotion training programmes conducted in some of the Member Countries, inappropriate teaching styles and formats, in addition to issues relating to student's learning facilities and teaching resources, were found to be some of the barriers to effective teaching.

For teaching to be effective, it is necessary that students understand the elements that are taught and transfer them to real life situations even if curriculum elements are not comprehensive. Effective teaching is a continuing process - a two-way communication between students or learners and teachers or facilitators. There is a need to provide students with opportunities for honest, reliable feedback and such feedback must be used for continued improvement.

To advance professional practice and thus achieve health gains, health promoters must equip themselves with knowledge, skills, and a set of values and beliefs that enhance health promotion practice. Learning outcomes of health promotion programmes should match job task accomplishments in practice.

9. EFFECTIVE TEACHING

9.1 Country Presentations

To share country perspectives on the topic, representatives from the following Member Countries made presentations on the principles and practice of effective teaching.

India

Teaching practices in GIRH&FWT consist of a combination of theory, observation visits, and field training. The teaching methods currently employed include lecture discussion, group laboratory, media workshops, demonstration, observation visits, panel discussions, role play, case study, and modular teaching.

Indonesia

Teaching practices in Indonesia focus on imparting knowledge, attitudes, and skills relevant to learning objectives. This is effected through lectures with presentations using appropriate audiovisual aids. The attitude component is imparted through group discussions, role-play, and providing information and experiences. The skills imparted include communication, decision-making, and psychomotor or manual skills.

Myanmar

In Myanmar there are four dimensions to effective teaching for health promotion based on principles, values, skills, and culture sensitivity. Teaching is perceived as a leadership role that has spiritual (attitudinal), intellectual, physical and emotional components. Effective teaching also involves an awareness of and sensitivity to community demands and health needs of society. It involves training of trainers through capacity building and self-development and adequate provision of learning opportunities for students.

Sri Lanka

In Sri Lanka, health promotion courses impart basic training to family health workers, and public health inspectors, in-service training and pre-placement training to supervisory staff, and undergraduate and postgraduate training to doctors, and paramedical staff.

9.2 Group Presentations

The four groups worked on the elements of effective teaching pertaining to their respective courses – Basic/Diploma training, Bachelor's Degree, Postgraduate Diploma, and Master's Degree. There was considerable overlap among the groups regarding the elements of effective teaching in highlighting the following factors.

Group	Elements of Effective teaching
<ul style="list-style-type: none"> Group I 	<ul style="list-style-type: none"> Need for adequate teaching and reference materials, including access to internet Appropriate use of audiovisual aids Applicative assessment methodology as contrasted to a replicative model; In-service education for teaching staff A fit between classroom and field needs Participatory teaching-learning methodology
<ul style="list-style-type: none"> Group II 	<ul style="list-style-type: none"> Need for training of teachers, particularly in effective communication skills Evaluation of training programmes Collating and disseminating information on success stories Networking among health promotion institutions Supplementing institution faculty with invited faculty
<ul style="list-style-type: none"> Group III 	<ul style="list-style-type: none"> Need for criteria-based selection of students Quality of teachers in terms of qualification and experience Reliable and honest student feedback Appropriate assessment and evaluation of both teachers and students
<ul style="list-style-type: none"> Group IV 	<ul style="list-style-type: none"> Need for teacher attributes in terms of communicative ability, attitudes, emotions, and expertise in the subject Teaching methodology

9.3 Institutional Capacity on Building of Strategies

In health promotion education and training, effective delivery of a quality curriculum also depends on the capacity of the institutions. The group felt that the capacity of most education and training institutes in the Region was rather limited compared to their counterparts in Australia, Canada, European countries, and the US. Hence there was a pressing need for education and training institutes in the Region to undertake appropriate capacity building strategies.

Institutional capacity was examined through the following eleven dimensions: purposes, structures, support from the top management, relationships between and within the workplace and the institute, teaching resources, rewards, expertise of faculty members, attitude towards change, student feedback mechanisms, international links, and student quality. A group of country representatives analyzed the institutional capacity.

10. BENCHMARK INDICATORS

The four groups identified the following composite group of benchmarks and their corresponding indicators:

Benchmarks	Measurements Issues (e.g. indicators and tools)
Fit between learning outcomes and job task accomplishment (indicator: client satisfaction)	<ul style="list-style-type: none"> Client (e.g. graduates and their employers) satisfaction surveys
Comprehensiveness of curriculum (coverage of core elements)	<ul style="list-style-type: none"> Coverage of core elements specified in the curriculum
Opportunities to apply classroom learning to practice (number of hours allotted for practical field training and type of experiences provided)	<ul style="list-style-type: none"> Hours allotted for practical field training Types of field placement provided
Quality of teaching (performance evaluation of staff and students, peer evaluation)	<ul style="list-style-type: none"> Size and expertise of faculty members Performance evaluation of staff and students Peer evaluation

Benchmarks	Measurements Issues (e.g. indicators and tools)
Qualification, experience and commitment of students (fulfilment of eligibility criteria, initiative, leadership, self-motivation)	<ul style="list-style-type: none"> • Development of eligibility criteria and use of these criteria • Aptitude test to assess personal attributes such as initiativeness, leadership and self motivation
Interface between training institutions, field level organizations and international organizations (link with other organizations)	<ul style="list-style-type: none"> • Established links with other organizations
Commitment to continuing education for both trainers and trainees (attitude test); international links (number of fellowships, consultancy, exchange of faculty /students)	<ul style="list-style-type: none"> • Aptitude test • Level of participation in continuing professional development programmes
Feedback from key stakeholders (usefulness of curriculum in accomplishing the task and consumer satisfaction)	<ul style="list-style-type: none"> • Opportunities for and numbers of exchange of faculty members and students • Numbers of WHO Visiting Fellowships Study Programme organized • Number of joint research projects and consultancies
Service to community (satisfaction of beneficiaries)	<ul style="list-style-type: none"> • Usefulness of curriculum in accomplishing the task • Consumer satisfaction surveys
Research activities (number of studies undertaken, publications)	<ul style="list-style-type: none"> • Opportunities for offering consultancies and expert advice • Satisfaction of beneficiaries
	<ul style="list-style-type: none"> • Number of research students supervised • Level of funding obtained for research activities • Numbers of publications

Other benchmarks identified by the participants of the experts' meeting are:

- Adequacy of teaching and learning facilities
- Development of education and training policies and guidelines at the national and provincial levels
- Job satisfaction of graduates
- Liaison with alumni association and surveys with alumni
- Health promotion activities such as awareness programmes, exhibitions, campaigns, celebration of important health-related days, and health inputs.

11. NETWORKING

Dr Desmond O'Byrne highlighted the importance of networking with his remark, "No person (sic) is an island." A network refers to any contact between three or more individuals, institutions, organizations or countries organized for a particular purpose and ongoing for a period of time. The requirements of a network would include clear terms of reference, establishment of focal points of governance, clear objectives, realistic expectations, regular meetings, financial viability and easy communication.

Networking facilitates exchange of information, student and faculty exchange, provides external points of reference, and prevents isolation.

Regional mechanisms for networking

The groups identified the following possible elements for effective regional networking:

- A lead role for WHO in regional networking;
- Country-wise allocation of resources for networking with the support of the WHO Regional Office;
- National level networking with health institutions, research institutions and professional groups;
- Increased number of WHO collaborating centres as nodal points for networking;
- Regular meetings of SEAR Member Countries on health promotion and education;

- Enhanced capacity building of the Member Countries on regional and national networking;
- Formulating regional and national networking plan of action for health promotion education;
- Documenting relevant health promotion education and training for wider sharing;
- Initiating research studies in health promotion training and education;
- Assigning research responsibilities to the community and institutions with research expertise, capability and competency;
- Disseminating research findings;
- Virtual networking through the Internet, e-mail, and web sites;
- Preparing a comprehensive directory of government and private sector institutions in health promotion; and
- Establishing an apex body that will coordinate with all health promotion institutions.

The participants agreed on a South-East Asia network for health promotion and training. Focal points were established with specific partner countries to initiate the network.

Coordinating Country	Network Partner
Bangladesh	Bhutan, DPR Korea
India	Nepal
Indonesia	Sri Lanka, Maldives
Thailand	Myanmar

12. RECOMMENDATIONS

The participants recognized the pivotal role of health promotion in addressing the determinants of health and appreciated the critical need for appropriate and competent human resource in the area of health promotion.

They identified the core training curriculum units and elements with corresponding knowledge, attitude, and skills; and analyzed and proposed actions for effective teaching for health promotion, identified action for

institutional capacity building, and possible benchmarks and indicators for health promotion/education, training and evaluation. They made the following recommendations for implementation of effective education for health promotion practice in the Region:

12.1 Countries

Member Countries should:

- (1) Review all existing training programmes and courses on health promotion/education as well as related medical/health training programmes with a view to make them competency-based so as to meet the needs and demands of health promotion;
- (2) Develop appropriate mechanisms to incorporate competencies for health promotion as identified by the experts' meeting in the various health promotion training programmes and courses;
- (3) Strengthen health promotion components of other medical/health training programmes and courses to make them more relevant to their health promotion requirements;
- (4) Develop and implement competency and problem-based health promotion courses for wider dissemination of health promotion practices among health practitioners, and
- (5) Take steps to strengthen institutional capacity for health promotion training and research including effective teaching methods and benchmarks and indicators for health promotion training.

12.2 WHO

WHO/SEARO to:

- (1) Support Member Countries to review existing training programmes, courses on health promotion/education as well as health promotion components of other medical/health training programmes;
- (2) Support Member Countries in organizing workshops towards incorporation of competencies in health promotion as identified by the expert's meeting on education for health promotion/education into the existing training curricula;

- (3) Provide technical support for the strengthening of national institutional capacity for health promotion training and research including the development of models of health promotion training and benchmarks and indicators;
- (4) Provide technical support towards establishment of intercountry networks for education for health promotion/education, and
- (5) Develop and disseminate an information kit on the evolution and implementation of health promotion/education towards a better understanding of the concepts and practice of health promotion in the Region.

13. CONCLUSION

Dr Kumara Rai, Acting Programme Director, WHO/SEARO, New Delhi, closed the meeting. He encouraged participants to move beyond the narrow focus of health education for individuals and communities to the broad-based approach of health promotion focusing on sociocultural, lifestyle, and environmental determinants of health. In their valedictory comments, the participants agreed to implement the suggestions in their own countries.

Annex 1

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Annex 2
PROGRAMME

Tuesday, 25 September 2001

0830 – 0915 hrs	Registration	
0915 – 0930 hrs	Welcome Address and Objectives of the Meeting	Dr (Ms) Vijaya Srinivasan
1000 – 11:30 hrs	Inaugural Session	Dr (Ms) Vijaya Srinivasan
1130 – 1200 hrs	Overview of Global Education for Health Promotion	Dr Desmond O'Byrne, WHO/HQ
1200 – 1230 hrs	Overview of Regional Education for Health Promotion	Mrs Martha R. Osei
1330 – 1500 hrs	Country Presentations: Education for Health Promotion	Participants
1500 – 1630 hrs	Presentations and discussions: Analytical Review of Education for Health Promotion in Member Countries of SEARO	Dr K C Tang
1630 hrs	Closing Session	

Wednesday, 26 September 2001

0830 – 0900 hrs	Introduction of Group Work	
0900 – 1230 hrs	Group Work Core curricular elements of education for health promotion Three Groups: (1) Basic/Diploma Training (2) Bachelor Degree and (3) Master Degree.	
1330 – 1500 hrs	Group Work (<i>continues</i>) Core curricular elements of education for health promotion	

1500 – 1530 hrs	Three Groups: Presentation and discussion of group work (1) Basic/Diploma Training (2) Bachelor's Degree and (3) Master's Degree
1630 hrs	Closing Session

Thursday, 27 September 2001

0830 – 1100 hrs	Effective teaching / presentations and group work
1100 – 1230 hrs	Assessment of institutional capacity and identification of capacity building strategies
1330 – 1500 hrs	Group presentations and discussion re: institutional capacity
1500 – 1620 hrs	Identification of benchmarks for quality assurance
1630 hrs	Closing Session

Friday, 28 September 2001

0830 – 1000 hrs	Group presentations and discussions: Mechanisms for regional networking.
1000 – 1230 hrs	Brainstorming on recommendations for education for health promotion
1330 – 1530 hrs	Presentation and adoption of core curricular contents and recommendations.
1530 – 1630 hrs	Closing Session