

Developing Health Promotion Competencies and Standards for Countries in WHO South-East Asia Region

*Report of a Meeting of experts
WHO/SEARO, New Delhi, 18–20 June 2008*



**World Health
Organization**

Regional Office for South-East Asia

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1. Introduction

Health promotion is an emerging discipline that requires well defined practice competencies to ensure quality outcomes. Building national capacity for health promotion is critical for Member States in the South-East Asia Region (SEAR), if health promotion is to help achieve desired health outcomes.

Health promotion training is largely unstructured and limited to short in-service and post-service courses. The opportunities for graduate and higher level training are available only in a very few countries and where available the terminal degree is often not in health promotion but in social sciences or in a related area. In addition, the short courses including certificate and diploma courses largely do not focus on a set of competencies, and the learning outcomes are, to a large extent, in cognitive terms.

In 2005, the Bangkok Charter for Health Promotion was adopted during the Sixth Global Conference on Health Promotion. The Charter focuses on health promotion practice in a globalized world and identifies commitments and specific actions to be taken by individuals, countries and organizations to promote health. The need to build capacity for health promotion practice across sectors including the development of curriculum, infrastructure and innovative financing mechanisms are among the centrepieces of health promotion success. Member States of the WHO South-East Asia Region developed and adopted a Regional Strategy for Health Promotion that provides strategic directions for implementing health promotion to address disease-specific and settings-based issues as well as population groups.

The need to identify what constitutes good “health promotion practice” including the performance indicators calls for the need to consult health promotion technical experts from both academic institutions and practitioners. As part of strategic support to strengthen national capacity for effective health promotion, a three-day meeting of experts was conducted in the WHO Regional Office for South-East Asia, New Delhi, 18-20 June

2008, to identify health promotion competencies and performance standards in order to guide the delivery of health promotion practice in the Region. The expert meeting was a response to the need to build a health promotion workforce with knowledge, skills and attitude appropriate to effectively practice health promotion in country-specific situations.

2. Objectives

General objective

To identify competencies and standards for health promotion practice in Member States of the South-East Asia Region.

Specific objectives

- (a) To identify competencies for health promotion practice;
- (b) To establish a consultative process for developing Health Promotion Competencies and Standards for practice among Member States of the South-East Asia Region;
- (c) To share experiences regarding status of health promotion curriculum and practice; and
- (d) To review commitments and actions from the Ottawa Charter to the Bangkok Charter for health promotion.

3. Inaugural session

Participants were drawn from Bangladesh, India, Indonesia, Maldives, Sri Lanka, and Thailand. Each participant had Health promotion expertise and affiliated with either the Ministry of Health or an academic institution. The Regional Adviser, Dr. Davison Munodawafa, introduced the participants, and Dr U Than Sein, Director, NMH, WHO/SEARO gave the welcome remarks. He highlighted commitments and actions that are reflected in the Ottawa Charter for Health Promotion (1986) and the Bangkok Charter for Health Promotion (2005) that call for a systematic implementation of health Promotion across sectors. Dr Than Sein noted that the Regional Strategy for Health Promotion for SEAR provides vital strategic directions for countries

to adopt during implementation of health promotion interventions including policies. However, gaps remain in establishing the competencies required by various health promotion practitioners in order to standardize its delivery. In conclusion, Dr Than Sein informed participants that health promotion is a priority area of the Regional Director and expressed hope that the meeting of experts would establish health promotion practice competencies for assessing action at all levels.

Dr Munodawafa introduced the participants and presented the objectives of the Meeting. Dr Somsak Pattarakulwanich, Director, Bureau of Health Promotion, Ministry of Public Health, Thailand, was nominated the Chairperson along with the following Co-Chairs:

- Day 1: Prof Md Shah Alam Bhuiyan, Bangladesh
- Day 2: Dr Raheema Abdul Raheem, Maldives
- Day 3: Dr Sarath Amunagama, Sri Lanka

Dr Madhumita Dobe and Dr Ben Smith were nominated as Rapporteurs and were assisted by Mr Desmond O'Byrne and Dr Cherian Varghese. In addition, Dr Hla Hla Aye, Temporary International Professional, Human Resources for Health, HSD and Dr M M Huq, Regional Fellowship Officer, participated as resource persons.

4. Global and regional overview of health promotion practice

Dr Davison Munodawafa provided a brief overview of the contextual development of health promotion competencies and spelt out the commitments of the Bangkok Charter for health promotion practice. He emphasized the need for setting competencies for effective capacity building in health promotion as part of the regional strategic directions. Reiterating that this was a pioneering exercise undertaken in the Region, he urged the group to respond to this challenge, so that the results of the meeting can be shared with other regions at the Seventh Global Conference on Health Promotion, "Promoting Health and Development: Closing the Implementation Gap" to be held in Nairobi, Kenya, 2009.

5. Country presentations

Experts from the Member States made presentations on the existing structure for health promotion delivery in respective countries with specific focus on opportunities for training in health promotion (diploma, degree and post-graduate levels); curriculum content and skills delivered; sources of financing health promotion; government commitment to health promotion; and the major challenges facing health promotion practice in the country.

Overall, health promotion training in many countries of the Region can be categorized into two groups namely, (a) stand-alone health promotion programmes or (b) integrated health promotion courses. The former awards terminal certificates or diplomas in health promotion, while the latter awards certificates in other disciplines such as nutrition, nursing or sociology whose content include health promotion. In addition, there are numerous in-service training courses on health promotion offered at country, regional and international levels that are open to those interested in a career in health promotion.

Bangladesh, India, Indonesia, and Thailand have developed short courses which are offered even to people from other countries through fellowships. In addition, even in those countries with limited human resource capacity to establish their own training courses in health promotion, there have been concerted efforts to organize small workshops on health promotion in order to raise awareness and exchange knowledge and skills. All countries have a health promotion component in the health plan and health policy at the national and district levels. The other common theme that ran throughout the presentations was that countries promoted the use of local languages in health promotion practice in recognition of the vital role played by social and cultural values and beliefs in influencing health promotion.

However, most countries expressed the view that there was a huge shortage of skilled manpower to address health promotion needs.

Dr Hla Hla Aye said that the Regional Guidelines for Strategic Planning of Public Health Workforce were available and emphasized the need to refer to these guidelines when scaling up health promotion capacity of the Region.

6. Defining health promotion competencies

Dr Ben Smith highlighted the essential skills for health promotion practice and emphasized the need for defining health promotion competencies to guide educators and trainers, to define learning outcomes for students, to facilitate professional identity and to assist organizational capacity building. He shared the process of defining health promotion competencies in Australia and concluded with further issues for consideration like adequacy, matching competencies with changing needs, and potential for competency assessment. Dr Cherian Varghese referred to issues that should be remembered while formulating competencies and suggested certain matrices and templates to facilitate categorization of competencies into generic and specific for different categories of health promotion practitioners.

7. Group work

Based on the guidelines provided by Dr Davison and Dr Smith, participants were divided into two groups. They drew up what in their opinion were the core competencies required for health promotion in the Region. After the first round of group work and presentations, the groups were re-allocated and again refined the list of competencies. Several rounds of presentations and discussions followed. During the discussions, Dr Davison reiterated that the first task primarily involved compilation of a list of what could be called “basic generic competencies” for health promotion practice. Dr M Huq emphasized the importance of keeping the needs of health promotion practitioners and health promotion educators in mind while formulating the essential and desirable health promotion practice competencies. Dr Desmond O’Byrne highlighted the importance of healthy public policies and requested the expert group to consider its inclusion as a generic competence. After four sessions of group work, a list of 19 competencies was presented.

Dr M Dobe and Dr Ben Smith entrusted with the responsibility of preparing the final list of these generic competencies drew up a list of 15 competencies which was shared with the expert group and facilitators, who further revised it, especially the wording of the competencies. The final list of competencies is given in Annex 1.

The groups were then reallocated with the task of identifying not more than three performance criteria for each competence identified. The listed criteria were then interchanged between the groups for further comments and suggestions and the suggested list at the end of the group work session (Annex 2).

It is important to note that these competencies are proposed on the basis of the experience in education and training as well as practice in the participating countries in the Region. For information and reference purposes, a set of Core Health Promotion Competencies for Australia 2007 and the Bangkok Charter for Health Promotion were also attached as background papers for the participants of the experts' meeting for perusal and reference.

8. Recommendations

The following recommendations were made by the group of experts for WHO:

- To review existing training programmes and courses on health promotion and education in order to document the competencies and performance indicators currently offered in health promotion training;
- To conduct an assessment of the competencies among health promotion practitioners functioning in various fields;
- To support countries in conducting consultative meetings in order to reach consensus on core competencies relevant to the needs of the country;
- To support academic institutions training in Health promotion to incorporate the relevant competencies into the existing training curricula; and
- To develop a short course incorporating health promotion core competencies for implementing actions contained in Bangkok Charter (Annex 3).

9. Concluding session

Dr U Than Sein, Director, Department of Noncommunicable Diseases and Mental Health, noted the positive contributions from the deliberations and recommendations. He also outlined WHO's future plans in this area as follows:

- Developing a Certificate Course in Health Promotion delivered through academic institutions in the Region as part of capacity enhancement;
- Promoting setting up of a network for health promotion professionals in order to exchange ideas and developing leadership.
- Embark on intense preparations for showcasing the Region's work during the Seventh Global Conference on Health Promotion to be held in Nairobi, Kenya, in October 2009.

Annex 1

Health promotion core competencies

	Competencies
1.	Knowledge and comprehension of health promotion
2.	Community capacity strengthening
3.	Partnership building
4.	Evidence-based practice
5.	Programme management
6.	Social marketing
7.	Advocacy
8.	Healthy public policies
9.	Managing change /change management
10.	Health promotion financing
11.	Communication
12.	Use of appropriate technology
13.	Planning and organization
14.	Leadership and teamwork
15.	Ethical and professional practice

Annex 2

Health promotion performance criteria for core competencies

	Core competencies	Performance criteria
1.	Knowledge and comprehension of health promotion	<ul style="list-style-type: none">➤ Demonstrate knowledge of health system, health promotion principles, practice and determinants of health➤ Apply the knowledge to improve the wellbeing of people and the community➤ Disseminate knowledge and best practices
2.	Community capacity strengthening	<ul style="list-style-type: none">➤ Demonstrate cultural competency➤ Empower the community➤ Ensure sustainability
3.	Partnership building	<ul style="list-style-type: none">➤ Establish appropriate partnerships within and outside the health sector➤ Establish appropriate partnerships with civil society and the private sector➤ Facilitate collaborative actions and sustainability
4.	Evidence-based practice	<ul style="list-style-type: none">➤ Determine public health priorities➤ Collect evidence using appropriate methods➤ Use and share evidence to improve health promotion actions
5.	Programme management	<ul style="list-style-type: none">➤ Conduct appropriate need assessment and demonstrate understanding of determinants of health➤ Plan and implement appropriate health promotion interventions➤ Monitor and evaluate health promotion interventions

	Core competencies	Performance criteria
6.	Social marketing	<ul style="list-style-type: none"> ➤ Understand concepts and strategies of social marketing ➤ Create demand for health promotion action and services ➤ Use appropriate avenues, strategies and approaches to market “health” ➤ Promote networking for social marketing
7.	Advocacy	<ul style="list-style-type: none"> ➤ Identify issues for Advocacy ➤ Engage multi-level and multi-sectoral partners. ➤ Conduct public campaigns ➤ Lobby with policy-makers
8.	Healthy public policies	<ul style="list-style-type: none"> ➤ Identify the role of public policy(health, health-related) and legislation in promoting and protecting health ➤ Assess systematically the feasibility and implication of policy options in health ➤ Advocate effectively for specific policy, organizational, structural or environmental changes to promote health using appropriate intra- and inter-sectoral mechanisms
9.	Managing change/ change management	<ul style="list-style-type: none"> ➤ Identify the element of key sectoral capacities to promote, protect and maintain health (such as political, epidemiological, demographic, environmental, socio-economic changes and emerging health issues) ➤ Assist the health sector to develop capacity and network with other sectors to promote health ➤ Assist and strengthen the capacity of health and other relevant sectors to promote health through a settings-based approach

	Core competencies	Performance criteria
10.	Health promotion financing	<ul style="list-style-type: none"> ➤ Identify sources (public and private) for funding health promotion initiatives ➤ Develop cost-effective approaches and mechanisms for health promotion ➤ Establish financial management system in health promotion programmes including accountability and transparency
11.	Communication	<ul style="list-style-type: none"> ➤ Communicate effectively with others using all communication methods appropriately ➤ Apply interpersonal skills (negotiation, teamwork, motivation, counselling, conflict resolution, decision-making, problem solving and listening skills) ➤ Present tailored communications to a range of audiences considering cultural and other differences (gender, age, ethnicity),
12.	Use of appropriate technology	<ul style="list-style-type: none"> ➤ Comprehend the various relevant technologies available and their applicability to specific situations ➤ Demonstrate the application of appropriate technology
13.	Planning and organization	<ul style="list-style-type: none"> ➤ Promote shared vision ➤ Apply knowledge of management tools for strategic planning ➤ Identify appropriate mechanisms for consulting with relevant stakeholders and develop a consultation plan
14.	Leadership and teamwork	<ul style="list-style-type: none"> ➤ Identify and demonstrate effective leadership appropriate to particular situation and circumstances ➤ Develop capacity to work effectively in a team ➤ Initiate and sustain collaboration with all relevant stakeholders and the community

	Core competencies	Performance criteria
15.	Ethical and professional practice	<ul style="list-style-type: none">➤ Apply public health code of ethics for collection, management, dissemination and use of data and information➤ Seek ethical approval from appropriate bodies and informed consent as required➤ Maintain confidentiality, non-discrimination and equity in service provision

Annex 3

Generic and specific competencies for delivering the five required actions of the Bangkok charter for health promotion

Competencies			
Required actions for HP	Generic	Specific	Example to demonstrate
Advocate	Leadership	Communication, negotiation, co-ordination	Obesity-create a national alliance for healthy lifestyle
Invest	Policy development	Knowledge regarding determinants of health	Policies on junk food, advertisement of food, school policy etc.
Build capacity	Knowledge transfer	Clear understanding of health promotion – the paradigm change	Develop skills for the education sector and other relevant sectors to address the determinants
Regulate and legislate	Protection from harm	Role of other sectors	Role of agriculture, trade, globalization, market forces
Partner and build alliance	Networking	Ability to understand and engage relevant partners	Role and concerns of other sectors like trade, food processing, etc. bring together new donors, partners
Practice health promotion	Knowledge and skills	Issue-based, settings-based	Settings based approach-healthy markets, health promoting schools

Annex 4

Agenda

- (1) Inauguration
- (2) Global and regional overview of health promotion practice
- (3) Sharing experiences on health promotion: Curriculum and practice issues
- (4) Discussion on essential health promotion competencies
- (5) Identification of essential health promotion competencies for SEAR countries
- (6) Discussion on developing health promotion standards for each competency
- (7) Discussion regarding the consensus building process for establishing competencies and standards
- (8) Summary, concluding session and recommendations

Annex 5

Programme

Wednesday, 18 June (Day 1)

- | | |
|-------------|--|
| 09:00–09:30 | Inauguration <ul style="list-style-type: none">➤ Message from Regional Director➤ Introductions and nomination of office bearers➤ Group photo |
| 10:00–10:30 | Global and regional overview of health promotion practice (RA-HPE) |
| 10:30–12:00 | Sharing experiences (15 minutes each) <ul style="list-style-type: none">➤ Bangladesh➤ India➤ Indonesia➤ Maldives➤ Sri Lanka➤ Thailand |
| 13:00–13:30 | Discussion and reaction |
| 13:30–14:30 | Overview of Health promotion competencies – Dr Smith, WHO-TA (Australia). |
| 14:30–15:00 | Discussion and reaction |
| 15:30–16:30 | Small group: Identification of essential competencies |
| 16:30–17:00 | Summary of Day 1 Proceedings |

Thursday, 19 June 2008 (Day 2)

- 09:00–09:30 Recap
- 09:30–10:00 Group report on select essential competencies
- Bangladesh
 - India
 - Indonesia
 - Maldives
 - Sri Lanka
 - Thailand
- 10:30–12:00 Group report (continued)
- 13:00–13:30 Discussion and reaction
- 13:30–14:30 Commentary on selected health promotion competencies by country (Dr Smith, WHO-TA, Australia).
- 14:30–15:00 Consensus building on essential key competencies
- 15:30–16:30 Continue consensus building on essential key competencies

Friday, 20 June 2008 (Day 3)

- 09:00–09:30 Presentation of essential key competencies under consideration;
- 09:30–10:00 Introduction to setting standards for each essential key competency;
- 10:30–12:00 Group I: To identify core competencies
Group II: To identify process for adoption of competencies at national and regional level
- 13:00–14:30 Group work report back
- 14:30–15:00 Way forward
- 15:30–16:30 Summary, Conclusion and recommendations
- 16:30–17:00 Closing remarks

Annex 6

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In order to build capacity for health promotion practice across sectors, establishing competencies is as critical as the content to be delivered. The academic institutions in the WHO South-East Asia (SEA) Region that offer health promotion courses are best placed to deliver the content and build the competency skills. The Regional Strategy for Health Promotion and the Bangkok Charter for Health Promotion guided the discussions held during the meeting to identify the core and desired competencies for health promotion practice among countries of the SEA Region. Technical experts from academic institutions and practitioners deliberated before reaching consensus on 15 core competencies, each having a specific performance criteria. The meeting of experts was organized as a response to the need to build a health promotion workforce equipped with knowledge, practice skills, values and attitudes appropriate to the promotion of health in a globalized world.



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