REPORT

WORKSHOP ON CAPACITY-BUILDING FOR HEALTH PROMOTION

Manila, Philippines
5-8 November 2002

Manila, Philippines
March 2003
REPORT

WORKSHOP ON CAPACITY-BUILDING FOR HEALTH PROMOTION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC
Manila, Philippines
5 to 8 November 2002

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
March 2003

Keywords: Health promotion

WHO/WPRO LIBRARY
MANILA, PHILIPPINES
07 MAY 2004
The views expressed in this report are those of the participants in the Workshop on Capacity-Building for Health Promotion in the Western Pacific Region and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Workshop on Capacity-Building for Health Promotion, which was held in Manila, Philippines, from 5 to 8 November 2002.
SUMMARY

In support of the Regional Framework for Health Promotion 2002-2005, the Workshop on Capacity-Building for Health Promotion was conducted in Makati City, the Philippines, from 5 to 8 November 2002 by the WHO Regional Office for the Western Pacific.

The objectives of the workshop were:

1. to review experiences with health promotion, specifically health-promoting schools and effective strategies to scale up health-promoting schools in partnership with Ministries of Education;

2. to identify issues and challenges for health promotion based on a regional framework for health promotion;

3. to prepare country plans of action for capacity-building for health promotion for 2003-2005; and


There were a total of 78 attendees. Participants from the countries represented the health sector, and other sectors such as education, media, legislation, local governments, housing and nongovernmental organizations. In addition to participants from 11 countries, there were resource persons from the Johns Hopkins Centre for Communications Programmes; the International Forum of Parliamentarians; School of Public Health, La Trobe University; and the City of Marikina, Philippines. Observers were from the Association of South-East Asian Nations (ASEAN) Secretariat, Department of Health of Hong Kong, Health Promotion Board, Singapore, International Union for Health Promotion and Education, Philippine Daily Inquirer, Philippine Health Insurance Corporation, Thai Health Promotion Foundation, the Urban Governance Initiative, Tokyo Medical University, College of Public Health, University of the Philippines, Victoria Health Promotion Foundation and mayors of the cities of Valencia, Oroquieta, Iloilo, Dagupan, San Fernando and Valenzuela from the Philippines. Members of the secretariat included staff from WHO-WPRO, the WHO Country Offices of Papua New Guinea and Viet Nam, and WHO Headquarters.

The workshop was opened by the Regional Director of the WHO Regional Office for the Western Pacific whose key message was "health promotion works", and challenged the participants to take action toward overcoming the barriers to health promotion. These barriers include: shortsightedness in prevention, the tendency for media to focus on dramatic events, industries with interests that may conflict with health promotion, curative focus of health systems and a complex environment where the role of government is changing and the role of market forces is growing. In order to address these barriers, three key strategies cited were: communication, environmental support and health promotion throughout the life course.

The different countries then presented reports that covered specific success stories related to settings: healthy places, populations: healthy stages and lifestyle: healthy choices. Technical papers were also presented to introduce the participants and observers to topics relevant to the Regional Framework for Health Promotion. These topics included an overview
of the global and regional health promotion programme, social mobilization for health promotion, evaluating the effectiveness of health promotion, leadership and communication, health promotion financing arrangements, health promotion foundations, partnerships with legislators, media, local governments, international and regional networking and updates on emerging opportunities for collaboration. The "World Health Report 2002: Reducing Risks, Promoting Healthy Life" was also introduced at the workshop. Workshops were conducted to identify areas for capacity building, prioritize regional actions and identify country priorities. Several countries contributed materials to an exhibit on health promotion. On each day of the workshop, different types of physical activity routines were introduced, demonstrated and led by the College of Human Kinetics, University of the Philippines.

A visit to Marikina City was undertaken. The group was given an overview, orientation and walking tour of Marikina as a "Healthy City". Site visits included healthy workplaces, a health-promoting school and a healthy marketplace.

The participants agreed on six areas that would constitute the regional agenda for capacity building in health promotion:

- Strategic partnerships for health and education
- Strategic partnerships for health promotion and good governance
- Leadership and mentoring in health promotion
- Health promotion infrastructure and financing
- Communication
- Evaluating the effectiveness of health promotion and determining burden of disease.

Within these six areas, cross-cutting strategies emerged:

- Building on the experiences of healthy settings
- Organizing or strengthening regional and sub-regional mechanisms for sharing experience
- Involving other sectors in the planning, implementation and evaluation phases of capacity-building for health promotion
- "Standardizing" health promotion programme tools for planning, implementation and evaluation (e.g. developing common performance indicators, financing arrangements and operational guidelines at the beginning of programmes and projects)
- Linking health promotion to health systems development at all levels and aligning health promotion goals to national health and development goals
- Developing innovative ways of "supporting" good practices
- Supporting research and generation of information and evidence to support policy and programmes.
Participants agreed that country level plans as well as recommended actions for WHO would be integrated in the development of WHO country plans of action as well as inter-country plans of action for 2004-2005.

Participants agreed that 2003 would be a "transition" period where preparatory work such as feedback, consultations and sharing of the results of the workshop and the Regional Framework for Health Promotion 2002-2005 would be conducted at national level in preparation for integrated, comprehensive and strategic health promotion capacity-building activities for 2004-2005.

WHO encouraged countries to develop proposals for follow-up activities to share results of the workshop and provide feedback to relevant stakeholders and partners.
1. INTRODUCTION

1.1 Background information

Modernization, urbanization, industrialization, environmental degradation, the globalization of markets and telecommunications, and a changing demographic profile have had a profound influence on the social, political and cultural milieu of the Western Pacific Region in recent years. Correspondingly, these changes have had a significant impact on health. Health promotion as a process, a strategy and an approach to enable individuals and communities to take charge of conditions and circumstances that contribute to ill health has emerged as an effective framework to address the broad determinants of health.

The Regional Framework for Health Promotion 2002-2005 identifies the goals, objectives, approaches, strategies, areas for action at the regional level and recommended strategies for countries and areas at the country level.

In the Western Pacific Region, health promotion has contributed to improvements in health status and quality of life in specific localities. The ability to initiate health promotion activities at local levels has been demonstrated. The next step is to improve effectiveness and scale-up what has been learned to reach a greater number of people. However, unlike other health interventions, scaling up health promotion to reach a critical mass of people cannot be done by the health sector alone. Scaling up will involve strategic partnerships with stakeholders outside of the health sector (e.g. Ministries of Education, media, legislators, local officials, nongovernmental organizations, community groups, etc.). Specifically, the role of Ministries of Education in scaling up health-promoting schools needs to be redefined and supported. Healthy settings need to be linked to other mechanisms for addressing broad determinants of health, i.e. quality improvement, urban governance and social development. Innovative methods for financing and mobilizing resources for health promotion also need to be explored.

This meeting was proposed to share experiences on the effectiveness of programmes, scaling up health promotion through strategic partnerships specifically with Ministries of Education, and identifying areas for capacity-building and resourcing to ensure sustainability of health promotion at the regional and country levels.

1.2 Objectives

At the end of the workshop, participants would have:

(1) reviewed experiences with health promotion, specifically health-promoting schools and effective strategies to scale up health-promoting schools in partnership with Ministries of Education;

(2) identified issues and challenges for health promotion based on a regional framework for health promotion;

(3) prepared country plans of action for capacity-building for health promotion for 2003-2005; and
(4) prepared a regional agenda and action plan for capacity-building and resourcing for health promotion for 2003-2005.

1.3 Participants and resource persons

The workshop was attended by 35 participants. Three participants were invited from each country. One participant each representing the Ministry of Health and Ministry of Education and a third participant representing a strategic partner for health promotion from local governments (cities/towns), media, or a nongovernmental organization. The participants were from Cambodia, China, Fiji, Lao People's Democratic Republic, Malaysia, Federated States of Micronesia, Mongolia, Papua New Guinea, Philippines, Samoa and Viet Nam. In addition, there were a total of 20 observers representing the following organizations and institutions: the Association of South-East Asian Nations (ASEAN) Secretariat, Department of Health of Hong Kong, Health Promotion Board, Singapore, International Union for Health Promotion and Education, Philippine Daily Inquirer, Philippine Health Insurance Corporation, Thai Health Promotion Foundation, the Urban Governance Initiative, Tokyo Medical University, College of Public Health, University of the Philippines, Victoria Health Promotion Foundation and mayors of the cities of Valencia, Oroquieta, Ilo-Ilo, Dagupan, San Fernando and Valenzuela from the Philippines. WHO provided for four temporary advisers and 19 members of the secretariat (including staff from the Division of Building Healthy Communities and Populations, the Division for Health Systems Development of the WHO Regional Office for the Western Pacific, and the Country Offices of Papua New Guinea and Viet Nam and representatives from WHO-Geneva. A list of participants, observers, temporary advisers and secretariat members is provided in Annex 1.

The officers of the workshop were selected as follows:

Chairperson - Dr Hou Peisen, Director
              National Institute for Health Education
              China CDC

Vice-Chairperson - Ms Pansy Shereen Singh, Senior Education Officer
                  Curriculum Development Unit
                  Ministry of Education
                  Fiji

Rapporteur - Dr Ivanhoe Iscartin, Chief, Health Promotion Division
              National Centre for Health Promotion
              Department of Health Philippines

1.4 Organization

The workshop programme is provided in Annex 2 and a list of documents distributed during the workshop is provided in Annex 3. The documents include basic policy papers on health promotion, country reports by the participants on success stories highlighting healthy settings, healthy populations and healthy lifestyles, technical working papers by the temporary advisers and resource persons and a number of WHO publications from the different technical units of the Division for Building Healthy Communities and Populations. Copies of these papers and publications can be obtained upon request from the WHO Regional Office for the Western Pacific.
Prior to the workshop, a pre-conference briefing kit was sent to the participants through the office of the WHO Representatives. These kits contained basic information about the workshop and two survey forms on health promoting schools and health care financing arrangements that were to be filled up and used as reference materials for the workshop. Participants were also requested to bring exhibit materials related to their country presentations. The pre-conference briefing kit is provided in Annex 4.

The secretariat had several meetings to discuss the objectives and guide questions for the workshops.

On the first day of the workshop, the countries shared their experiences through country reports which focused on specific success stories in health promotion. On the second day of the workshop, resource persons made technical presentations on topics relevant to the Regional Framework on Health Promotion. Based on the presentations and the previous discussions, the secretariat and facilitators proposed specific areas for capacity-building which would be the basis for workshop groups.

In the morning of the third day of the workshop, the "World Health Report 2002: Reducing Risks, Promoting Healthy Life" was presented.

The workshop participants were then divided into six groups to discuss the regional agenda for capacity-building in health promotion. In the afternoon there was a field trip to the City of Marikina.

On the fourth day, the six groups presented their results to the plenary. Later in the morning, 11 groups were formed to develop specific action plans at country level in relation to the previously presented regional agenda for capacity-building for health promotion. In the afternoon the countries presented summaries of their plans of action at country level. On each day of the workshop, different types of physical activity routines were introduced, demonstrated and led by the College of Human Kinetics, University of the Philippines.

1.5 Opening remarks

Dr Shigeru Omi, WHO Regional Director for the Western Pacific, delivered the opening speech emphasizing that "health promotion works", and challenged the participants to take action toward overcoming the barriers to health promotion. These barriers include: shortsightedness in prevention, the tendency for media to focus on dramatic events, industries that may conflict with health promotion, curative focus of health systems and a complex environment where the role of government is changing and the role of market forces is growing. In order to address these barriers, three key strategies cited were: communication, environmental support and health promotion throughout the life course.

He then wished the participants fruitful discussions during the week and officially opened the workshop. The full text of the opening speech is provided in Annex 5.
2. PROCEEDINGS

2.1 Country reports

Participants presented their country reports. Fiji, Federated States of Micronesia, Lao People's Democratic Republic and Mongolia made specific presentations on health-promoting schools. Papua New Guinea presented its experience in developing national policy on health promotion. Malaysia presented its national healthy lifestyle campaign, healthy cities and its plans for setting up a health promotion foundation. The Philippines presented an initiative on health-promoting hospitals through an extended child care centre. Cambodia presented a project on poverty alleviation among cyclo drivers through a tobacco control initiative. Samoa shared its experiences in mental health promotion. China presented its national programme entitled "National Action on Health Promotion for Hundreds of Million Farmers" a joint project of seven ministries. Viet Nam presented its progress in mobilizing support for adolescent health and development.

A summary of each country report is provided in Annex 6.

2.2 Summary of working papers and discussions

2.2.1 Overview of the Global Framework for Health Promotion

Dr Desmond O'Byrne, Group Leader, National and Community Programmes, WHO-Geneva, provided an overview of the global strategy for health promotion and revisited the philosophy, basic principles and concepts of health promotion based on global commitments beginning with the Ottawa Charter and the subsequent meetings in Adelaide, Sundsvall, Jakarta and Mexico. He also presented key areas for health promotion and major global initiatives including the HP Global Effectiveness Project, supporting work through networks and partnerships, and the Global Strategy on Diet, Physical Activity and Health.

2.2.2 Overview of the Regional Framework for Health Promotion

Dr Susan Mercado, Acting Regional Adviser for Health Promotion, presented the Regional Framework for Health Promotion and summarized the challenges in the Region as (1) scaling-up – in order to reach a strategic mass at national levels with an emphasis on reaching the most vulnerable groups, particularly the poorest of the poor; (2) scaling-out laterally in order to engage strategic partners outside of the health sector who could break barriers to health promotion by addressing the broad determinants of health within the social and cultural context of the country; and (3) to scale in and sharpen the tools for effective health promotion integrating it into health systems development and making it a priority within the health sector and a mission of the Ministry of Health.

The importance of leadership in health promotion was mentioned, and the need to take on new roles and responsibilities as "catalysts, champions and coaches" would be necessary to surmount barriers to health promotion. A video documentary was presented which highlighted social mobilization in three countries: Cambodia, Philippines and Viet Nam to illustrate how catalysts, champions and coaches can work together to make health promotion work.
2.2.3 Review of Effectiveness of Environment and Lifestyle Change in Health Promotion in Developing Countries

Professor Vivian Lin, Head of School, School of Public Health, La Trobe University, presented an overview and general framework for evaluating effectiveness as:

\[ \text{Effectiveness} = \text{Efficacy} + \text{Planning} + \text{Implementation} \]

Strategies to develop effectiveness were presented. Specific initiatives to operationalize these strategies include: (1) training in systematic reviews and program evaluation; (2) development of collaborating centres in producing and disseminating evidence; (3) regional health promotion leadership training; (4) intensified uptake of health promotion foundations model across Western Pacific Region; (5) networking regional networks; (6) regional workforce development (via collaborating centres, fellowships and other training programmes); (7) three-tier system (a) programme monitoring, evaluation and communication system; (b) country information system; and (c) regional observatory; and (8) review of the terms of reference and capacities of collaborating centres in the Region.

2.2.4 Review of Health Promotion Financing Arrangements and Case Studies on Burden of Disease as the Basis for Health Promotion Planning

Ms Carol Beaver, Short Term Professional, Health Financing, WHO Regional office for the Western Pacific, provided an overview on health financing and discussed various sources of funds for health. A framework for policy options in relation to health financing arrangements for health promotion was presented based on the political economy, income level, and primary sources of health finance. Comparative analysis of data on sources of funds for health promotion from Malaysia and Papua New Guinea were also presented.

2.2.5 Strategic Communication and Leadership Development

Dr Benjamin Lozare, Associate Professor and Chief of Training and Performance Improvement Division, Centre for Communication Programmes, Johns Hopkins University, Baltimore challenged the group to (1) recognize that households are the primary producers of health; (2) nurture a shared vision; (3) remove barriers first; (4) build leadership at all levels; and (5) consider "best answers" and keep a strategic focus. He underscored how strategic objectives of leaders involved "slaying dragons" as a metaphor for addressing barriers, adding that before increasing investments in health promotion, one must first lower the barriers or "slay the dragons". The key messages were: (1) to achieve tasks one needs to leave his comfort zone and do not only what is difficult or impossible, but to strive to achieve what may be beyond our imagination; (2) to think like architects and not like mechanics; and (3) to think deeply, then act.
2.2.6 Ensuring Sustainability of Health Promotion: The Experience of Health Promotion Foundations

Ms Bungon Ritthiphakdee, Director of Special Programmes, Thai Health Promotion Foundation described the history of the Thai Health Promotion Foundation and how it operates as an autonomous state agency, with a governing board chaired by the Prime Minister and funded from 2% of alcohol and tobacco surcharged taxes (US$ 35 million/year). She relayed the process by which a dedicated tax was developed and enacted as a law in 2001. The "triangle to move policy" was described as:

- Political Commitment
- Knowledge
- Social Mobilization

Lessons learned from lobbying for a dedicated tax to fund the Health Promotion Foundation include: (1) obtain public acceptance on tax for health policy; (2) invest in health promotion improves the country's economy; (3) draft a bill modelled after VicHealth or ThaiHealth; (4) the dedicated tax should go to an autonomous agency; (5) the criteria for the funding mechanism should be clear and specific; (6) set-up mechanisms to prevent politicians from abusing or misusing the fund; and (7) have a dedicated team to do the homework. Currently, ThaiHealth has several proactive programmes in schools, communities, workplaces, cities, etc. It was strongly emphasized that grantees must not accept funds from the tobacco or alcohol industry.

Ms Yvonne Robinson, Director for Programmes of the Victoria Health Promotion Foundation, shared how VicHealth came into being and how it has evolved since 1987 including its change in function from grant-making to commissioning, the emphasis on knowledge development and value adding, greater focus on public health research, its role in public health advocacy and agenda setting and its role in international networking and linkage development. Key success factors mentioned were: (1) broad parliamentary consensus for public health and health promotion; (2) support from sports, arts, health, medical research sectors; (3) research, development and communication; (4) adding value to government; (5) public health advocacy and influence; and (6) strong governance processes.

2.2.7 Advocacy for Health Promotion Policy: What Legislators Want to Hear

Mr Shiv Khare, Executive Director of the Asian Forum of Parliamentarians on Population and Development and Executive Coordinator of the International Forum of Parliamentarians, discussed the importance of elected representatives in policy making emphasizing that they can: (1) sensitize the population about issues; (2) work with governments and government agencies to ensure adequate provision of health services, supplies and manpower; (3) review health-related legislation and, if need be, propose new legislation; (4) monitor the implementation of health policies and programmes; (5) persuade the government to increase resources for health services; and 6) motivate their governments to provide increased Overseas Development Assistance (ODA) especially multilateral ODA for health. Strategies to
cultivate parliamentarians include study visits, meetings, conferences, seminars, symposia, e-info services, publications and person to person approaches. The key message was that motivating parliamentarians on health is not really that difficult as it affects them, their family and the people who elect them. An approach would be to engage parliamentarians who have demonstrated a deep interest in health and health-related issues; seek out parliamentarians with a medical background and target women parliamentarians.

2.2.8 WHO's Global School Health Initiative: A Global Effort to Help Schools Become "Health Promoting Schools"

Dr Chuck Gollmar, School Health Team, WHO, Headquarters, Geneva, presented a global overview of health-promoting schools. Four key actions for WHO for helping all schools become "health-promoting schools" are: (1) consolidating research and expert opinion; (2) building capacity to advocate; (3) assessing and strengthening national capacities; and (4) creating networks and alliances. The rationale and programme of the Focus Resources on Effective School Health (FRESH) initiative was also discussed, emphasizing four components in schools: (1) school health policy; (2) water and sanitation as a first step in creating a health supportive environment; (3) skills-based education including life skills; and (4) school health services. The Rapid Assessment and Action Planning Process Manual was also presented. An overview of the Multi-Risk Information Surveillance System was also shared as a tool for decision-making on resource allocation, comparing risk factors among youth across countries and providing data at national and international levels to track trends over time. The system focuses on: injuries and violence, tobacco use, alcohol and other drug use, sexual behaviours, dietary behaviours, physical activity, mental health, hygiene, protective factors and demographics.

2.2.9 Practical Tips for Working with Journalists for Health Promotion

Ms Rina Jimenez David, Journalist, Philippine Daily Inquirer, talked about the importance of working with media, citing how public health initiatives need public opinion and support; how people are more apt to respond if they understand the reasons behind behaviour expected of them; and that the media is the biggest source of information and shaper of attitudes. It was underscored that media needs information that is not only accurate, timely, interesting, new and unusual, but that information must be related to the impact on the public or the reader. Oftentimes, political dimensions or providing a story with a "human face" would be helpful. Ways of dealing with the media include: media advisories, press releases, information kits, information and education campaigns and press/media relations. Among the practical tips shared were: making oneself accessible, establishing credibility, developing one's own media skills, creating media champions, talking about people and not just "issues", developing a media "personality", preparing soundbites, exploring other media such as entertainment, live events and the internet.

2.2.10 Innovation in Good Governance, Towards Health Promotion in Cities

Ms Saira Shameen, Programme Specialist, Capacity Building and Project Development of the Urban Governance Initiative (TUGI), presented an overview of the regional programme that works toward building capacities of local authorities for good urban governance. The main focus of activities include capacity-building, policy advisory services, the development of user-friendly tools and methodologies for good urban governance and the active dissemination of information on good urban governance. Good governance was cited as a key factor in achieving poverty alleviation and for promoting sustainable human development.
The TUGI Awards were mentioned as a mechanism for supporting good governance by upscaling successful pilot projects to city-wide or country-wide implementation. Three CyberCity Awards of up to US$ 30 000 each for cities that use information and communications technologies for improving governance, five awards for organizations that have proven some key innovations in urban governance and five awards for young professionals whose skills match key areas of work implemented by relevant city-agencies that target poverty alleviation programmes, are given out every year. In the region there are a number of projects funded by the United Nations Development Programme (UNDP) involved in governance, including the Participatory Action Research to Advance Governance Options and Network (PARAGON) regional governance programme, the Urban Governance Initiative and the Pacific Governance for Livelihood and Development (GOLD) project. Synergy between the activities of these projects and health promotion initiatives is definitely an area to be explored and built upon. Health promotion specialists were encouraged to participate in ongoing discussions, networking, debates and campaigns.

2.2.11 The Role of Local Officials in Health Promotion in Developing Countries

Mayor Ma. Lourdes Fernando, City of Marikina, Philippines, characterized the role of local government officials in health promotion in developing countries as similar to “the steering wheel inside the vehicle”. The various examples of health projects and programmes of the City of Marikina were shared including: rescue 161, midnight doctor, clean food laboratory, ambulatory health care services free health care, health education through public schools, animal quarantine and bicycle network. Methods for promoting these programmes included: public consultations/people’s day, use of local radio network, printing and distribution of local newspapers/brochures, and information billboards. The shared values of “working hard, working well and working together” were underscored as a key factor in achieving success and realizing the goals of a healthy city.

2.2.12 Achieving Good Nutrition and Food Safety in Schools

Dr Tomasso Cavalli-Sforza, Regional Adviser for Health Promotion, WHO Regional Office for the Western Pacific provided an overview of how to achieve good nutrition and food safety in schools. The most common forms of malnutrition in schools were undernutrition, overnutrition and anaemia (estimated to affect 48% of children 5-14 years old in non-industrializing countries, globally). Schools were encouraged to undertake the following: raise awareness, give deworming tablets twice a year, provide iron/folate tablets, ensure nutritious and safe food and safe water, combine these with health education and physical activity programme, periodically monitor problems, involve teachers, students and other members of the community, and involve parents and communities. The importance of treating worms and anaemia were emphasized and several cost effective interventions were presented including: the “School Kit” for deworming, once a week iron and folate tablets, and the use of a haemoglobin colour scale was presented. In relation to underweight and nutrition, the following measures were recommended: policies on diet and physical activity, measuring weight and height, health education, nutritious food sold in canteens, healthy snacks, ban on junk foods and control of street food vendors. In order to achieve safe food and water, training of cafeteria staff, periodic assessment of food safety and disinfection of water at the point of use was recommended. Feasible, affordable and sustainable programmes could start small and expand. Primary interventions could include deworming, chlorine tablets, weekly iron/folate tablets and iodized salt. Later, initiatives on oral hygiene, healthy snacks in canteens and improved sanitation could be launched. Funding opportunities were also mentioned: revolving funds, health insurance, central government funding, developmental
partners and tobacco taxes on junk food. Steps to take would include securing a commitment from Ministries of Health and Education, conducting technical consultation with experts to design the programme, preparing national plans on interventions in schools, and having consultations with families, teachers, students and the community on priorities and sources of funds.

2.2.13 Exploring Opportunities for Partnerships in Capacity Building: Updates on Health Promotion in Australia

Mr Bernie Marshall, President of the Australian Health Promoting Schools Association and representative of the International Union for Health Promotion and Education, shared information and experiences in relation to health promotion in Australia. Success areas were identified as: tobacco control, road injury prevention, mental health promotion, sun protection and HIV-AIDS prevention. Factors contributing to the success of these programmes are multilevel interventions involving a number of sectors. Current priorities include mental health, healthy ageing, obesity prevention and workforce capacity building. The state of Victoria also has a five day short course to address workforce capacity building with a programme that makes health promotion "everyone's business".

Health promoting schools framework is well recognized in Australia with policies and documents in all states and territories. "Mindmatters" a mental health programme for secondary schools was also mentioned. Health promoting schools will be a major theme at the XVIIIth World Conference on Health Promotion and Education (IUHPE) to be held in Melbourne in April 2004. The title of the conference is Valuing Diversity, Reshaping Power: Exploring Pathways for Health and Wellbeing. Participants were encouraged to participate in the conference or to organize events around this meeting.

2.2.14 Healthy Japan 21

Dr Toshihito Katsumura, Head, WHO Collaborating Centre for Health Promotion through Research Training in Sports Medicine, Department of Preventive Medicine and Public Health, Tokyo Medical University, discussed the recent health situation in Japan and some historical aspects of the health promotion policy in Japan.

He presented the "First Health Promotion Programme." The fundamental focus of the programme was to encourage lifelong health promotion through improvement of lifestyle, including diet, exercise and stress management, with a special focus on nutrition. Basic principles of the programme were to establish a structure and standardize a format for health examinations and health education, as well as to provide an infrastructure for health promotion. To this effect, municipalities set up health promotion centres and established human resources for health promotion.

To address these concerns, the "National Health Promotion Programme in the 21st Century (Healthy Japan 21)" was initiated by the national government in 2000. "Healthy Japan 21's" fundamental goal is to realize a society in which everyone can enjoy a healthy and active life, focusing on achieving changes in individual behaviour. To comprehensively enhance the health of the population, it is focusing on decreasing premature death and prolonging a healthy active life, and extending the period of a lifespan that is free of suffering from dementia and physical disabilities. The goals of "Healthy Japan 21" programme have been outlined to nine specific points: nutrition, physical activity, mental health and stress management, smoking, alcohol intake, dental health, diabetes, cardiovascular disease and cancer. Health promotion
education is being disseminated by the establishment of suitable administration and relevant organizations that can reach the public through various means, such as through the media, municipal and private facilities and volunteer organizations. A framework has been established including medical institutions, social health organizations, private health facilities and athletic clubs. Both the public and private sectors are actively involved by organizing community and school activities, sports events and meetings and health related seminars.

2.2.15 Promoting Healthy Lifestyle Among Students in Singapore

Mrs Cheong-Lim Lee Yee, Senior Health Promotion Executive, School Health Promotion Department, Health Promotion Board, Singapore, shared the experiences on healthy lifestyle interventions for students in Singapore. The problems of increased sedentary lifestyle and increased unhealthy eating behaviours, both resulting in increase in obesity was mentioned. The strategies for promoting healthy lifestyles among students included: school curriculum, school-based and other health education activities, the trim and fit (TAF) programme, supportive environments, recognition and incentives, intersectoral collaboration and supportive health services. Various tools and materials used to implement these strategies were shared including: school curriculum materials e.g. "Heart Health", "Fit for Life"; health fairs; healthy lifestyle proficiency badges; educational materials; and the "Health Zone" educational centre with interactive learning sites for children.

The details of the TAF programme were also shared. These included parental involvement, weekly exercise sessions, talks on health and fitness, exhibitions, special days (e.g. fruit eating), nationwide events such as the ACES Day (all children exercising simultaneously), monitoring of weight and height twice a year, annual physical fitness test, resource development and support by the health promotion board, encouraging tuckshop vendors to sell fresh fruits and use healthier cooking methods, introducing a green labeling system, restricting the frequency of deep fried food sale, regulating soft drink sales, setting up on water coolers, and providing exercise equipment and facilities for students. Examples of incentives were also presented. The role of the Health Promotion Board in supporting both school and community action was identified: The impact of the programme showed an increase in physical fitness passing rates from 57.8% to 80.3% and obesity prevalence decline from 14% to 10% from 1992 to 2001 respectively. Lessons learned included: (1) broad policy guidelines are included to allow for flexibility in implementation; (2) the programme should be integrated into the existing school system and be comprehensive in reaching out to various stakeholders; (3) the messages to the youth should be to youth consistent with the messages to adults; (4) the whole school approach should be applied; (5) measurements should be standardized; (6) strong support in terms of funds, manpower and supportive policies is needed; and (7) teachers should be provided with periodic training and updates. It was underscored that a comprehensive school programme supported by action at the community level can have a positive impact on youths' obesity and physical activity.

2.2.16 Presentation of the World Health Report 2002: "Reducing Risks, Promoting Healthy Life"

Dr Alan D. Lopez, Head, Epidemiology and Burden of Disease Unit, WHO Headquarters, Geneva, presented the World Health Report 2002: "Reducing Risks, Promoting Healthy Life". Definitions of risks and the importance of reducing risks were discussed. The process for developing the report was also presented. Based on the report, the 10 leading risk factors are underweight, unsafe sex, high blood pressure, tobacco consumption, alcohol
consumption, unsafe water, sanitation and hygiene, iron deficiency, indoor smoke from solid fuels, high cholesterol and obesity. Diet-related risk factors and physical activity [high blood pressure, cholesterol, overweight, low fruit and vegetable intake and physical inactivity] were discussed in relation to data on the Western Pacific Region. The importance of population-wide strategies for prevention and promotion was emphasized.

2.2.17 Workshop: Presentation on Emerging Perspectives on Capacity-Building for Health Promotion

Based on the technical presentations and discussions, six areas for capacity building were identified:

1. Strategic partnerships for health and education
2. Strategic partnerships for health promotion and good governance
3. Leadership and mentoring in health promotion
4. Health promotion infrastructure and financing arrangements
5. Communication campaigns for the general public and internal marketing of health promotion to the health sector
6. Strengthening capacities to (1) undertake burden of disease studies for health promotion programme development and; (2) evaluate effectiveness of health promotion in developing countries.

Participants were asked to join any group that would be of interest to them. Guide questions are provided in Annex 7.

Results of Group A-1: Strategic partnerships for health and education

The group identified nine priority risks to school age children and youth and discussed the top five in greater depth. These included Nutrition (over and under), alcohol and tobacco, environmental safety, illegal drugs and mental health. Details of the discussions are presented in Annex 8. A number of issues were identified that cut across the priority risks:

- Pre-service and in-service education for teachers and nurses is critical if effective action is to be taken
- Actions should match policies
- Teachers need to be role models
- Strategic partners (parents, teachers, teachers unions, media, nongovernmental organizations, churches, local businesses, the children themselves, etc) need to be linked
- Closer links between health and education sector at all levels is critical
- Capacity to lobby with legislators needs to be enhanced
• Capacity to work in teams across different backgrounds, and develop skills in team-building and conflict resolution is needed.

Recommended regional initiatives to support capacity-building in relation to priority risks among school children:

1. There should be workshops of health and education personnel to review the current situation and to work towards uniform policy approaches to these risks to young people’s health. Such meetings should occur within and among countries.

2. There is a need for a health promoting schools regional network.

3. There is a need to recognize sub-regional differences for example between the Pacific Islands and the Southeast Asian nations.

4. There is a need to review existing policies and their implementation.

5. A number of good initiatives are currently underway in the Region, but it is hard to get information on what other countries are doing. Mentoring is an important aspect of shared learning.

6. WHO is in a powerful position to lobby for health promoting school policies, practices and programmes.

7. WHO should facilitate international exchanges and attachment programmes to increase the capacity of individual countries to take effective action in relation to school health.

8. WHO should be in the forefront of lobbying for change. The WHO Regional Office for the Western Pacific and individual WHO Representatives are in a position to link with other organizations (the United Nations Children’s Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO), World Bank etc.) to create a climate where national governments make a commitment to closer links between the health and education sectors to develop coordinated and effective action for school health.

9. There should be a regional meeting specifically addressing health promoting schools. This should include whole region and sub-regional sessions. This meeting could be organized to link with the IUHPE World Conference on Health Promotion and Education in Melbourne 2004, so that country teams are able to attend the conference without additional travel costs.

10. There should be a region-wide survey of current policies, programmes, implementation and effectiveness in relation to school health. This survey should also address issues of team work, both within and across ministries.

Recommended action at the country level:

1. Each country should conduct an appropriate situational analysis to map current risks, policies and programmes, intersectoral links and priorities in their country.

2. WHO should provide technical assistance to countries to undertake their situational analysis.
3. Formal meetings between the Ministries of Education and Health in each country should be made a priority, with the aim of being able to have the two ministers meet face to face.

4. The WHO Regional Office for the Western Pacific should nominate WHO Representatives as the lead person to coordinate action across a range of international agencies aimed at bringing Ministries of Health and Education into a committed and closer working relationship.

**Results of Group A-2: Strategic partnerships to integrate health promotion and good governance**

The group identified seven barriers and strategies to overcome these barriers. Details are provided in Annex 9.

<table>
<thead>
<tr>
<th>Barriers to linking health promotion to good governance at local levels</th>
<th>Strategies to overcome these barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funds (financial means and funding mechanisms)</td>
<td>Involve the private sector and engage in partnerships</td>
</tr>
<tr>
<td>Limited access to national funds</td>
<td>Develop innovative funding mechanisms</td>
</tr>
<tr>
<td>Managerial weaknesses (planning and management skills)</td>
<td>Training</td>
</tr>
<tr>
<td>No access to health promotion information (knowledge and awareness)</td>
<td>Awareness-building</td>
</tr>
<tr>
<td>1. decision-makers</td>
<td>Improve information flow for local officials and the general public</td>
</tr>
<tr>
<td>2. role of local chief executives</td>
<td>Media to highlight risk factors and to emphasize the importance of protecting and promoting health</td>
</tr>
<tr>
<td>Dynamics of local politics (different platforms of government)</td>
<td>Advocate to league associations</td>
</tr>
<tr>
<td></td>
<td>Develop results-based initiatives (need to show improvement quickly, opportunities to go to the communities)</td>
</tr>
</tbody>
</table>

*Recommended regional mechanisms to support strategic partnerships for health promotion and good governance:*

1. Information sharing among different countries and local governments

2. Meeting of parliamentarians and local chief executives (e.g. mayors, governors)

3. Address common high risk factors (e.g. tobacco- "smoking"; alcohol- "excessive drinking", physical activity and healthy diet through passing and enforcing local ordinances and national policies as well as through social marketing*
4. Establish/strengthen mental health promotion programmes with the youth and in workplaces

5. Exchange visits between cities

6. Develop a regional network/forum on health promotion (e.g. regional network of healthy cities, new "body")

7. Recognition/awards/systems to provide incentives for good work.

8. Link with other regional networks on local government and media

9. Develop sustainable financing

   Mechanisms for network activities:

   - use existing networks
   - create a new mechanism (e.g. membership contribution)
   - "fund-raising" for supplementary resource requirements.

Results of Group B: Leadership and mentoring in health promotion

The group used the "mind-mapping" process to describe their concepts and understanding of leadership and mentoring. Details are presented in Annex 10. The group then identified the following challenges for leadership in health promotion within Ministries of Health:

1. Integrating health promotion in health care delivery
2. Refocusing health care from curative to promotion
3. Changing people's health seeking behaviour
4. Health sector reform
5. Establishing linkages among stakeholders
6. Developing human resource development skills
7. Changing mindsets in order to take risks.

New skills and competencies needed to deal with these new challenges are:

1. Research skills
2. Leadership skills in politics
3. Strategic/scenario planning skills
4. Creating skills versus problem-based solving
5. Community mobilization skills

6. Networking/advocacy/influencing skills (to establish linkages among stakeholders and develop a shared vision)

7. Legislation and law enforcement skills

8. Resource allocation skills (to ensure equity for the poor, marginalized and vulnerable groups)


Key features/characteristics of a training programme that would allow health promotion leaders to upgrade their skills without disrupting their regular duties:

Five principles

1. Train in place

2. Apply knowledge and skills into practice

3. Focus around group projects

4. Relevant to local systems/issues

5. Priority for leaders to be trained

Other features:

A leadership/mentoring programme for health promotion should be a combination of:

- Formal training of health professionals in universities and institutes
- Training of trainers
- Continuing education
- Open or distance learning
- Higher degree training
- Overseas short courses (visits WHO Regional office for the Western Pacific – led regional template for in-service leadership/mentoring programme at national level).

Recommendations for a regional agenda in leadership/mentoring for health promotion:

1. Build on existing training resources

2. Work through training centres in the Region

3. Coordinate sponsorships
Other recommendations:

1. A leadership/mentoring programme should resolve health promotion issues at the local level through training, skills, involvement of a critical mass of stakeholders, shared vision, and implementation of health promotion strategies and actions.

2. Certification for this programme should indicate the types of skills that are acquired.

Results of Group C: Health promotion infrastructure and financing

The group identified the following challenges to sustainable financing for health promotion programmes and activities. Details of the discussions are presented in Annex II.

1. Achieving sustainable level of funding
2. Inadequate level of funding
3. Low economic base to mobilize resources
4. Lack of coordination among different agencies
5. Weak understanding of value of health, commitment and shared responsibility.

The following strategies were identified to address these challenges:

1. Put health care financing on the political agenda and at higher levels of policy development
   - Assess the financial implications of declared health policies
   - Provide information on health spending patterns and cost effectiveness of health promotion programmes
2. Increase the allocation and spending from traditional sources of financing:
   - Identify health promotion settings, components and related costs
   - Establish regular budgets for health promotion
   - Integrate health promotion into other health projects
   - Increase external investments for health promotion
3. Explore new sources of funding
   - Health insurance
   - Link with social security programmes
   - Introduce "sin" taxes on products harmful to health
   - Support individual and community initiatives such as health promotion foundations
- Encourage business and corporations to fund HP initiatives

4. Increase capacity building at country level:

- Establish core (centre) of expertise to support and facilitate shared understanding of key issues on health promotion financing, focus on priority setting, resource allocation and coordination

- Support various forms of advocacy.

**Key players and their roles in health promotion infrastructure and financing:**

<table>
<thead>
<tr>
<th>Parliamentarians</th>
<th>Strong advocacy, legislation, health planning and budget approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government agencies</td>
<td>Intensification of health promotion component and government initiatives and formation of an expert committee to monitor and evaluate integrated health promotion activities. Ministry of Health should take the lead role.</td>
</tr>
<tr>
<td>International agencies</td>
<td>Provide evidence, information and influence policy</td>
</tr>
<tr>
<td>Donors</td>
<td>Provide sustainable support e.g. to meet of the United Nations targets</td>
</tr>
<tr>
<td>Society at large</td>
<td>Recognize and mobilize resources of employers, churches, women's groups, different types of nongovernmental organizations, individuals</td>
</tr>
</tbody>
</table>

**Types of regional activities that could support sharing information on experiences in health promotion financing:**

- Develop mechanisms for countries to collaborate with existing networks -- such as the Health Promotion Foundation Network.

- Develop a regional network for health promotion financing and health systems development expertise -- research, information sharing and skills development.

- Review country experiences in health promotion, health sector development and financing, share information and publish findings.

- Set-up working group (including WHO Headquarters, Geneva) to develop agreed framework for health promotion financing development, monitoring and evaluation.

Preparatory work needed at the country level to ensure a rich exchange of information on health promotion financing:

- Organize national meeting/seminar or event on health promotion financing issues involving all government ministers.
• Increase capacity of Ministry of Health staff in health care financing, financial planning and budgeting.

• No additional policy recommendations unless financial resources and methods are identified.

Recommended "ideal" partner institutions in determining health promotion financing arrangements at the country level:

• Ministry of Health (driver)
• Treasury/finance department
• Department of economic affairs and planning
• Bureau of statistics
• Schools of economics
• Health insurance agencies
• External funding agencies and donors
• Champions

Strategies for engaging partners in collaborative work:

• Write "in-country" discussion or policy papers on health care financing issues and make recommendations.

• Set-up intersectoral committee.

• WHO Regional Office for the Western Pacific to provide technical support.

• Run a seminar on key issues.

• Develop a health promotion national programme that would involve all key players and funders.

Strategies for linking health sector reform initiatives and health promotion financing at the regional level:

• Educate politicians and government officials as to what are the essential services a government should provide (access and equity).

• Develop good governance mechanisms (decentralization, privatization).

• Health promotion staff should get involved in integrated service planning at all levels (increase efficiency).
• Ensure prepayment mechanisms and reduce out-of-pocket expenditures (mobilize more resources).

**Results of Group D: Communication campaigns for the general public and internal marketing of health promotion to the health sector**

The group identified the following major communication challenges for health promotion. Details of discussions are provided in Annex 12.

1. Financial constraints
2. Focus shift from curative to preventive
3. Coordination of fragmented activities
4. How to reach target groups effectively considering:
   - Different cultures and beliefs
   - Literacy levels and languages
5. Political awareness
6. Integrated campaign developments
7. Improvement in the capacity of health communicators and media
8. WHO impact on the media networks

**Opportunities where health promotion could be more visible:**

- Regular health promotion briefings – should involve print and broadcast media and could feature the Minister of Health, programme managers, nongovernmental organizations, sports personalities, media personalities, community leaders or ordinary people from all walks of life.

- Special days for different age groups – could be utilized to highlight health promotion. These days could be related to important dates for national health organizations or United Nations themes. In addition to mass media, traditional and popular media such as theatre, drama and competitions could be used.

- Local communication networks
- Child-to-child communication programmes
- Peer communication programmes
- Entertainment
- Sports
- Recognition programmes/awarding ceremonies for healthy settings
• Merchandising/branding of healthy products

Media educators, schools of mass communication and media networks can support health promotion efforts by including health promotion on the training curriculum.

Recommended regional activities to involve the media in health promotion efforts at country level:

• Subregional workshops and training courses for key players in media and health promotion

• Formulation of health promotion workshops

• WHO to have direct access to media networks via liaison offices (WHO appointed)

• WHO to provide technical assistance to support member states and agencies

• WHO to support study tours

• WHO to support conferences to share experiences

Recommended regional activities to support "internal marketing" of health promotion within the health sector:

1. Include health promotion in the curriculum of medical schools

2. Develop materials specific to the medical community

3. Develop training courses for health professionals in health promotion

4. Work with other international agencies

5. Develop an awareness campaign for the legal profession.

Results of Group E: Evaluating the effectiveness of health promotion

The group identified the following constraints and limitations in determining the effectiveness and efficiency of health promotion as well as the impact of health promotion on burden of disease at the country level. Details of discussions are provided in Annex 13.
**Political factor**  
Politicians are mainly interested in quantifiable short-term outcomes. Health promotion outcomes are too long-term for their consideration.

<table>
<thead>
<tr>
<th>Government and constitution</th>
<th>National and local government may not have the same health priorities. Local governments do not need to report to national government and vice-versa.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding</td>
<td>No designated budget for health promotion SMALL BUDGET</td>
</tr>
</tbody>
</table>

**Management factor**  
Lack of central coordination for health promotion programmes  
Lack of health promotion awareness among policymakers. Health promotion is a new concept and not practiced widely.  
Lack of advocacy at national level  
Lack of information and knowledge of health evaluation among decision-makers, e.g. burden of disease and health promotion effectiveness

| Lack of skills | Do not know how to evaluate health promotion programmes  
Do not know what data to report for the evaluation of health promotion programmes  
Do not know what existing data can be used to assess effectiveness of health promotion programmes |

Recommended strategies to address the constraints and limitations:

1. Sell health promotion intermediate outcomes to funders.
2. Use evidence to convince policymakers and advocate for health promotion programmes.
3. Evidence-based research:
   - collect local data when implementing health programmes adopted from overseas
   - establish surveillance systems on healthy lifestyles data to track changes in determinants of health over time
   - document, evaluate and disseminate health promotion interventions to develop an evidence-based database in the Region
- Integrate health promotion in all government services

4. Evaluation should be an integral part of health promotion and start in the planning of health promotion interventions

5. Training of policymakers and health promotion practitioners
   - Training should be delivered in stages to address various skills required for health promotion evaluation.

6. Seek support from other sectors

7. Identify/engage stakeholders in evaluation

8. Have flexible approach and consider cultural issues

9. Have legislative support for health promotion programmes

10. Generate media advocacy for health promotion.

Recommended regional activities to support capacity-building in evaluating effectiveness and undertaking burden of disease studies:

1. Workshops
   - WHO to hold inter-country and sub-regional workshops to facilitate exchange of health promotion experiences.
   - Promote workshops to policymakers and health promotion practitioners.
   - WHO to support each country to hold a local workshop once a year. Support includes funding, training, equipment and expertise. Each country will define the terms of reference of the workshop.
   - Workshops to include resolutions and follow-up activities.

2. Training
   - WHO to use the "training of trainers" approach to evaluate skill of country members.
   - WHO to provide study tours and overseas training.
   - WHO to produce training modules for country members use.
   - WHO to produce a manual on health promotion evaluation including case studies to reinforce application.

3. Consult WHO and other country members with experience in evaluation to plan and manage health promotion evaluation.

4. Performance indicators
• WHO to develop a set of performance indicators in consultation with country members. Performance indicators must be relevant to health promotion interventions and common across projects

• They may relate to health promotion activities or determinants of health

• WHO and country members to set-up information systems for the monitoring and reporting

• WHO request/require country members to report on health promotion effectiveness and impact on burden of disease as part of funding requirements

• WHO to develop an awards system to encourage and recognize best practice in health promotion

• WHO to produce a report on health promotion programmes of all countries in the region

• Information, education, and communication (IEC) process and skills training

• Annual publication of health programme from the Western Pacific Region.
2.2.18 Country-specific work plans

The participants regrouped by country and ranked the areas for capacity-building according to priority. The top three areas per country were as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Health and education</th>
<th>Local governance</th>
<th>Leadership</th>
<th>Health financing and infrastructure</th>
<th>Communication</th>
<th>Evaluating effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMBODIA</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHINA</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FIJI</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>LAO PEOPLE’S DEMOCRATIC REPUBLIC</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALAYSIA</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>FEDERATED STATES OF MICRONESIA</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>MONGOLIA</td>
<td></td>
<td></td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>PAPUA NEW GUINEA</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PHILIPPINES</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAMOA</td>
<td>1</td>
<td>2</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIET NAM</td>
<td></td>
<td>5</td>
<td>1</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>
2.2.19 Workshop 3: Group Presentation

Each country prepared a plan of action to conduct follow-up activities in relation to capacity-building for health promotion. All presentations described included social mobilization, advocacy and health education in their plans of action. Details of the country plans of action are provided in Annex 14.

3. CONCLUSIONS

1. The participants agreed on six areas that would constitute the regional agenda for capacity building in health promotion:
   - Strategic partnerships for health and education
   - Strategic partnerships for health promotion and good governance
   - Leadership and mentoring in health promotion
   - Health promotion infrastructure and financing
   - Communication
   - Evaluating the effectiveness of health promotion and determining the burden of disease.

2. Within these six areas, the cross-cutting strategies emerged:
   - Building on the experiences of healthy settings
   - Organizing or strengthening regional and sub-regional mechanisms for sharing of experiences
   - Involving of other sectors in the planning, implementation and evaluation phases of capacity-building for health promotion
   - "Standardizing" of health promotion programme tools for planning, implementation and evaluation (e.g. developing common performance indicators, financing arrangements and operational guidelines at the beginning of programmes and projects)
   - Linking health promotion to health systems development at all levels and aligning health promotion goals to national health and development goals
   - Developing innovative ways of "supporting" good practices
• Supporting research and generation of information and evidence to support policy and programmes.

3. Participants agreed that country level action and recommended actions for WHO could be integrated in the WHO plans for 2004-2005.

4. Participants agreed that 2003 would be a "transition" period where preparatory work such as feedback, consultations and sharing of the results of the workshop and the Regional Framework for Health Promotion 2002-2005 would be conducted at national level in preparation for integrated, comprehensive and strategic health promotion capacity-building activities for 2004-2005.

WHO encouraged countries to develop proposals for follow-up activities to share results of the workshop and provide feedback to relevant stakeholders and partners.
LIST OF PARTICIPANTS, TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT

1. PARTICIPANTS

CAMBODIA

Dr Leng Kuoy, Chief of Health Promotion Unit
National Center for Health Promotion, Ministry of Health
162 Preah Sihanouk Blvd., Beung Keng Kang I, Chamkarmorn
Phnom Penh.
Tel No.: 855 11 857592 Fax No.: 855 23 213608
Email: lengkuoy@hotmail.com

Dr Chhouv Kongphally, Chief of Health Promotion Department
Municipal Health Department, Ministry of Health
No. 198 Street 1919, Sangkat Phnom Penh Thmey
Khan Russey Keo, Phnom Penh.
Tel No.: 855 12 680004/855 12821550

Dr Kunthearith Yang, Vice Chief of the Technical Office
School Health Department, Ministry of Education, Youth and Sports
169 Norodom Blvd., Phnom Penh.
Tel No.: 855 12 905800 Email: kunthearith@hotmail.com

CHINA

Dr Li Xinhua, Director, Division of Health Education and Health Promotion, Department of Community Health and MCH
Ministry of Health, 1 Xizhimenwai Nanlu, Beijing 100044
Tel No.: 86 10 68792323 Fax No.: 86 10 68792323
Email: lixh@chsi3.moh.gov.ca

Dr Hou Peisen, Director, National Institute for Health Education China CDC, Building 12, Block 1, Anhuaxili,
Aidingmenwai, Beijing 100011
Tel No.: 86 10 64248519 Fax No.: 86 10 64250667

Ms Wang Jianmei, Programme Officer
Department of International Cooperation, Ministry of Health
1 Xizhimenwai Nanlu, Beijing 100044
Tel No.: 86 10 68792390 Fax No.: 86 10 68792416

Dr Gan Xingfa, Deputy Director
WHO Collaborating Center for Health Education and Promotion
Building B, Lane 358, Jiaozhou Road, Shanghai 200040
Tel No.: 86 21 52284122 Fax No.: 86 21 52282943

FLII

Ms Pansy Shereen Singh, Senior Education Officer (Health)
Curriculum Development Unit, Ministry of Education
Marela House, Suva
Tel No.: 330 6077 Fax No.: 330 5953

Dr Frances Bingwor, Acting Subdivisional Medical Officer
Nadroga/Navosa, Dinem House, Toorak Box 13, Sigatoka
Tel No.: 679 6500 455 Fax No.: 679 652 0577
Email: fbingwor@hotmail.com
Annex 1

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Ms Adi Nanise V.T. Vucago, Administration Officer (Health Promotion Officer), National Centre for Health Promotion, Ministry of Health, Box 2223, Government Bldg., Suva
Tel No.: 332 0844 Fax No.: 332 0746

Dr Kharranaphone Phandounangy, Medical Officer, Health Promotion Division, Healthy Cities Secretariat, Hygiene and Prevention Department, Ministry of Health, Vientiane
Telefax: 856 21 214010

Dr Viengvilay Chamhavong, Chief, Primary Health Care Team Member of Healthy City Project, Department of Health, Vientiane Municipality
Tel No.: 856 21 215228/020 507339

MALAYSIA

Ms Melyann Mallarme, Youth Coordinator/First Aid and CPR Trainer, Micronesia Red Cross Society, P.O. Box 2405, Kolonia, Pohnpei
Tel No.: 691 320 7077 Fax No.: 691 320 6531
Email: mrcs@mail.fm

Mr William Eperiam, National Health Promoting School/Youth Coordinator, Department of Health, Education and Social Affairs, P.O. Box 110, Palikir, Pohnpei
Tel No.: 691 320 2619 Fax No.: 691 320 5263
Email: fsmhealth@mail.fm

Mr Sathith Ourhdhanny, Ministry of Education Staff, General Education Officer, (Senior Technical Official), Department of General Education, Ministry of Education, P.O. Box 67, Vientiane
Telefax: 856 21 25 0946

Mr Abdul Wahid bin Abdullah, Senior Education Supervisor, Schools Division, Ministry of Education, 5th Floor, Block J South, Damansara Town Centre, 50604 Kuala Lumpur
Tel No.: 603 20983322 Fax No.: 603 20949151

Mr Edmund Ewe Thean Teik, Special Projects Officer, Malaysian Health Foundation, Office of the Deputy Director General of Health, Ministry of Health, Block B, Health Offices Complex, Jalan Cenderasari, 50590 Kuala Lumpur
Tel No.: 603 77253329 Fax No.: 603 26946503
Email: eeteik@hotmail.com

Mr Syed Zainal Abidin B. Syed Haron, Senior Public Health Inspector, Department of Local Government, Ministry of Housing and Local Government, Block K, Level 4, Damansara Town Centre, 50782 Kuala Lumpur
Tel No.: 603 20992447 Fax No.: 603 20948996
Email: szainal@KPKT.gov.my
Annex 1

MONGOLIA
Dr Dalkhjaviltin Oyunchimeg, Head, Public Health Department
Ministry of Health, Olympic Street-2, Ulaanbaatar
Tel No.: 976 11 323578  Email: oyunchimeg@moh.mng.net

Ms Menkhee Oyunchimeg, TV Commentator and Editor-in-Chief
English Edition, Mongolian National News Agency
UB-11, Box 365, Ulaanbaatar
Tel No.: 99117321730077 Email: mmagency@mon.com

Dr Sandui Erdenetsetseg, Lecturer, State Pedagogical University
Post Office-49, p/b-534, Ulaanbaatar
Tel No.: 998758991456756

PAPUA NEW GUINEA
Mr Judah Brian Iparam, Principal Advisor, Multi Media
Department of Health, P.O. Box 807, Waigani, NCD
Tel No.: +675 3013745  Fax No.: +675 3013742

Mr Brian Muraba Tieba, Principal Curriculum Adviser, Teacher
Education, Chairperson, Health Promoting Schools
Department of Education, P.O. Box 946, Waigani, NCD
Tel No.: 657 3013569  Fax No.: 657 3252008
Email: Brian_Tieba@education.gov.pg

Mrs Mauri Isaac, Senior Health Promotion Officer
National Capital District Commission, Health Division
Department of Health, P.O. Box 7270, Boroko, NCD
Tel No.: 3240700  Fax No.: 3233194

PHILIPPINES
Dr Ivanhoe Escartin, Chief, Health Promotion Division
National Center for Health Promotion, Department of Health
San Lazaro Compound, Sta. Cruz, Manila
Tel No.: 632 743 8301 loc. 2801  Fax No.: 632 711 6305
Email: docescartin@yahoo.com

Ms Thelma G. Santos, Director, School Health and Nutrition Center
Department of Education, Meralco Avenue, Pasig City 1600
Telefax: 632 633 7245  Email: thelmasantosHNC@yahoo.com

Mr Rainier Allan Ronda, Reporter, Philippine Star
Roberto Oca corner Railroad Streets, Port Area, Manila
Tel No.: 632 527 2497/632 527 2384  Mobile: 0917 8437767
Email: rainierronda@yahoo.com

SAMOA
Mr Ioane John Scoifo, Assistant Director, Programs, News and
Presentation, National Broadcasting Service, Radio ZAP,
P.O. Box 1868, Mulimiu
Tel No.: 20 468/26-967  Email: 2ap@samoawws

Mr Agaseata Livi Tanuvasa, Principal Education Officer
Chairman, H.P.S. in Samoa, H.P.S. in Samoa, Education Department
P.O. Box 1869, Apia
Tel No.: 0685 23347  Fax No.: 0685 21917
Annex 1

Ms Ualesi Silva: Principal Health Promotion Services
Health Department, P.O. Box 1869, Apia
Tel No.: 685 21212 Fax No.: 685 21440
Email: Ualesi-s@hotmail.com

VIETNAM, SOCIALIST REPUBLIC OF

Dr Le Thi Song Huong, Deputy Director
Centre of Preventive Medicine in Hai Phong, Hai Phong Health Department, 21 Le Dai Hanh St., Hai Phong
Tel No.: 84 31821084

Dr Le Thi Thu Hien, MD, MPH, National Expert
Department of Preventive Medicine, Ministry of Health
138A Giang Vo, Ha Noi
Tel No.: 844 8464416 ext 413 Fax No.: 844 8460507
Email: le_thu_hien@yahoo.com

Dr Le Thi Kim Dung, Expert on School Health
Ministry of Education and Training, 49 Dai Co Viet, Ha Noi
Tel No.: 844 8694029 Fax No.: 844 8694029

2. TEMPORARY ADVISERS

Mayor Ma. Lourdes Fernando, Marikina City Hall, Sta. Elena, Marikina City, Philippines
Tel No.: 632 646 1634 Fax No.: 632 6465277 Email: mayormcf@mozo.com.ph

Mr Shiv Khare, Executive Director AFPPD and Executive Coordinator of the International Forum of Parliamentarians, c/o AFPPD, C-9 Phayathai Plaza, Ratchheoi, Bangkok 10400, Thailand
Tel: 66 2 219 2903 Fax No.: 66 2 219 2905 Email: afppd@net.co.th

Professor Vivian Lin, Head of School, School of Public Health, La Trobe University Bundoora, VIC 3083, Australia
Tel No.: +61 3 9479 1717 Mobile: +61 418 505 378 Fax No.: +61 3 9479 1783 Email: V.Lin@latrobe.edu.au

Benjamin V. Lozare, Ph.D., Associate Director and Chief of Training and Performance Improvement Division, Center for Communications Programs, Johns Hopkins University 111 Market Place, Suite 310, Baltimore, Maryland 21202, U.S.A.
Tel No.: 410 659 6300 Fax No.: 410 659 6266

3. OBSERVERS/REPRESENTATIVES

ASEAN SECRETARIAT

Mr Thongphane Savaphet, Senior Office, Social Development Unit Bureau of Functional Cooperation, 70A, Jl. Sisingamangaraja Jakarta 12110, Indonesia
Tel No.: +62 21 7243372/7262991 ext. 386 Fax No.: +62 21 7398234/7243504 Email: savaphet@aseansec.org
## Annex 1

| DEPARTMENT OF HEALTH HKSARG | Dr Regina Ching, Assistant Director (Personal Health Services)  
21/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong  
Tel No.: 852 2396 8891  Fax No.: 852 2373 0646  
Email: regina.ching@dh.gov.hk |  
|---|---|  
| Ms Paula Cheng, Head, Central Health Education Unit  
7th Floor, Southorn Centre, 130 Hennessy Road, Wanchai, Hong Kong  
Tel No.: 852 2835 1822  Fax No.: 852 2591 6127  
Email: headhp@dh.gov.hk |  
| HEALTH PROMOTION BOARD | Mrs Cheong-Lim Lee Yee, Senior Health Promotion Executive  
School Health Promotion Department, School Health Service  
3 Second Hospital Avenue, Singapore 168937  
Tel No.: 643 53706  Fax No.: 638 88226  
Email: cheong.lim.lee.yee@hpb.gov.sg |  
| INTERNATIONAL UNION FOR HEALTH PROMOTION AND EDUCATION (IUHPE) | Mr Bernie Marshall, President of the Australian Health Promoting School Association, Senior Lecturer, Health Promotion  
School of Health Sciences, Deakin University, Burwood, VIC 3125 Australia  
Tel No.: 61 3 9244 6822  Fax No.: 61 3 9244 6017  
Email: marshall@deakin.edu.au |  
| PHILIPPINE DAILY INQUIRER | Ms Rina Jimenez David, Journalist, Mascardo cor Yague Sta, Chino Roces Avenue, Makati City, Philippines  
Tel No.: 632 897 8808  Fax No.: 632 897 4793 |  
| PHILIPPINE HEALTH INSURANCE CORP. | Ms Virginia V. Sarmiento, Project Evaluation Officer IV  
Foreign Assistance Coordinating Office (FACO), 17 Floor,  
City State Centre, Shaw Blvd., Ormambo, Pasig City, Philippines  
Tel No.: 637 9999 |  
| THAI HEALTH PROMOTION FOUNDATION | Ms Bungon Ritthiphakdee, Director of Special Programs  
979/22 Floor 15, S.M. Tower, Paholyothin Road, Phayathai, Bangkok 10400, Thailand  
Tel No.: 66 2 2980500 ext 1210  Fax No.: 66 2 2980501  
Email: bung-on@thaihealth.or.th |  
| | Sarintip Chansila, 979/22 S.M. Tower Flr., 15 Paholyothin Road  
Samson Nai, Phayathai, Bangkok, 10400, Thailand  
Tel No.: 66 2298 0500  Fax No.: 66 2298 0505  
Email: sarumon@thaihealth.or.th |
### Annex 1

#### THE URBAN GOVERNANCE INITIATIVE

<table>
<thead>
<tr>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| Tokyo Medical University | Ms Saira Shameen, Programme Specialist  
Capacity Building and Project Development, P.O. Box 12544  
50782 Kuala Lumpur, Malaysia  
Tel No.: 603 255 9122  
Fax No.: 603 253 2361  
Email: saira.shameen@undp.org |
| University of the Philippines | Dr Toshihito Katsumura, WHO Collaborating Centre for Health Promotion through Research Training in Sports Medicine  
Department of Preventive Medicine and Public Health  
Tokyo, Japan  
Tel No.: 813 5379 4339  
Fax No.: 813 3226 5277  
Email: kats@tokyo-med.ac.jp |
| University of the Philippines | Professor Buenalyn Ramos, Assistant Professor  
Department of Health Education and Health Promotion  
College of Public Health, University of the Philippines  
625 Pedro Gil, Manila, Philippines  
Tel No.: 632 524 2703 / 632 522 3519 |
| Victorian Health Promotion Foundation | Ms Yvonne Robinson, Ground Floor, 15-31 Pelham Street  
Carlton, South VIC, Australia  
Tel No.: 03 9667 1333  
Fax No. 03 9667 1375 |

#### MAYORS OF THE PHILIPPINES

<table>
<thead>
<tr>
<th>City</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valencia City</td>
<td>Mayor Jose Galario</td>
</tr>
<tr>
<td>Bukidnon</td>
<td>Mayor Nancy Bandala</td>
</tr>
<tr>
<td>Iloilo City</td>
<td>Mayor Jerry Trenas</td>
</tr>
<tr>
<td>Dagupan City</td>
<td>Acting Mayor Alipio Fernandez III</td>
</tr>
<tr>
<td>San Fernando, La Union City</td>
<td>Dr Eduardo Posadas</td>
</tr>
<tr>
<td>Valenzuela City</td>
<td>Mrs Lina Tantay</td>
</tr>
</tbody>
</table>

### 4. SECRETARIAT

Dr Linda L. Milan, Director, Building Healthy Communities and Populations  
WHO Regional Office for the Western Pacific, Manila, Philippines.  
Telephone: (632) 528 9851  
Facsimile: (632) 521 1036, 521 0279  
E-mail address: milanl@wpro.who.int

Dr Susan Mercado (Responsible Officer), Acting Regional Adviser in Health Promotion,  
WHO Regional Office for the Western Pacific, Manila, Philippines.  
Telephone: (632) 528 9854  
Facsimile: (632) 526 0279, 521 1036  
E-mail address: mercedes@wpro.who.int
Annex 1

Dr Hisashi Ogawa (Co-responsible Officer), Regional Adviser in Environmental Health, WHO Regional Office for the Western Pacific, Manila, Philippines. Telephone: (632) 528 9886 Facsimile: (632) 526 0279, 521 1036 E-mail address: ogawah@wpro.who.int

Dr Soo Nyum-U, Scientist, WHO Regional Office for the Western Pacific, Manila, Philippines. Telephone: (632) 528 9831 Facsimile: (632) 526 0279, 521 1036 E-mail address: nyunus@wpro.who.int

Dr L. Tomasso Cavalli-Sforza, Regional Adviser in Nutrition and Food Safety, WHO Regional Office for the Western Pacific, Manila, Philippines. Telephone: (632) 528 9864 Facsimile: (632) 521 1036, 526 0279 E-mail address: cavalli-sforza@wpro.who.int

Dr Pang Ruyan, Regional Adviser in Reproductive Health, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9876 Facsimile: (632) 521 1036, 526 0279 E-mail address: pangr@wpro.who.int

Dr Harley Stanton, Scientist, Tobacco Free Initiative, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9894 Facsimile: (632) 521 1036, 526 0279 E-mail address: stantons@wpro.who.int

Ms Kathy Fritsch, Regional Adviser in Nursing, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9804 Facsimile: (632) 521 1036, 526 0279 E-mail address: fritschk@wpro.who.int

Mr Russell Abrams, Acting Regional Adviser in Environmental Health, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9890 Facsimile: (632) 521 1036, 526 0279 E-mail address: abramsrr@wpro.who.int

Dr Lourdes Ignacio, Short-term Professional, Mental Health, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9851 Facsimile: (632) 521 1036, 526 0279 E-mail address: ignaciol@wpro.who.int

Mr Dorjsuren Bayarsaikhan, Technical Officer, Health Care Financing, WHO Regional Office for the Western Pacific, Manila, Philippines. Telephone: (632) 528 9808 Facsimile: (632) 521 1036, 526 0279 E-mail: bayarsaikhand@wpro.who.int

Dr Marjolein Jacobs, Short-term Professional, Health Systems Development, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 9820 Facsimile: (632) 521 1036, 526 0279 Email: jacobsm@wpro.who.int

Ms Carol Beaver, Short-Term Professional, Health Care Financing, WHO Regional Office for the Western Pacific Region, Manila, Philippines. Telephone: (632) 528 8001 Facsimile: (632) 521 1036 E-mail address: beaverc@wpro.who.int

Mr Steve Tampin, WHO Representative, World Health Organization, Kuala Lumpur, Malaysia Telephone: (603) 20939908, 20939908 Facsimile: (603) 20937446 E-mail address: tampins@maa.wpro.who.int

Dr Yogendra Pradhananga, Health Education/Promotion Specialist, World Health Organization Boroko NCD, Papua New Guinea Telephone: (675) 301 3740 Facsimile: (675) 325 0568 E-mail address: pradhanganay@png.wpro.who.int
Annex 1

Ms Margaret Sheehan, Health Promotion Specialist, World Health Organization, Ha Noi, Viet Nam. Telephone: (844) 943 7734, 943 3735 Facsimile: (844) 943 3740 E-mail address: sheehanm@vtn.wpro.who.int

Dr Allan D. Lopez, Assessing Health Needs: Epidemiology and Burden of Disease (EBD), World Health Organization, Geneva, Switzerland. Telephone: (41-22) 791 2111 Facsimile: (41-22) 791 3111 E-mail address: lopezad@who.int

Dr Desmond O'Byrne, Leader, National and Community Programmes (NCP), Department of Noncommunicable Disease, Prevention and Health Promotion (NPH), World Health Organization, Geneva, Switzerland. Telephone: (41-22) 791 2578 Facsimile: (41-22) 791 4186 Email address: obyrne@who.int

Mr Chuck Gollmar, Group Leader for School Health and Youth Health Promotion (SHP), World Health Organization, Geneva, Switzerland. Telephone: (41-22) 791 4932 Facsimile: (41-22) 791 7186 E-mail address: gollmarch@who.int
ANNEX 2

PROGRAMME

1. Opening Ceremony

2. Introduction to the Workshop (objectives, programme of activities)

3. Country Reports:
   a) Cambodia
   b) China
   c) Fiji
   d) Lao People's Democratic Republic
   e) Malaysia
   f) Micronesia, Federated States of
   g) Mongolia
   h) Papua New Guinea
   i) Philippines
   j) Samoa
   k) Viet Nam

4. Issues and Challenges
   a) Overview of the Global Framework for Health Promotion
   b) Overview of the Regional Framework for Health Promotion
   c) Presentation of Review of Effectiveness of Environment and Lifestyle Change in Health Promotion in Developing Countries

5. Capacity Building to Improve Effectiveness of Health Promotion
   a) Review of Health Promotion Financing Arrangements and Case Studies on Burden of Diseases as the Basis for Health Promotion Planning
   b) Strategic Communication and Leadership Development
   c) Ensuring Sustainability of Health Promotion
   d) Advocacy for Health Promotion Policy: What Legislators Want to hear

6. Strategic Partnerships for Health Promotion
   a) WHO's Global School Health Initiative: A Global Effort to Help Schools become "Health-promoting Schools"
   b) Practical Tips for Working with Journalists for Health Promotion
   c) Innovations in Good Governance - Towards Health Promotion in Cities
   d) The Role of Local Officials in Health Promotion in Developing Countries


8. Introduction to the Workshop: Presentation on Emerging Perspective on Capacity-Building for Health Promotion

9. Workshop 1: Regional Agenda for Capacity-Building

10. Plenary: Presentation of Results of Workshop 1

11. Workshop 2: Preparation of Country-Specific Work Plans

12. Workshop 3: Group Presentations on Workshop 2

13. Closing Ceremony
# Tentative Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday, 5 November</th>
<th>Wednesday, 6 November</th>
<th>Thursday, 7 November</th>
<th>Friday, 8 November</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800</td>
<td>Registration</td>
<td>0830</td>
<td>0830</td>
<td>0830</td>
</tr>
<tr>
<td>0830</td>
<td>to 1000</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1000</td>
<td>Opening Ceremony</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1030</td>
<td>Introduction to the Workshop (objectives, programme of activities)</td>
<td>1030</td>
<td>1030</td>
<td>1030</td>
</tr>
<tr>
<td>1100</td>
<td>to 1200</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1100</td>
<td>Country reports</td>
<td>1130</td>
<td>1130</td>
<td>1130</td>
</tr>
<tr>
<td>1200</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1200</td>
<td>Country reports (cont.)</td>
<td>1230</td>
<td>1230</td>
<td>1230</td>
</tr>
<tr>
<td>1330</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1330</td>
<td>Country reports</td>
<td>1330</td>
<td>1330</td>
<td>1330</td>
</tr>
<tr>
<td>1530</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1600</td>
<td>Country reports (cont.)</td>
<td>1600</td>
<td>1600</td>
<td>1600</td>
</tr>
<tr>
<td>1700</td>
<td>to</td>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>1700</td>
<td>RECEPTION (to be hosted by the Regional Director)</td>
<td>1800</td>
<td>1800</td>
<td>1600</td>
</tr>
<tr>
<td></td>
<td>to 2000</td>
<td>to</td>
<td>1700</td>
<td>Closing Ceremony</td>
</tr>
</tbody>
</table>

## Coffee Break

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, 6 November</th>
<th>Thursday, 7 November</th>
<th>Friday, 8 November</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1230</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1330</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1330</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1530</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Lunch Break

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, 6 November</th>
<th>Thursday, 7 November</th>
<th>Friday, 8 November</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1230</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1330</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Field Visit

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, 6 November</th>
<th>Thursday, 7 November</th>
<th>Friday, 8 November</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700</td>
<td>City of Marikina</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Special Topics

<table>
<thead>
<tr>
<th>Time</th>
<th>Wednesday, 6 November</th>
<th>Thursday, 7 November</th>
<th>Friday, 8 November</th>
</tr>
</thead>
<tbody>
<tr>
<td>1630</td>
<td>Workshop 2: Preparation of country-specific work plans (cont.)</td>
<td>1530</td>
<td>1530</td>
</tr>
</tbody>
</table>

## Workshops

- Workshop 1: Regional Agenda for Capacity-Building
- Workshop 2: Preparation of country-specific work plans
- Workshop 3: Group Presentations on Workshop 2
### ANNEX 3

**LIST OF DOCUMENTS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002/IB/1</td>
<td>Information Bulletin No. 1</td>
</tr>
<tr>
<td>2.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002/IB/2</td>
<td>Provisional List of Participants</td>
</tr>
<tr>
<td>3.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.1</td>
<td>Provisional Agenda</td>
</tr>
<tr>
<td>4.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.1(a)</td>
<td>Tentative Timetable</td>
</tr>
<tr>
<td>5.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.1(b)</td>
<td>Tentative Programme of Activities</td>
</tr>
<tr>
<td>6.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.2</td>
<td>Country Report - Cambodia</td>
</tr>
<tr>
<td>7.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.3</td>
<td>Country Report - China</td>
</tr>
<tr>
<td>8.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.4</td>
<td>Country Report - Fiji</td>
</tr>
<tr>
<td>9.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.5</td>
<td>Country Report - Lao PDR</td>
</tr>
<tr>
<td>10.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.6</td>
<td>Country Report - Malaysia</td>
</tr>
<tr>
<td>11.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.7</td>
<td>Country Report - Micronesia, Federated States of</td>
</tr>
<tr>
<td>12.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.8</td>
<td>Country Report - Mongolia</td>
</tr>
<tr>
<td>14.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.10</td>
<td>Country Report - Philippines</td>
</tr>
<tr>
<td>15.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.11</td>
<td>Country Report - Samoa</td>
</tr>
<tr>
<td>16.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.12</td>
<td>Country Report - Viet Nam</td>
</tr>
<tr>
<td>17.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.13</td>
<td>Overview of Global Framework for Health Promotion</td>
</tr>
<tr>
<td>18.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.14</td>
<td>Overview of the Regional Framework for Health Promotion</td>
</tr>
<tr>
<td>19.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.15</td>
<td>Presentation of Review of Effectiveness of Environment Lifestyle Change in Health Promotion in Developing Countries</td>
</tr>
<tr>
<td>20.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.16</td>
<td>Review of Health Promotion Financing Arrangements and Case Studies on Burden of Disease as the Basis for Health Promotion Planning</td>
</tr>
<tr>
<td>21.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.17</td>
<td>Strategic Communication and Leadership Development</td>
</tr>
<tr>
<td>22.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.18</td>
<td>Ensuring Sustainability of Health Promotion I: The ThaiHealth Experience</td>
</tr>
<tr>
<td>23.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.19</td>
<td>Ensuring Sustainability of Health Promotion II: The VicHealth Experience</td>
</tr>
<tr>
<td>24.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.20</td>
<td>Advocacy for Health Promotion: What Legislators Want to Hear</td>
</tr>
<tr>
<td>25.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.21</td>
<td>The Global School Health Initiative: How to Make Schools &quot;Health Promoting Schools&quot;</td>
</tr>
<tr>
<td>26.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.22</td>
<td>Practical Tips for Working with Journalists for Health Promotion</td>
</tr>
<tr>
<td>27.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.23</td>
<td>Innovation in Good Governance, Towards Health Promotion in Cities</td>
</tr>
<tr>
<td>28.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.24</td>
<td>The Role of Local Officials in Health Promotion in Developing Countries</td>
</tr>
<tr>
<td>29.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.25</td>
<td>Achieving Good Nutrition and Food Safety in Schools</td>
</tr>
<tr>
<td>30.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.26</td>
<td>Exploring Opportunities for Partnerships in Capacity Building: Updates on Health Promotion in Australia</td>
</tr>
<tr>
<td>31.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.27</td>
<td>Healthy Japan 21</td>
</tr>
<tr>
<td>32.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002.27</td>
<td>Promoting Healthy Lifestyle Among Students in Singapore</td>
</tr>
<tr>
<td>33.</td>
<td>WPR/ICP/HSE/2.3/001/HPR(1)2002/INF/1</td>
<td>List of Documents</td>
</tr>
</tbody>
</table>
Guidelines for Preparing Country Reports
and Other Pre-Conference Matters
for the Participants to the Workshop on Capacity Building for Health Promotion
November 5-8, 2002, Manila

Background Information

Introduction

Modernization, urbanization, industrialization, environmental degradation, the globalisation of
markets and telecommunications, and a changing demographic profile have had a profound influence
on the social, political and cultural milieu of the Region in recent years. Correspondingly, these
changes have had a significant impact on health. Health promotion as a process, a strategy and an
approach to enable individuals and communities to take charge of conditions and circumstances that
contribute to ill health, has emerged as an effective framework to address the broad determinants of
health.

In the Western Pacific Region, health promotion has contributed to improvements in health
status and quality of life in specific localities. The ability to initiate health promotion activities at local
levels has been demonstrated. The next step is to improve effectiveness and scale-up what has been
learned to reach a greater number of people. However, unlike other health interventions, scaling up
health promotion to reach a critical mass of people cannot be done by the health sector alone. Scaling
up will involve strategic partnerships with stakeholders outside of the health sector e.g. (Ministries of
Education, media, legislators, local officials, non-government organisations, community groups etc.).
Specifically, the role of Ministries of Education in scaling up health-promoting schools need to be
redefined and supported. Healthy settings need to be linked to other mechanisms for addressing broad
determinants of health i.e. quality improvement, urban governance and social development. Innovative
methods for financing and mobilizing resources for health promotion also need to be explored.

This meeting is proposed to share experiences on the effectiveness of programs, scaling up
health promotion through strategic partnerships specifically with Ministries of Education, and
identifying areas for capacity-building and resourcing to ensure sustainability of health promotion at
regional and country level.

Title

The title of the meeting is: Workshop on Capacity-Building for Health Promotion.

Objectives

At the end of the workshop, the participants will have:

1. reviewed experiences on health promotion, specifically health promoting schools and effective
   strategies to scale up health promoting schools in partnership with Ministries of Education;

2. identified issues and challenges for health promotion based on a regional framework for health
   promotion;
Annex 4

3. prepared country plans of action for capacity-building for health promotion 2003-2005;

Annex 4

4. prepared a regional agenda and action plan for capacity-building and resourcing for health promotion for 2003-2005;

PREPARATORY NOTES FOR PARTICIPANTS

1. Guidelines for Preparing Country Reports

On Day 1 of the workshop, 20 minutes will be allotted for participants to present a country report on a special topic of interest. Fifteen minutes are allocated for presentations and 5 minutes for questions and answers.

A draft version of the Regional Framework for Health Promotion (Appendix # 1) is provided to participants as a reference for developing the country report. The finalized document will be provided at the meeting. Participants are encouraged to work on the presentation as a team in preparation for the workshop proper. A discussion on the role of the focal person in health promotion from the Ministry of Health is found in the document.

Specific topics are recommended per country to ensure variety in presentations and to maximize opportunities for discussing three actions of health promotion: social mobilization, advocacy and health education. These topics are attached as "Recommended Topics for Country Reports" (Appendix 2).

The country report should contain a brief background on the subject matter but should focus on the role of health promotion catalysts in social mobilization, advocacy and health education. Video support, photographs and other forms of audio-visual presentations are encouraged. "Guide Questions for Preparation of the Country Report" are attached (Appendix 3).

2. Validation of Country Profiles on Health Promoting Schools

Country profiles on health-promoting schools for the participating Member States have been prepared for validation (Appendix # 4).

Please review the content of these, update and fill-in the gaps as needed as this will be the basis for the country-level planning on Day 4 of the workshop. The corrected document should be submitted to the Secretariat with government clearance for publication (Appendix # 5) upon registration on November 5, 2002.

3. Health Promotion Financing Arrangement Profiles

On Day 5, a workshop on Health Promotion Infrastructure and Financing will be conducted. At this workshop, a summary of health promotion financing arrangements profiles will be presented for discussion. In preparation for this workshop, it is requested that the participants fill up the "Health Promotion Financing Arrangement Profile Form" (Appendix 6) and send this to the Health Promotion Unit, WHO Western Pacific Regional Office on or before October 25, 2002 by fax at (632) 526-0279/521-1036 or email to mercadas@wpro.who.int

4. Country Exhibits on Health Promotion

An exhibit area will be available for delegations who may want to showcase photos, publications, health promotion materials or other paraphernalia. For those who are interested, participating countries are requested to submit the Exhibit Survey Form (Appendix #7) on October 25, 2002.
### SUMMARY OF PRE-CONFERENCE REQUIREMENTS

<table>
<thead>
<tr>
<th>What</th>
<th>Action / Reference</th>
<th>Date Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Country Report on Health Promotion</td>
<td>Prepare 15 minute presentation, preferably with audio-visual support (transparencies, powerpoint, slides or video)</td>
<td>November 5, 2002</td>
</tr>
<tr>
<td></td>
<td>References: Regional Framework for Health Promotion (Appendix 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recommended Topics for Country Reports (Appendix 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guide Questions for Preparation of Country Reports (Appendix 3)</td>
<td></td>
</tr>
<tr>
<td>2. Country Profiles on Health Promoting Schools</td>
<td>Review and validate country profiles on health promoting schools; attach government concurrence</td>
<td>November 5, 2002</td>
</tr>
<tr>
<td></td>
<td>References: Country Profiles on Health Promoting Schools (Appendix 4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Template for government concurrence (Appendix 5)</td>
<td></td>
</tr>
<tr>
<td>3. Health Promotion Financing Arrangements Profiles</td>
<td>Fill up form and send by fax to WHO, WPRO</td>
<td>October 25, 2002</td>
</tr>
<tr>
<td></td>
<td>References: Health Promotion Financing Arrangement Profile Form (Appendix 6)</td>
<td></td>
</tr>
<tr>
<td>4. Country Exhibits on Health Promotion</td>
<td>Fill up form and send by fax or email to WHO, WPRO</td>
<td>October 25, 2002</td>
</tr>
<tr>
<td></td>
<td>References: Survey form on country exhibits (Appendix 7)</td>
<td></td>
</tr>
</tbody>
</table>

**References:**
- Regional Framework for Health Promotion (Appendix 1)
- Recommended Topics for Country Reports (Appendix 2)
- Guide Questions for Preparation of Country Reports (Appendix 3)
- Country Profiles on Health Promoting Schools (Appendix 4)
- Template for government concurrence (Appendix 5)
- Health Promotion Financing Arrangement Profile Form (Appendix 6)
- Survey form on country exhibits (Appendix 7)

Workshop on Capacity-Building for Health Promotion  
November 5-8, 2002  
The Peninsula Manila  
World Health Organization  
Western Pacific Regional Office
APPENDIX 1

REGIONAL FRAMEWORK FOR HEALTH PROMOTION

APPENDIX 2

RECOMMENDED TOPICS
FOR COUNTRY REPORTS:

CAMBODIA - Smoking cessation and cyclo drivers
CHINA - Health-promoting schools in Zhejiang province
FIJI - Helminth control and health-promoting schools
LAO PEOPLE'S DEMOCRATIC REPUBLIC - Partnership with the Ministry of Education in health-promoting schools
MALAYSIA - Scaling up Healthy Cities
MICRONESIA - Health promoting schools and lifestyle education
MONGOLIA - Curriculum development for health-promoting schools
PAPUA NEW GUINEA - Advocacy and social mobilization for national policy on health promotion
PHILIPPINES - Health-promoting hospitals, children at risk and extended child care
SAMOA - The role of the Ministry of Education and the Ministry of Health in mental health promotion and violence prevention
VIET NAM - Social mobilization and advocacy for adolescent health and development

APPENDIX 3

Guidelines for Preparation of Country Reports

The following questions may serve as a guide for preparation of the report:

1. How and why was this health promotion activity/project initiated?
2. Who were the "target" beneficiaries, and have they moved from being passive beneficiaries to active participants in health promotion?
3. What was the role of the health promotion focal point in the Ministry of Health in initiating this process? What were the challenges and how were they overcome?
4. What are the issues and concerns in relation to sustaining this health promotion effort?
5. What are the lessons learned from this health promotion initiative?
6. Has there been an opportunity to link this (#5) to developments within the entire health system such as health sector reform?
7. What are the key issues in intersectoral collaboration and how can they be addressed?
8. What would be the role of WHO in capacity-building to sustain, expand or scale-up similar initiatives?

Workshop on Capacity-Building for Health Promotion
November 5-8, 2002
The Peninsula Manila
World Health Organization
Western Pacific Regional Office
Dear Dr. Mercado,

Attached please find a revised copy of the Country Profile on Health Promoting Schools that we have reviewed and updated.

Permission is granted to include this in the workshop report you will publish.

Thank you.

Yours sincerely,

(Name/signature/designation of Ministry of Health official)

APPENDIX 6
HEALTH PROMOTION FINANCING ARRANGEMENTS PROFILE

Profile Aim
The aim of this survey is to provide information to inform Phase 1 of a project of the WHO Regional Office for the Western Pacific to assist countries with building capacity for health promotion. More specifically, to determine whether it is possible to develop an agreed framework for identifying and measuring financial and expenditure flows for health promotion.

Several countries in the Western Pacific Region are included in this endeavor. The information provided will be collated and presented at the Workshop on Capacity-Building for Health Promotion in November 2002.

Profile Objective
To provide information on discrete health promotion activities and sources of funds.

Rationale
Accurate and reliable information is essential for informing sound decision-making with regard to current and future policy development, resource allocation and provision of health promotion activities.

Health Promotion as a Financial (Cost) Object
The objective of financial (cost) accounting is to measure as accurately as possible the source and use of resources associated with a particular division, district, agencies, programme or health problem -
Annex 4

Often called the cost object. Generally the more specific the cost object the more complex the methodology.

Health promotion is the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health. Health promotion strategies can include skill development, community and organizational development, mutual support, environmental change, legislation, public policy advocacy, information, education and social action. To undertake a review of health promotion financing/expenditure from the perspective of health promotion as a "process" would be complex and costly.

To separate health promotion as a unique category is not considered appropriate by health promotion advocates, as it is a core function of healthcare service delivery—whether at the population or individual client level. However, if we are to determine health promotion related financial and expenditure flows—we must place ‘boundaries’ around health promotion ‘financial/cost objects’ and define what it is we wish to measure.

As indicated in the aim above, this profile form is designed to assist in this design process and specifically—if possible—to develop an agreed framework for identifying and measuring financial and expenditure flows for health promotion.

Thank you for your valued assistance.
<table>
<thead>
<tr>
<th>Health Promotion Cost Objects</th>
<th>Amount and source of financing (Please indicate the estimated expenditure per year by source, in each box)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOBACCO CONTROL</strong></td>
<td></td>
</tr>
<tr>
<td>School-based education programmes</td>
<td></td>
</tr>
<tr>
<td>Community-based education and campaigns</td>
<td></td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td></td>
</tr>
<tr>
<td>Policy formulation</td>
<td></td>
</tr>
<tr>
<td>Advocacy for legislation</td>
<td></td>
</tr>
<tr>
<td>Intersectoral collaboration and interagency work</td>
<td></td>
</tr>
<tr>
<td>Hospital-based Smoking cessation programme</td>
<td></td>
</tr>
<tr>
<td>Special programmes for adolescents</td>
<td></td>
</tr>
<tr>
<td>Smoke-free workplaces</td>
<td></td>
</tr>
<tr>
<td>Others, please specify</td>
<td></td>
</tr>
<tr>
<td><strong>NUTRITION, FOOD SAFETY, FOOD QUALITY</strong></td>
<td></td>
</tr>
<tr>
<td>National obesity control programme</td>
<td></td>
</tr>
<tr>
<td>School-based education programmes</td>
<td></td>
</tr>
<tr>
<td>Diet and weight loss programmes</td>
<td></td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td></td>
</tr>
<tr>
<td>Advocacy for food fortification</td>
<td></td>
</tr>
<tr>
<td>Intersectoral collaboration and interagency work</td>
<td></td>
</tr>
<tr>
<td>Social mobilization for food fortification</td>
<td></td>
</tr>
<tr>
<td>Advocacy and policy development for food labelling</td>
<td></td>
</tr>
<tr>
<td>Advocacy and policy for food safety</td>
<td></td>
</tr>
<tr>
<td>Healthy Marketplaces</td>
<td></td>
</tr>
<tr>
<td>Special programmes for adolescents</td>
<td></td>
</tr>
<tr>
<td>Special programmes for older persons</td>
<td></td>
</tr>
<tr>
<td>Special programmes for pregnant and lactating women</td>
<td></td>
</tr>
<tr>
<td>Others, please specify</td>
<td></td>
</tr>
</tbody>
</table>
## Annex 4

### Health Promotion Cost Objects

<table>
<thead>
<tr>
<th>Activity and Exercise</th>
<th>Amount and source of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National</strong></td>
<td><strong>Local/state</strong></td>
</tr>
<tr>
<td><strong>Out-of-pocket</strong></td>
<td><strong>Social insurance</strong></td>
</tr>
<tr>
<td><strong>Private insurance</strong></td>
<td><strong>Business /Corporate</strong></td>
</tr>
<tr>
<td><strong>Donors</strong></td>
<td><strong>NGOs</strong></td>
</tr>
<tr>
<td><strong>Others, please specify</strong></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICAL ACTIVITY AND EXERCISE**

- School-based physical activity promotion programmes
- Community-based physical activity promotion programmes
- Workplace-based physical activity promotion programmes
- Fitness and exercise sessions /gym-based programmes
- Advocacy for policy on physical activity and exercise
- Intersectoral collaboration and interagency work
- Physical activity and Healthy Cities/Islands/Villages
- Special programmes for older persons
- Special programmes for disabled
- Special programmes for adolescents
- Others, please specify

---

### Health Promotion Cost Objects

**FAMILY PLANNING**

- School-based educational programmes
- Community-based educational programmes
- Hospital-based educational programmes
- Health centre-based educational programmes
- Advocacy for policy
- Mass media campaigns
- Special programmes for adolescents
- Social mobilization
- Others, please specify

(Please indicate the estimated expenditure per year by source, in each box)
### Health Promotion Cost Objects

<table>
<thead>
<tr>
<th>SUBSTANCE ABUSE PREVENTION</th>
<th>National</th>
<th>Local/state</th>
<th>Out-of-pocket</th>
<th>Social</th>
<th>Private</th>
<th>Business /Corporate</th>
<th>Donors</th>
<th>NGOs</th>
<th>Others, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rehabilitation programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy and policy formulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special programmes for adolescents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special programmes on alcohol abuse prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intersectoral collaboration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social mobilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Health Promotion Cost Objects

<table>
<thead>
<tr>
<th>MENTAL HEALTH PROMOTION</th>
<th>National</th>
<th>Local/state</th>
<th>Out-of-pocket</th>
<th>Social</th>
<th>Private</th>
<th>Business /Corporate</th>
<th>Donors</th>
<th>NGOs</th>
<th>Others, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-based educational programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy and policy formulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intersectoral collaboration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social mobilization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex 4

Health Promotion Cost Objects

### DOMESTIC VIOLENCE PREVENTION

<table>
<thead>
<tr>
<th>Object</th>
<th>Amount and source of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based educational programmes</td>
<td>(Please indicate the estimated expenditure per year by source, in each box)</td>
</tr>
<tr>
<td>Workplace-based educational programmes</td>
<td>National govt budget</td>
</tr>
<tr>
<td>Community-based educational programmes</td>
<td>Local/state budget</td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td>Out-of-pocket</td>
</tr>
<tr>
<td>Hospital-based educational programmes</td>
<td>Social insurance</td>
</tr>
<tr>
<td>Advocacy for policy formulation</td>
<td>Private insurance</td>
</tr>
<tr>
<td>Intersectoral collaboration and interagency work</td>
<td>Business/Corporate</td>
</tr>
<tr>
<td>Social mobilization</td>
<td>Donors</td>
</tr>
<tr>
<td>Others, please specify</td>
<td>NGOs</td>
</tr>
</tbody>
</table>

### INJURY PREVENTION

<table>
<thead>
<tr>
<th>Object</th>
<th>Amount and source of financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-based educational programmes</td>
<td>(Please indicate the estimated expenditure per year by source, in each box)</td>
</tr>
<tr>
<td>Workplace-based educational programmes</td>
<td>National govt budget</td>
</tr>
<tr>
<td>Community-based educational programmes</td>
<td>Local/state budget</td>
</tr>
<tr>
<td>Hospital-based educational programmes</td>
<td>Out-of-pocket</td>
</tr>
<tr>
<td>Special programmes for youth and adolescents</td>
<td>Social insurance</td>
</tr>
<tr>
<td>Mass media campaigns</td>
<td>Private insurance</td>
</tr>
<tr>
<td>Social mobilization</td>
<td>Business/Corporate</td>
</tr>
<tr>
<td>Advocacy for policy formulation</td>
<td>Donors</td>
</tr>
<tr>
<td>Intersectoral collaboration and interagency work</td>
<td>NGOs</td>
</tr>
<tr>
<td>Others, please specify</td>
<td>Others, please specify</td>
</tr>
</tbody>
</table>
APPENDIX 7

SURVEY FORM ON COUNTRY EXHIBITS

Member State

Participants: ____________________________________ __

We will bring materials for the exhibit

☐ Yes

☐ No

Materials will include: (please specify size and number)

☐ Posters

☐ Books and Publications

☐ Photo exhibit

☐ Videos

☐ Others, please specify ____________________________________

Special requests, if any (i.e. additional panels, extra tables, etc):

________________________________________


Workshop on Capacity-Building for Health Promotion
November 5-8, 2002
The Peninsula Manila
World Health Organization
Western Pacific Regional Office
Good morning.

My message this morning simply put is that "Health promotion works!"

But despite this, we need to work harder with other sectors in order to overcome barriers to changes that are needed to make health promotion work for more people.

There are five key barriers that I think we should overcome to achieve this.

First, we need to overcome short-sightedness. People generally have short time horizons. Many believe that the fruits of prevention seem to appear only after many years of effort.

Secondly, the media sometimes appear to have different interests than health promotion. They prefer to report dramatic events. They will report on a disease outbreak or a human-interest story, such as a child with cancer being cured. Such stories highlight curative aspects of medicine, create a demand for technology and support the so-called "infrastructure mentality". Health promotion can easily get lost. It is easier to report on ten people who get a rare disease than it is to report on thousands of cases of a common disease that have been prevented.

Thirdly, the relations of health promotion with industry can be an area of controversy. The tobacco industry promotes and sells a product that is the greatest single preventable cause of death and disease in the world. In other areas of industry, we need a much more sophisticated understanding of effective health promotion. The food industry, for example, provides millions with secure foods, yet also markets foods rich in fats, sugar and salt.

Fourthly, we also need to look at our health systems. Clinicians save thousands of lives in emergencies, cure infections, and allow people to survive dramatic episodes of certain illnesses. Yet, on occasion, the interests of clinical medicine may seem inconsistent with health promotion. Generally speaking, clinicians are more interested to provide diagnostic and therapeutic services than prevention. In some health systems, the rewards are associated more with curative interventions than with preventive services.

Fifth, we are faced with a rapidly shifting context for health promotion. Trade and communications span national boundaries. We buy similar products, and adopt similar cultural values, across the world. More and more of us are moving into cities to take advantage of educational and employment opportunities that are often unavailable in rural areas. The role of government is changing, and often declining. The role of market forces is growing.

To overcome these barriers, three core strategies come to mind:

The first strategy is the obvious one we associate with health promotion: communication. We need to help people become more "health literate", knowledgeable about health, valuing health, skilled in the protection of their own health. We need to identify segments of the population who are making unhealthy choices. We should design messages that they understand and respond to, including the use of role models that they will listen to. We need to understand how media operates.

However, communication alone is not sufficient. We need a second strategy, one that provides for environmental support. Every message for behaviour change must have a corresponding action to make that change possible. This means we need to make the settings where people live, work, and play, to be more
supportive of health. If we recommend non-smoking, we must provide smoke-free places. If we recommend non-fatty foods, then we must ensure that they are accessible at the right price. If we recommend physical activity, we need to provide safe places where people can exercise. We have to partner with politicians and with parts of industry to develop environments conducive to healthy lifestyles.

Finally, health should be promoted at every stage in life. Schools have a very critical role in teaching life skills and in creating environments that allow children and youth to choose healthy lifestyles and acquire healthy habits. The education sector and the health sector must share in this responsibility. Partnerships between health promotion and clinical practice is also necessary, as the work of clinicians are organized around different stages of the life course.

Within the next few days we will launch two important documents. First, the proposed Regional Framework on Health Promotion 2003-2005, which is being presented to this body to stimulate discussion and encourage critical thinking on how we can overcome some of the barriers to scaling-up health promotion to a level where it can bring about improvements in health and quality of life for the majority. Second, is the World Health Report 2002: Reducing Risks, Promoting Healthy Life, which provides us with the latest results of burden of disease studies globally and within the region.

These two documents are complementary and in fact point to us some strategic directions that we need to take.

These will be discussed and deliberated on in depth in the next few days.

I understand that the participants for this workshop are representatives not only from the Ministries of Health, but from the Ministries of Education as well and from other sectors such as local governments, media and other partners.

For those of you who are attending a WHO workshop for the first time, we extend our gratitude for the spirit of partnership that you bring at this important meeting.

Ladies and gentlemen, we all know that health promotion is fundamental to the well being of our societies, in developed and developing countries alike. We know that it is not easy and many challenges remain. But we also know that health promotion works. We know that it is worthwhile investing our strongest efforts. We know the evidence for action.

I therefore look forward to hearing about the results of your deliberations during the next four days especially concerning specific strategic directions for action and overcoming barriers to effective health promotion.

Let us work together to make healthy choices easy, early and exciting, everywhere.

Thank you and good morning.
Summary of Country Reports

1. Cambodia

The smoking cessation and cyclo drivers project was initiated with support from WHO (Mr Greg Hallen, WHO consultant). Subsequently, in 2001, collaboration between WHO and the National Centre for Health Promotion (NCHP) began. The aim of the project is to promote smoke-free habits among cyclo drivers and the general population; and to reduce poverty among cyclo drivers by supporting self-help initiatives. To attain this goal, a number of strategic objectives have been developed such as: (1) to provide 90 volunteer cyclo drivers with support to stop smoking by giving them the opportunity to participate in a smoking cessation programme; (2) to organize anti-smoking campaigns consisting of health promotion materials on 10 cyclos for six months; (3) to give an opportunity to 10 cyclo drivers to buy the cyclos used for the campaign with an interest-free loan; and (4) to ensure the safety of the cyclos by providing safety equipment on the 10 cyclos used for the campaign and by selling spare parts at a reasonable price to the cyclo drivers who are members of the cyclo centre.

Although some outcomes have been achieved such as: (1) 84 cyclo drivers have been trained by NCHP and have spread the information to their friends and clients; (2) 55 volunteer cyclo drivers stopped smoking; (3) 10 cyclo drivers have their own cyclos; (4) two groups were organized to buy the cyclos; (5) 10 cyclos were repaired, repainted and decorated with no smoking stickers; (6) each of the 10 cyclo drivers has increased their income more than $15.00/month, but some difficulty have been faced including: (1) sometimes the payments on their locals for the cyclos are late; (2) some cyclo drivers sold their cyclo to others, when they finished the loan; and (3) some cyclo drivers relapse and start smoking again. To solve the problems, cyclo center try the best to buy cyclo credit back by giving appropriate prices and to motivate cyclo drivers to stop smoking.

2. China

According to the data of the Chinese Fifth Population Census in 2001, China's population is about 1.3 billion. Among which, more than 807 million people live in rural areas. The total school age population (including primary and secondary school) is more than 220 million. Along with the urbanization, industrialization and ageing, the patterns of diseases are changing. The health problems are becoming more closely related to environmental and lifestyle factors. The prevalence rate of diabetes has increased from 0.61% in 1980 to 3.15% in 1998, and the rate of hypertension has increased dramatically raised from 5.11% in 1959 to 15.82% in 1998. Because of the reasons mentioned above, we focused health promotion on the farmers and school age populations.

In order to improve the farmer's poor health knowledge and health care skills, a joint health promotion program for 900 million Chinese farmers was launched in 1994 by four ministries. Since 1999, seven ministries have been involved in this programme. To date, 26 video programmes in 140 health topics and six radio programmes covering 30 health topics, have been developed and distributed to more than 2000 television and radio stations at provincial, prefectural and county levels free of charge. Hundreds of thousands health booklets and posters have been distributed nationwide. In 2002, the programme was renamed to be the "National Action on Health Promotion for Hundreds of Millions of Farmers" (NAHPF), and the seven ministries issued a joint five-year plan of action. We have initiated the health promoting schools programme in 1995. Under the guidance of the WHO Regional Office for the Western Pacific, pilot schools in 18 provinces have been chosen and more than 300 middle and primary schools were awarded with "Gold," "Silver" or "Copper" Awards.

3. Fiji

The NCHP is administered under the Ministry of Health and is solely responsible for health promotion activities. The National Health Promotion Council consists of senior-level personnel, including the Permanent Secretary from each government department, members of NGOs and Statutory Bodies. The aim of this Council is to increase the outreach and effectiveness of health promotion as a fundamental strategy for attainment of the Healthy Island Vision.
The NCB has five main areas of health promotion activities which support 12 health promotion priority areas - policy, social marketing, capacity building, community development and research. The Health Promotion Communities Programme specifically targets health promotion settings and falls under the community development area.

1. to improve the conditions for good health district by district;
2. to ensure that members of the community are able to achieve their fullest health potential. As such, they are able to contribute more effectively to the social and economic development of their communities and nation as a whole; and
3. to reduce the diversion of funds for preventable diseases to community development.

The establishment of health promoting settings like health promoting villages, settlement, school, health care facilities have increased over the last three years (2000-August 2002). The criteria of establishing health promoting setting are based on the five steps - mobilizing support establishing healthy committee and training, develop community profiles, develop an action plan based from the six action areas of the Ottawa Charter (create supportive environment is divided into two - physical and social environment), implementation and evaluation. A total of 51 health promoting settings have been established - health promoting villages (21) health promoting settlement (3) health promoting school (9), health care facility (1) and training of stakeholders (18).

Also the Ministry of Education has taken the initiative of conducting health promoting school awareness programme as part of their curriculum and commitment in achieving the Healthy Island Vision. A total 0044 out of 700 primary schools have participated to date. Their proactive approach shows a number of strengths that can be utilized as entry points for establishing health promoting schools such as informed teachers and students, drug substance abuse programme, sanitation projects, policies for food and nutrition sold in school canteens and improvement of physical facilities.

There are three new initiatives been conducted that strengthen health promotion in Fiji:

* The Environmental Health Officers latest initiatives
  - 3rd review of Public Health Act Cap 111 which incorporates healthy island and school sanitation as part of the Act
  - National Environmental Action Plan which incorporates health promotion as one of the key result areas linked to the Ministry of Health Strategic Plan.
  - Lymphatic filariasis survey

4. Federated States of Micronesia

The Federated State of Micronesia is in the northwest central Pacific ocean with a landmass of 271.3 square miles and a population of 107,008 according to the 2000 population census. The Federated States of Micronesia started the health promoting schools programme in nine elementary and high schools and maintain the goal of making all schools health promoting schools. At the outset, FSM had some problems executing the program due to fear of duplication and increased workloads. Adjusting the health promoting schools programme contents into the school curricula remains a challenge. A national health promoting schools or health promotion policy is needed to effectively address this challenge. Another major barrier contributing to the slow as well as expansion of the programme is the geographic and population demographics of the country exacerbated with the financial constraints. The country has learned many lessons along the way, and is continually making adjustments for continuity and success.

There is no health promoting schools or health promotion office for the Federated States of Micronesia, although there is a need for one. Individual health, education and social services programmes conduct their own promotion efforts. However, collaboration and cooperation is very strong among the programs as well as among NGOs, and the religious sectors. The traditional sector is making headway in supporting health promotion and health promoting schools. This is evidence in Chief Epert Mikel's proclamation of 2nd June 2002, to make his village a health promotion village. Should national, state and local policies came in place, financial strategies be
established and an office of health promotion, (including health promoting schools) be instituted, all health promotion efforts will be enhanced and more effective.

5. Lao People's Democratic Republic

As health promotion is gradually becoming integrated into daily life, the health sector is being strengthened in order to better cope with new issues emerging from the health sector. Therefore the health promotion focal point should play an important role in coordinating with key partners to ensure that tasks and responsibilities are clearly defined.

Aspects of life styles are shaped, reinforced and changed by culture, traditions, social condition and norms and economic condition as well as personal family characteristics and preferences. For example, the idea of healthy lifestyles in Lao People's Democratic Republic emphasizes the "three cleans" clean eating/food, clean drinking/water, and clean living/house and environmental sanitation. This cluster of issues provides a basis for the development of other health related behaviour and more sophisticated intervention at the level of community and society. A comprehensive vision of health in the city is captured in the (Healthy Vientiane statement) which focuses on healthy people and healthy environment (such as home, schools, market and other public places). As social demographic and economic condition change in the country, the idea of healthy lifestyles creates a tension between the idea of "modern" lifestyles and "traditional" lifestyles. In particular, changing choices in food and drinks, housing, cars, work habits, forms of leisure and other types of status-oriented behaviour may be seen as inevitable but such behaviour is also associated with noncommunicable diseases such as cardiovascular diseases, cancer and diabetes.

6. Malaysia

The Ministry of Health in Malaysia has played a leading role in developing and implementing health promotion programmes in the country based on the principles and strategies advocated by WHO. Towards this end, two major health promotion programmes underway are the Healthy Lifestyle Campaign and the Healthy Settings Project. Both these programmes are holistic and comprehensive in nature involving many sectors as well as the community. Although both programmes are concerned with the creation of health, they have different focuses. The Healthy Lifestyle Campaign focuses on the socio-behavioural determinants of health by promoting the adoption of healthy lifestyles among the population, whereas the Healthy Settings Project in Malaysia is more targeted at the creation of healthy and supportive environments.

To meet the challenge of increasing prevalence of noncommunicable diseases, the Ministry of Health has been actively promoting healthy lifestyles through nationwide campaigns since 1991. The Healthy Lifestyle Campaign was carried out in two phases, with each phase extending over a period of six years. The first phase of the campaign from (1991 to 1995) was disease-based, whereas the second phase from (1997 to 2002) focused more on healthy behaviours and lifestyle rather than diseases. The second phase of the campaign is more health promotion in nature. Malaysia has already adopted the healthy settings approach as advocated by WHO. Malaysia first embarked on healthy settings in 1994 when the Healthy Cities project was started in the cities of Kuching and Johor Bahru. This project is has since been extended to almost all the cities and major towns in Malaysia so that within the first decade of the new millennium Malaysians will be able to live, study, work, play and raise their families in a healthy and conducive environment.

7. Mongolia

In 1997, the Ministry of Health and the Ministry of Science, Technology, Education and Culture (MSTEC) initiated development of primary and secondary School Health Education Programme.

The goal of the programme is to improve the population's knowledge, attitude and practice to protect their health through provision of special education in primary and secondary schools by trained teachers and through creation of a health promotive environment.
Annex 6

Strategies:

- to develop the contents and teaching methodology of health education curricula and periodically update and refine them;
- to organize active and effective health promoting IEC campaigns;
- to create an environment that facilitates the implementation of the Health Education Programme; and
- to provide support to Health Promoting Schools.

Major challenges:

- it has been a challenge to design a curriculum that is appropriate or adoptable to the desperate urban and rural lifestyle in Mongolia.
- the identification and use of appropriate terminology in Mongolia was also difficult.
- limited classroom time (reproductive health was just one of the 10 topics to be covered by the Health Education Programme: 36 hours over eight years).
- gender issues were difficult to adequately address.

Since 1999, master trainers have conducted teacher-training that resembled the training they received themselves. As of early 2002, about 300 teachers were trained according to the new curriculum.

The revised curricula was piloted (at that time schools were using the first not received curricula) and implement it. Responses from teachers and students were positive but the time allocated to the class remained a major concern. All students at the State Pedagogical University are required to take a 60-hour course on reproductive health and sex education.

Future plans:

- the development of curricula for the other topics to be taught for the students in pedagogical universities is underway;
- the development of more training materials for both teachers and students;
- the designation of a special health education programme for out-of-school children; and
- continuous education for the primary and secondary school health education teachers.

8. Papua New Guinea

The video presentation on Papua New Guinea is about the different processes: social mobilization and advocacy involved in the development of a National Policy on Health Promotion.

The video gives background information on Papua New Guinea - geography, topography, land, diversity of culture, people and the current health situation. The video also shows the processes taken - what the 10-year National Health Plan (2001-2010) cites as the basis for the policy development; the role health promotion played in the process; identifies issues and concerns to sustaining the policy development process; identify learned lessons and key issues faced with respect to inter sector collaboration, and the role of WHO.

Further, the video provides information on key partners and the degree of collaboration; the involvement of key and strategic stakeholders in the implementation; and ownership of programmes.

9. Philippines

Efforts have been made to integrate public health and health promotion within the hospital system. The hospital is given particular consideration because a large number of people work in such institutions and utilize its services. The Extended Child Care Centre is an initiative focused on children (0-10 years old) whose parent/caregiver is hospitalized for chronic/terminal illness (e.g. HIV/AIDS, Tuberculosis, Hepatitis, etc) in San Lazaro Hospital, in Manila, Philippines. The centre provides an array of nonmedical services for children to ensure stimulation, nurture and protection of the children while the sick parent is hospitalized for treatment and
the other parent is working. Furthermore it extends its services to the family and to the community outside the hospital environment.

This project recognizes the importance of partnering and the commitment of the major players for the sustainability of the project. Through a Memorandum of Agreement, the San Lazaro Hospital, Precious Jewels, Inc., the Department of Health and the WHO have defined their roles and responsibility. The centre, after programme planning and construction of infrastructure, began operations in 2002.

10. Samoa

Community nurses provide mental health services in Samoa. The nurse is responsible for the assessment of mental health cases (with specialist input by a trained psychiatrist nurse who provides treatment advice) and providing consultation and counseling services, ongoing treatment, training and support of care givers, support for people with special needs, and community information and education.

The multi-sectoral approach has proven to strengthen collaboration, communication and working in partnerships for improving the health status of Samoans.

While there are mental health and community nursing family focused services, the fact remains that there is a need for psychiatrists. The development of a National Framework for Mental Health Promotion Programmes incorporated the relevant services that are continuously offered by government organizations, non-government organizations, corporations, religious groups, sports clubs, the media and the like. These strategic partners could be effective advocates, and hence take the lead in developing appropriate activities to promote and protect the health and well being of communities.

The success of all health development programs is strengthened on the basis of the three adopting principles of Samoan way of living: cultural values, Christian values and human values. Planning for any health promotion programs has to take great considerations of these values as changes may impact the lifestyle and the way of living of our communities.

11. Viet Nam

The Government of Viet Nam has more recently recognized that youth are at the vortex of social change and are exposed to unprecedented pressures as well as opportunities. As a result, a number of activities have been initiated, including adolescent health policy development, capacity building, life skills, health promoting schools, peer education programmes, youth participation forums, advocacy activities and mass media campaigns. Social mobilization has been an important tool in raising the profile of adolescent health and development (ADHD) as has inter-sectoral government/United Nations donor and private sector partnerships.

While partly a natural progression of economic reform in Viet Nam, some key strategies/mobilizing factors have clearly contributed to the success in raising the ADHD agenda and profile. One catalyst for change has been the championing of adolescent needs by key individuals including media personalities, leaders from the youth union and committed and driven policy makers. The role of coaches or mentors has been to work with or along side less experienced, often young personnel to provide models, build their advocacy skills, share theories and the evidence and "how to" in moving ADHD forward. These coaches have included key trainers from the Ministries of Health and Education, technical advisors especially from WHO and UNICEF, key experts and academics, and experienced trainers from large organizations, such as from the youth union and women’s union. Securing resources to lobby key policy makers including the development of pamphlets, youth specific public events, translation of international key documents into Vietnamese has also been important. Finally the combination of these activities have also led to increased interest, demand and resources for dedicated adolescent research including the first ever National Adolescent Survey which will provide baseline data. This process is still in the early stages, requiring dedicated support from government, United Nations organizations and donors.
Workshop on Capacity Building for Health Promotion
5-8 November 2002
Manila Mandarin, Makati City, Philippines

ANNEX 7

Working Group A-1: Strategic partnerships for health and education

SITUATION ANALYSIS

Guide Questions:
1. Based on the presentations and the draft country profiles on health-promoting schools, what are the priority risks in relation to lifestyle among the school age population?
2. What health promotion actions have been shown to be most effective in addressing these risks?
3. What capacities need to be developed within the Ministries of Health and Ministries of Education at the country level to ensure a stronger partnership for ensuring effective health promotion in schools?
4. What would be the role of other strategic partners (local governments, media, nongovernmental organizations) in an initiative to scale-up health promoting schools and reduce health risks among children and youth through school-based interventions?

<table>
<thead>
<tr>
<th>Priority risks</th>
<th>Effective interventions</th>
<th>Capacities that need to be built</th>
<th>Role of other strategic partners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>MOH</td>
<td>MOE</td>
</tr>
</tbody>
</table>

DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning several activities to support strengthening partnerships between the health and education ministries. The primary objective is:

To develop regional guidelines on school health policies to reduce priority risks to children and youth and promote healthy lifestyles.

Guide Questions:
1. What specific regional activities within the next two years could accelerate the development of school health policies at national levels to improve the lifestyles of children and youth?
2. What type of preparatory work would be needed at the country level to enrich a regional activity?

Working Group A-2: Health promotion and good governance

SITUATION ANALYSIS

Guide Questions:
1. Based on the presentations, what are the barriers to linking health promotion to good governance at local levels?
2. What strategies would help overcome these barriers at the country level?

<table>
<thead>
<tr>
<th>Barriers to linking health promotion to good governance at local levels</th>
<th>Strategies to overcome these barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning several activities to support health promotion as part of good governance. The primary objective is:

To establish linkages with regional networks on local governments and advocate for the inclusion of health promotion as criteria for best practice in governance.

Guide Questions:
1. What specific regional mechanisms can be used to advocate for health promotion linked to good governance?
2. What strategies could be done at the regional level to scale-up health promotion as part of good governance?

Working Group B: Leadership and mentoring in health promotion

SITUATION ANALYSIS

Guide Questions:
1. What are the new challenges for leadership in health promotion units/divisions within Ministries of Health?
2. What types of leadership competencies and skills are needed to deal with these new challenges?
3. What type of training would allow health promotion leaders to upgrade their skills without disruption of their regular duties?

TABULATION FORM

Challenges for health promotion units/divisions | New skills and competencies needed | Features of a training programme that would not disrupt implementation of current programmes
---|---|---

DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning a series of activities to support the strengthening of leadership for health promotion at the country level. The primary objective is:

To develop an inter-country template for an in-service health promotion leadership/mentoring programme at the national level in selected countries.

Guide Questions:
1. What kind of learning environment could maximize sharing of experiences and interaction among health promotion leaders in developed and developing countries?
2. Who would be in the best position to develop a regional leadership/mentoring programme for health promotion?
3. How can a regional leadership training programme directly support the resolution of specific health promotion problems at a national level?
4. What type of certification for a regional leadership training would be most attractive to countries?
Workshop on Capacity Building for Health Promotion
5-8 November 2002
Manila Mandarin, Mekati City, Philippines

Annex 7

Working Group C: Health promotion infrastructure and financing arrangements

SITUATION ANALYSIS

Guide Questions:
1. Based on the presentations and the country profiles on health promotion financing arrangements, what are the challenges to sustainable financing for health promotion programmes and activities?
2. What strategies would best address these challenges?
3. What is the role of the Ministry of Health in this process? Who are the other players and what would their roles be?

TABULATION FORM

<table>
<thead>
<tr>
<th>Challenges to sustainable financing for health promotion</th>
<th>Strategies to best address the challenges</th>
<th>Role of Ministry of Health/ Role of other players</th>
</tr>
</thead>
</table>

DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning several activities to support strengthening of the infrastructure for health promotion. The primary objective is:

To address health promotion financing issues in countries, (specifically those that are undergoing health sector reform) and provide policy and programme options through research, policy development and advocacy.

Guide Questions:
1. What type of regional activity could support sharing of information on experiences in health promotion financing? How could information on the use of tobacco taxes for health promotion be effectively disseminated? How could experiences on health promotion foundations be shared to a wider regional audience?
2. What type of preparations would be needed at the country level to ensure a rich exchange of information on health promotion financing?
3. Who would be ideal partner institutions in determining health promotion financing arrangements at the country level? What would be a good way to engage these partner institutions in collaborative work?
4. How can health promotion financing be linked to efforts in health sector reform initiatives at the regional level?

Working Group D: Communication campaigns for the general public and internal marketing of health promotion to the health sector

SITUATION ANALYSIS

Guide Questions:
1. What are the major communication challenges for health promotion?
2. Identify specific opportunities (events, organizations, networks) where health promotion would be more visible to communicators.
3. How can media educators, schools of mass communications and media networks support health promotion efforts?

Health Promotion: Making health choices early, easy and exciting... everywhere.
DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning several activities to strengthen marketing of health promotion to the general public and to the health sector. The primary objective is:

To increase the awareness of health promotion and render it visible to various audiences in general, and to specifically develop marketing strategies targeting the health sector.

Guide Questions:
1. What type of regional activities would strengthen efforts to involve the media in health promotion at country level?
2. What type of regional activities would best support "internal marketing" of health promotion to the health sector?
3. Cite specific activities that would increase the visibility of health promotion to the general public at regional and country levels?

Working Group E: Health Promotion Effectiveness and Programme Development

SITUATION ANALYSIS

Guide Questions:
1. What are the current constraints and limitations to determining effectiveness and efficiency of health promotion in developing countries? What are the constraints to determining the impact of health promotion on burden of disease at country level?
2. What strategies would help developing countries address these constraints and limitations?
3. What would be the role of WHO Collaborating Centres in building capacity to evaluate the effectiveness of health promotion in developing countries?

TABULATION FORM

<table>
<thead>
<tr>
<th>Current constraints and limitations</th>
<th>Strategies to overcome these constraints and limitations</th>
<th>The proposed role of WHO Collaborating Centres for Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEVELOPING A REGIONAL AGENDA

The WHO Regional Office for the Western Pacific is planning several activities to build capacity for evaluating the effectiveness of health promotion specifically in developing countries. The primary objectives are:

1) to develop a consortium of academic institutions in developed and developing countries with capacity to evaluate health promotion programmes; and

2) to develop the capacity to determine burden of disease at country levels and to use this as the basis for planning and implementation of health promotion programmes.

Guide Questions
1. What would be the criteria for selecting national institutions that could evaluate health promotion effectiveness at country level?
2. What would be the criteria for selecting national institutions that could undertake burden of disease studies and link these to health promotion programme development?
3. What type of regional activities would support capacity-building in evaluating effectiveness and undertaking burden of disease studies?

Health Promotion: Making health choices early, easy and exciting...everywhere.
Workshop I, Group A
Strategic Partnerships for Health and Education

Participants:
Eighteen participants, with representatives of the following countries
- China
- Fiji
- Japan
- Lao People's Democratic Republic
- Malaysia
- Mongolia
- Papua New Guinea
- Philippines
- Singapore
- Thailand
- Viet Nam

Process:
The group decided that it would concentrate on primary and secondary schooling.

Each country representative, in turn, suggested a priority risk issue for their country. These were then grouped into a number of broader categories. Each country was then asked to select three of these as being of particular relevance to them. This voting procedure gave a set of priority risks for the Region.

Each person was then asked to suggest effective responses for three of these risks, and the responses were tallied.

Each of the priority risk issues was then discussed in relation to the suggested effective action and the implications of this for capacities in the Ministry of Education, the Ministry of Health and partner organizations.

The final part of the workshop addressed the issues of regional capacity and action.

Results:
The nine risks identified by the group are listed below, together with the number of votes each received.

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition - under and over</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol and tobacco</td>
<td>6</td>
</tr>
<tr>
<td>Environmental safety - sanitation, safe water and safe food</td>
<td>5</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>4</td>
</tr>
<tr>
<td>Mental health</td>
<td>4</td>
</tr>
<tr>
<td>Sexual health</td>
<td>1</td>
</tr>
<tr>
<td>Injury</td>
<td>1</td>
</tr>
<tr>
<td>Physical activity</td>
<td>0</td>
</tr>
</tbody>
</table>

The first five of these were discussed further. Each person suggested effective interventions for three of these risks. The number of suggested effective interventions is given in the table below.

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition - under and over</td>
<td>11</td>
</tr>
<tr>
<td>Alcohol and tobacco</td>
<td>11</td>
</tr>
<tr>
<td>Environmental safety - sanitation, safe water and safe food</td>
<td>9</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>5</td>
</tr>
<tr>
<td>Mental health</td>
<td>7</td>
</tr>
</tbody>
</table>

The group discussed the pattern in this table. For example, it is clear that countries were more likely to identify effective action concerning nutrition and environmental conditions, but were less sure of effective action concerning drug abuse.

Each of these risk areas was then discussed.
Annex 8

General discussion points
It became clear that there were a number of issues that spread across the priority risks.
• Pre-service and in-service education for teachers and nurses is critical if effective action is to be taken.
• We need to ensure that our actions match our policies.
• Teachers need to be role models for their students.
• We need to link with strategic partners: parents, parents groups, teachers, teacher unions, media, youth unions, NGOs, churches, local administrators, local businesses, and the children themselves.
• Closer links between the health and education sectors, at levels from the local to the national, are critical if we are to have effective action.
• We need to enhance our capacity to lobby our legislators.
• We need to develop the capacity to work in teams across different backgrounds, including skills in team building and conflict resolution.

Nutrition
Major discussion points
• The food provided within the school should match the school’s teaching about nutrition. There is very little knowledge of what foods are actually available, and few controls on what is provided. We need effective policies.
• Teacher knowledge of nutrition and effective nutrition education should be enhanced.
• We need to develop the capacity to work in teams across different backgrounds, including skills in team building and conflict resolution.

Implications for capacities in the Ministries of Health and Education, and partner organisations
• The Ministry of Health needs to monitor the food available within schools.
• The Ministry of Education needs to ensure that there is strong policy on the food available within schools; for example, a ban on the sale of ‘junk’ food in canteens. But such policies need to grow out of a good school health policy.

Environmental safety – sanitation, safe water and safe food
Major discussion points
• There needs to be an increase in awareness and policy development at school, provincial, and ministry levels.
• School principals should be empowered to take action.
• Sanitary inspectors should monitor food and water safety.
• The capacity of schools to develop proposals for funding is important, and their skills to do this should be enhanced. This includes communication skills, access to information, and skills in gaining community support.
• There is a need for students to be educated on how to use latrines appropriately and to save water.
• Our partners in this area include Ministries of Agriculture, and Regional Development. Local government is also a key partner.

Implications for capacities in the Ministries of Health and Education and partner organisations
• The Ministry of Health should develop a safety monitoring programme covering sanitation, water and food, and to supply schools with information that is useful in setting priorities and taking action.
• The Ministry of Education need to help schools to develop the capacity to take action about environmental health concerns. This includes skills in getting relevant information, preparing submissions and in working with their communities in taking action.
• The Ministry of Education should consider what curriculum programmes for students could be developed to enhance environmental safety; for example, healthy use of latrines, saving water.

Alcohol and Tobacco
Major discussion points
• Training for teachers and health workers in knowledge of alcohol and tobacco issues, and in effective action that schools can take.
• Life skills education should include knowledge and skills necessary to deal with alcohol and tobacco use.
• Peer education is effective.
• Teachers are role models in this area.
There is a critical need to link with parents and communities if we are to take effective action concerning alcohol and tobacco.

Implications for capacities in the Ministries of Health and Education and partner organizations:
- There needs to be coordinated training through the Ministry of Education and the Ministry of Health to ensure consistent and effective approaches in both the health and education sectors.
- Teachers and schools need training in how to develop and support peer education programmes.
- There is a need for strong and clear policies at all levels, from school to district to national levels.

Illegal drugs

Major discussion points:
- The issue of the use of illegal drugs is similar to alcohol and tobacco, but with more immediate health consequences and the issue of legal consequences of use.
- There needs to be strong commitment between schools and local authorities regarding the use of illegal drugs.
- Drug testing of students is considered appropriate in some countries.
- Implementation of the law is inconsistent within countries.
- We need to have support, counselling and rehabilitation programmes for students who have used illegal drugs. Schools have very little capacity to respond to students who are using drugs.
- It can be difficult to strike a balance between legal punishments and support/rehabilitation for students using illegal drugs.
- Partners are NGOs, mental health care services, police and local authorities.

Implications for capacities in the Ministries of Health and Education and partner organizations:
- There is a need for strong policies and a commitment to coordinated action between the Ministry of Health and the Ministry of Education.
- Teachers need training in how to teach effectively about drug use and how to respond to issues of drug use within the school community.
- In the situation of students who are using illegal drugs, the balance between punishment and counselling/rehabilitation needs to be addressed by the Ministry of Health and the Ministry of Education and partner organisations.

Mental health

Major discussion point:
- This is a very broad area and covers aspects such as stress, suicide, family problems, violence, child abuse, social relationships, and positive aspects such as creating a safe and nurturing environments at school, at home, and in the community.
- There is a shortage of information and research on the extent of mental health problems in schools, and their causes, prevention and interventions.
- There needs to be more information on mental health, both positive and negative, for teachers, parents and the community.
- Schools need assistance to develop the capacity to support students with mental health problems.
- There is a need for a well-developed mental health curriculum and for training for teachers and health workers in how to create a supportive environment for students' mental health.

Implications for capacities in the Ministry of Health and Education and partner organizations:
- The Ministry of Health needs to develop support services for students experiencing mental health problems.
- The Ministry of Education needs to develop effective curriculum and whole school approaches to promoting mental health.
- Teachers and health workers need training in effective approaches to promoting mental health.

PART 2 OF THE WORKSHOP

Guide Question 1. Regional initiatives to support capacity building in relation to the priority risks

Major discussion points:
- There should be workshops of health and education personnel to review the current situation and to work towards uniform policy approaches to these risks to young people's health. Such meetings should occur within and between countries.
- There is a need for a Health Promoting Schools regional network.
Annex 8

- There is a need to recognize sub-regional differences, for example between the Pacific islands and the South East Asian nations.
- There is a need to review existing policies and their implementation.
- A number of good initiatives are underway in the Region, but it is hard to get information on what other countries are doing. Mentoring is an important aspect of shared learning.
- WHO is in a powerful position to lobby for Health Promoting Schools policies, practices and programmes.

Recommendations

- The WHO Regional Office for the Western Pacific should facilitate international exchanges and attachment programs to increase the capacity of individual countries to take effective action in relation to school health.
- WHO should be in the forefront in lobbying for change. WHO Regional Office for the Western Pacific and individual WHO Representatives are in a position to link with other organizations (such as UNICEF, UNESCO, World Bank) to create a climate where national governments make a commitment to closer links between the health and education sectors to develop coordinated and effective action for school health.
- There should be a regional meeting specifically addressing Health Promoting Schools. This should include whole-region and sub-regional sessions. This meeting could be organized to link with the IUHPE World Conference on Health Promotion and Education, in Melbourne in 2004, so that country teams are able to attend the conference without additional travel costs.
- There should be a region-wide survey of current policies, programmes, implementation and effectiveness in relation to school health. This survey should also address issues of teamwork, both within and across ministries.

Guide Question 2. Work Within Countries to Support Regional Action and Capacity Building

Major discussion points

- Countries need to do their own situational analysis: risk factors and risk categories in school age children and adolescents; programmes and policies to address these risks; evaluation of effectiveness; and mapping of links between health and education.
- Countries should be considering their 2004/5 budgets now.
- There are varying levels of commitment and shared action between health and education ministries in countries.

Recommendations

- Each country should conduct an appropriate situational analysis to map current risks, policies and programmes, inter-sectoral links and priorities in their country.
- WHO should provide technical assistance to countries to undertake their situational analysis.
- Formal meetings between the Ministry of Health and the Ministry of Education in each country should be made a priority, with the aim being to have the two Ministers meeting face to face.
- WHO Regional Office for the Western Pacific should nominate WHO Country Representatives as the lead person to coordinate action across a range of international agencies aimed at bringing Ministry of Health and the Ministry of Education into a committed and closer working relationship.
ANNEX 9

WORKING GROUP A-2: HEALTH PROMOTION AND GOOD GOVERNANCE

Situational Analysis

<table>
<thead>
<tr>
<th>Barriers to linking health promotion to good governance at local levels</th>
<th>Strategies to overcome these barriers</th>
</tr>
</thead>
</table>
| • No access to health promotion (knowledge, awareness)  
  1. Decision makers  
  2. Role of Local Chief Executives (LCEs) | • Awareness building/improve information flow (local officials and the general public)  
  • Media to highlight (risks factors) importance of protecting and promoting health |
| • Dynamics of local politics (different platforms of government) | • Advocacy to legislature Associations  
  • Result-based initiatives (need to show improvement quickly, opportunities to go to communities) |
| • Lack of funds (financial means, funding mechanisms)  
  1. access to national funds | • Involvement of private sector and partnerships  
  • Innovative funding mechanisms |
| • Managerial weaknesses (planning and management skills) | • Training |

DEVELOPING A REGIONAL AGENDA

REGIONAL MECHANISMS

• Regional network/forum on health promotion (e.g. regional network of healthy cities, new "body")
• Recognition/awards/system (to provide incentives for good work)
• Link with other Regions' networks on local government and media
• Develop sustainable financing

Mechanisms for network activities
1. use existing networks  
2. create a new mechanism (e.g. membership contribution)  
3. "Fund raising" for supplementary resource requirement

• Information sharing among different countries and local governments
• Meeting of parliamentarians and local chief executives (e.g. mayors, governors)
• Address common high risk factors (e.g. tobacco – "smoking", alcohol – "excessive drinking") physical activity and healthy diet through passing and enforcing local ordinance and national policies and social marketing
• Establish/strengthen mental health promotion programmes with the youth and in the workplaces
• Exchange visits between cities
Working Group B

Features of training programmes

Five principles:

- Train in place
- Apply knowledge and skills into practice
- Focus around group projects
- Relevant to local system/issues
- Priority for leaders to be trained

A combination of:

- Formal training of health professionals universities and institutes
- Train the trainer
- Continuing education
- Open or distance learning
- Higher degree training
- Overseas short courses (visits WHO Regional Office for the Western Pacific - led regional template for in-service leadership/mentoring programme at national level

1. To maximize interaction among leaders in health promotion between developed and developing countries
   - Build on existing training resources
   - Work through training centres in the Region
   - Coordinate sponsorships

2. Who to develop the Programme? WHO

3. How the Programme resolves health promotion issues
   1. Through training, skills, critical mass, shared vision, health promotion strategies and actions

4. Certification indicating type of skills acquired
WORKING Group B: Leadership and Mentoring in Health Promotion

Focusing Question – What do "Leadership" and "Mentoring" Mean?
Challenges for the Ministry of Health

1. Integrate health promotion in health care delivery
   - Non-responsive system
2. Refocus health care from curative to promotion
   - Strong technical orientation
   - Clinician's learning
   - Emphasis on quick results/glamour
   - Training curriculum (pre and in-service)
3. Change people's health - seeking behaviour
   - Health literacy
4. Health sector reform
5. Linkage among stakeholders
6. Develop human resource development skills
7. Change mindset: Taking 'risks'
   - e.g. Complex health problems

New Skills and Competences Needed

1. Research skills
2. Leadership skills in politics
3. Strategic/scenario planning skills
4. Creating skills versus problem-based solving
5. Community mobilization skills
6. Networking/advocacy/influencing skills
   - Linkages among stakeholders
   - Shared vision
7. Legislation/law enforcement skills
8. Resource allocation skills
   - Equity for poor, marginalized and the vulnerable
9. Emotional quotient/courage
   - To accept/handle failure
GROUP "C": HEALTH PROMOTION INFRASTRUCTURE AND FINANCING

1. Dr Desmond O'Byrne, WHO Headquarters
2. Dr Xinhua Li, China
3. Mr Edmund Ewe Thean Teik, Malaysia
4. Mr William Eperiam, Federated States of Micronesia
5. Ms Yvonne Robinson, Australia
6. Mr Thongphane Savaphot, ASEAN Secretariat
7. Ms Ofelia O. Alcantara, Philippines
8. Ms Carol Beaver, consultant, WHO Regional Office for the Western Pacific
9. Mr Doljaren Bayarsaikhan, Health Care Financing, WHO Regional office for the Western Pacific

Part One: Situation Analysis

Challenges to sustainable financing for health promotion programmes and activities:

- achieving sustainability of funding
- inadequate level of funding
- low economic base to mobilize resources
- lack of coordination among different agencies
- weak understanding of value of health, commitment and shared responsibility
Current allocation of financial resources

Future allocation of resources
Strategies towards sustainable financing of healthy promotion

1. Put health care financing on political agenda and high level policy development
   - Assess financial implications of declared health policies
   - Provide information on health spending pattern and cost effectiveness of health promotion programmes

2. Increase allocation and spending from traditional sources of financing
   - Identify health promoting settings, components and related costs
   - Establish regular budgets for health promotion
   - Integrate HP into other health projects
   - Increase external investments in health promotion

3. Explore new sources of funding:
   - Health insurance
   - Link with other social security programmes
   - Introduce sin taxes on products harmful to health
   - Support individual and community initiatives such as health promotion foundation
   - Encourage business and corporations to fund health promotion initiatives

4. Increase capacity building at country level:
   - Establish core (centre) of expertise to support and facilitate shared understanding of key issues on health promotion financing, focus on priority setting, resource allocation and coordination
   - Support various forms of advocacy

Role of key players:
1. Parliamentarians: strong advocacy, legislation, health planning and budget approval
2. Government agencies: intensification of health promotion component and government initiatives; expert committee to monitor and evaluate integrated health promotion activities. The Ministry of Health should take a lead role
3. International agencies: provide evidence, information and influence policy
4. Donors: provide sustainable support e.g. to meet targets of the United Nations for funding
5. Society at large: recognize and mobilize resources from:
   - employers
   - churches, women's groups
   - different types of NGO
   - individuals

Part Two: Developing a Regional Agenda

Q1. What type of regional activities could support sharing information on experiences in health promotion financing?
   - Develop mechanisms for countries to collaborate with existing networks – such as the Health Promotion Foundation network (international group)
   - Develop a regional network health promotion financing and health systems development expertise – research, information sharing, skills development
   - Review country experiences health promotion health sector development and financing – sharing of information – publish findings
   - WHO Regional Office for the Western Pacific should publish best practice guidelines/experiences with health promotion
Annex II

- Set up working group (including WHO Geneva) to develop agreed framework for health promotion financing development, monitoring and evaluation

Q2. What type of preparations would be needed at the country level to ensure a rich exchange of information on health promotion financing?

- Organize national meeting/seminar (event) on issues involving all government ministers
- Increase capacity of Ministry of Health staff in health care financing, financial planning and budgeting
  No additional policy recommendations unless and financial resources ad methods identified

Q3. Who would be ideal partner institutions in determining health promotion financing arrangements at the country level?

- Ministry of Health – the driver
- Treasury/departments of Finance/Treasury
- Department of statistics and economic schools
- Health insurance agencies
- External funding agencies and donors
- Champions

Q4. What would be a good way to engage these partner institutions in collaborative work?

- Write in-country discussion or policy papers on health care financing issues and make recommendations
- Set up inter sectoral committee
- WHO Regional Office for the Western Pacific to provide technical support
- Run a seminar on key issues
- Develop a health promotion national programme that would involve all key players (and funders)

Q5. How can health promotion financing be linked to efforts in health sector reform initiatives at the regional level?

- Educate politicians and government officials as to what are the essential services a government should provide (access and equity)
- Develop good governance mechanisms (decentralization, privatization)
- Health promotion staff get involved in integrated service planning at all levels (increase efficiency)
- Ensure prepayment mechanism and reduce out of pocket (mobilize more resources)
WORKING GROUP D
Communication Challenges

- Financial constraints
- Focus shift
  - Curative to preventive
- Coordination of fragmented activities
- How to teach target groups effectively
  - Different cultures and beliefs
  - Literacy levels and languages

Communication Challenges

- Political awareness
- Integrated campaign development
- Improvement in the capacity of health communicators and media
- WHO impact on the media networks

Opportunities

- Regular Health Promotion Briefings
  - Print/Broadcast
  - Minister or others
  - Programme managers
  - NGO's
  - Sports personalities
  - Media personalities
  - Community leaders
  - All walks of life

Opportunities (cont)

- Special days for different age groups
  - National health organizations/United Nations
  - Traditional and popular media
  - Role playing
  - Theater and drama
  - Competitions
  - Special broadcast/programmes
  - World Woman's Day, etc.

Opportunities (cont)

- Innovative approaches to selling health messages
  - Merchandising
  - Brand names

Opportunities (cont)

- Local communications network
  - School — family — community
- Child to child communication
- Peer communication
- Entertainment
- Sports
- Include health promotion in recognition of healthy schools families, etc.
Media Support

- Inclusion of health promotion in training curriculum

Regional Agenda

- Subregional workshops and training courses for roleplayers in media and health
- Formulation of health promotion workshops
- WHO to have direct access to media networks via liaison office (WHO appointed)

Regional Agenda (cont)

- WHO to provide technical assistance to support member states and agencies
- WHO to support study tours
- WHO to support conferences to share experiences

Internal Marketing

- Include health promotion in curriculum of medical schools
- Develop materials specific to medical community
- Training course for health professionals in health promotion
- Work with other international agencies
- Awareness campaigns for legal profession
Working Group E

REGIONAL ACTIVITIES

• Workshops
  - WHO to hold inter-country sub-regional workshops to facilitate exchange of health promotion experience
  - Promote workshops to policymakers and health promotion practitioners
  - WHO to support each country to hold a local workshop once a year. Support includes funding, training equipment and expertise. Each country will define the terms of reference for the workshop
  - Workshops to include resolutions and follow-up activities

• Training
  - WHO to use train and trainers approach to evaluation skills of country members
  - WHO to provide study tours and overseas training
  - WHO to produce training modules for country members to use

• WHO to produce a manual on health promotion evaluation including case studies to reinforce application

• Consult WHO and/or other country members with experience in evaluation to plan and manage health promotion evaluation

• Performance Indicators
  - WHO to develop a set of performance indicators in consultation with country members. Performance indicators must be relevant to health promotion interventions and common across projects
  - They may relate to pro activities or determinants of health
  - WHO and country members to set up information systems for the monitoring and reporting
  - WHO requests/require country members, health promotion effectiveness and impact on burden of diseases as part of funding requirement
  - WHO award system to encourage/recognize best practice in health promotion
  - WHO to produce a report on health promotion programmes of all countries in the Region
  - IEC process and skills training
  - Annual publication of health programme from the Western Pacific Region

STRATEGIES

• Sell health promotion intermediate outcomes to funders
• Use evidence to convince policymakers and advocate for health promotion programmes

• Evidence-based research:
  - Collect local data when implementing health programme adopted from overseas
  - Establish surveillance systems on health lifestyles data to track changes in determinants of health over time
  - Document, evaluate and disseminate health promotion interventions to develop an evidence-based database in the Region
  - Integrate health promotion into all government services

• Evaluation should be an integral part of health promotion and start in the planning of health promotion interventions

• Training for policymakers and health promotion practitioners
Annex 13

- Training should be delivered in stages to address various skills required for health promotion evaluation

- Seek support from other sectors

- Identify/engage stakeholders in evaluation

- Have flexible approach and consider cultural issues

- Have legislative support for health promotion programmes

- Media advocacy for health promotion

CONTRASTS AND LIMITATIONS

<table>
<thead>
<tr>
<th>Category</th>
<th>Constraints/Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political factor</td>
<td>Politicians are mainly interested in quantifiable short-term outcomes. Health promotion outcomes are too long-term for their consideration</td>
</tr>
<tr>
<td>Government constitutions</td>
<td>National government and local government may not have the same health priorities</td>
</tr>
<tr>
<td></td>
<td>Local government do not need to report to national government and vice-versa</td>
</tr>
<tr>
<td>Funding</td>
<td>No designated budget for health promotion</td>
</tr>
<tr>
<td></td>
<td>Small budget</td>
</tr>
<tr>
<td>Management factor</td>
<td>Lack of central coordination for health promotion programmes</td>
</tr>
<tr>
<td></td>
<td>Lack of health promotion awareness among policymakers. Health promotion is new as a concept and not practiced widely</td>
</tr>
<tr>
<td></td>
<td>Lack of advocacy from the national level</td>
</tr>
<tr>
<td></td>
<td>Lack of information and knowledge of health evaluation among decision makers e.g. burden of diseases, health promotion</td>
</tr>
<tr>
<td>Lack of skills</td>
<td>Do not know how to evaluate health promotion programmes</td>
</tr>
<tr>
<td></td>
<td>Do not know what data to report for the evaluation of health promotion programmes</td>
</tr>
<tr>
<td></td>
<td>Do not know that existing data can be used to assess effectiveness of health promotion programmes</td>
</tr>
</tbody>
</table>
## Country Plans of Action

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsible person</th>
<th>Time bound</th>
<th>Resource needed</th>
<th>Output</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct Workshop on dissemination of Capacity Building for health promotion and Development of Health Promotion project Proposal</td>
<td>MOH &amp; MOE</td>
<td>February 2003</td>
<td>Human resource, Transportation, Budget, Materials/Equipment</td>
<td>Stakeholder and high rank people supported the project, Available of Health Promotion Project Proposal</td>
</tr>
<tr>
<td>2. Conduct Base Line Survey</td>
<td>MOH &amp; MOE</td>
<td>First Trimester of 2004</td>
<td>Human resource, Transportation, Budget, Study Tool</td>
<td>Relevant data collected</td>
</tr>
<tr>
<td>4. TOT for Provincial Health Promotion and School Health Units</td>
<td>MOH &amp; MOE</td>
<td>Second trimester of 2004</td>
<td>Human resource, Transportation, Budget, Training materials</td>
<td>Provincial health Promotion and School Health Units improved K and S for conducting continuing education</td>
</tr>
<tr>
<td>5. Conduct continuing training for Operational District, Director, Cluster School and Hygiene Officers</td>
<td>MOH &amp; MOE</td>
<td>Second semester of 2004</td>
<td>Human resource, Transportation, Budget, Training materials</td>
<td>Operational District, Director of Cluster and School and Hygiene Officers improved K and S in providing Health Education to communities, students, parent association, food sellers in and out of school</td>
</tr>
<tr>
<td>6. Training Peer Educators</td>
<td>MOH &amp; MOE</td>
<td>First trimester of 2005</td>
<td>Human resource, Transportation, Budget, Training materials</td>
<td>Students, VHV, TBAs, VDCs, HSGs, Commune Councils, parent representatives improved K and S and put it into practice</td>
</tr>
<tr>
<td>7. IEC development</td>
<td>MOH &amp; MOE</td>
<td>Second trimester of 2004-2005</td>
<td>Human resource, Transportation, Budget, Materials</td>
<td>Available of IEC needed</td>
</tr>
<tr>
<td>8. Conduct campaign</td>
<td>MOH &amp; MOE</td>
<td>Second trimester of 2004-2005</td>
<td>Human resource, Transportation, Budget, Campaign materials</td>
<td>Community awareness will be improved</td>
</tr>
<tr>
<td>9. Supervision</td>
<td>MOH &amp; MOE</td>
<td>Every three month</td>
<td>Human resource, Transportation, Check list</td>
<td>Gap will be filled</td>
</tr>
<tr>
<td>10. Evaluation of the project</td>
<td>MOH &amp; MOE</td>
<td>Fourth trimester of 2005</td>
<td>Human resource, Transportation, Budget, Evaluation tools</td>
<td>Impact of the project found</td>
</tr>
</tbody>
</table>
2. China

Q1. PRIORITY ORDER
1. Leadership
2. Financing of HP
3. Evidence for effectiveness
4. Communication and Health education
5. HP governance

Q2.
1. National Capacity-Building Workshop
   1.1 Target population: leaders of HP of the provincial level
   1.2 Pattern: Follow the WPRO methods,
      • Briefing: international, local
      • Case study in relation to the priority need
      • Empowerment
   1.3 Venue and time: July 2003, Shanghai

2 Develop Pilot Local HP Projects
   • NAHPF (7 Ministries)
     5-yrs plan of action, evaluation indicators, social mobilization with good-will ambassador.
   • TFI (12 Ministries)
     FCTC, National Capacity-Building Project, EPA Project, GYTS, etc.
   • HPS, etc.

Thank You
Mabuhay
### Fiji

1. Health and Governance  
2. Evaluation for Effectiveness of H/P  
3. Health and Education  
4. Financing of H/P  
5. Communication  
6. Leadership

#### Priority Area Activities

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Activities</th>
<th>WHO's Responsible</th>
<th>Timeframe/Co st</th>
<th>Indicator</th>
</tr>
</thead>
</table>
| 1. HP and Governance          | • Carry out stakeholders workshop  
|                              | • MOH  
|                              | • MOE  
|                              | • Rep. NHPL  
|                              | • Politician  
|                              | • Local govt  
|                              | • NGO  
|                              | • Identify areas of presentation  
|                              | • Policy  
|                              | • Finance  
|                              | • Training  
|                              | • Evaluation                                                                 | Secretary, NCHP Council– MOH  
|                              | • NCHP Officers  
|                              | • MOE  
|                              | • MOH  
|                              | • NHP Council  
|                              | • WHO Regional Office                                                      | February 2003  
|                              | • Policy implanted from National to District level                        | USD 800          | Stakeholder workshop  
|                              | • Financial assistance available                                           |                  | Proposal endorsed  
|                              | • Training program drawn                                                   |                  | No trained participants  
|                              | • Evaluation package implanted                                             |                  | Establish w/committee for each Division  
|                              | • Proposal endorsed                                                        |                  | Evaluation tool implanted  
|                              | • Funding released                                                         |                  | Process  
| 2. Evaluation of HP          | • Submit proposal for approval and financial support                      | HPO, NCHP, MOE, MOH                                                           | February 2003  
|                              | • Evaluation workshop                                                      | NCHP, MOE, MOH                                                            | March 2003      | Impact  
|                              | • Carry out evaluation on HPC program                                       | MOE, MOH                                                               | (USD 500)       | Improvement shown:  
|                              | • HP Village  
|                              | • HP School (process and impact)                                           |                  | • School Health Policy implanted                                      |
| 3. Health                    | • TOT  
|                              | • H/Teachers  
|                              | • Teacher  
|                              | • Media  
|                              | • Implementers                                                            | MOH  
|                              | • NCHP  
|                              | • MOE                                                                  | MOH  
|                              | • NCHP  
|                              | • MOE                                                                | June 2003          | • No, HPSchool as setting established  
|                              | • Strengthening of HED Curriculum                                            | June 2004          | • No active PTA support  
|                              | • No, greater responsible media coverage                                    | USD 1 000          | • No free cost health messages  

#### 4. Federated States of Micronesia

1. Communication  
2. Financing of HP  
3. Evaluation on effectiveness

**Order of Priority**

1. Communication  
2. Financing of HP  
3. Evaluation on effectiveness  
4. Health of promotion and governance
Annex 14

5. Leadership
6. Health of Education

<table>
<thead>
<tr>
<th>State and Local level</th>
<th>Activities</th>
<th>Objectives</th>
<th>Resource Needed</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop local level</td>
<td>- Importance of community in HP</td>
<td>- Role of community in HP</td>
<td>- Materials and equipment</td>
<td>Health, Education, media, Administration, Govt., NGOs, professionals, churches, Women's club, youth clubs, community leader</td>
</tr>
<tr>
<td></td>
<td>- Importance of evaluation</td>
<td>- Importance of evaluation</td>
<td>- Human Resource</td>
<td>Health and Education, Department of Finance</td>
</tr>
<tr>
<td></td>
<td>- Sources of funding</td>
<td>- Sources of funding</td>
<td>- HP materials</td>
<td>Education, Administration, Govt., NGOs, professionals, churches, Women's club, youth clubs, community leader</td>
</tr>
<tr>
<td></td>
<td>- Disseminate information</td>
<td>- Disseminate information</td>
<td></td>
<td>Health and Education, Department of Finance</td>
</tr>
<tr>
<td></td>
<td>- Generate fund</td>
<td>- Generate fund</td>
<td></td>
<td>Education, Administration, Govt., NGOs, professionals, churches, Women's club, youth clubs, community leader</td>
</tr>
<tr>
<td>Rallies</td>
<td>contest programs on HP</td>
<td>- Generate fund</td>
<td>- Human resource</td>
<td>Health and Education, Department of Finance</td>
</tr>
<tr>
<td></td>
<td>- Awareness</td>
<td>- Awareness</td>
<td>- HP materials</td>
<td>Education, Administration, Govt., NGOs, professionals, churches, Women's club, youth clubs, community leader</td>
</tr>
<tr>
<td>Training of trainers</td>
<td>Set up an evaluation system</td>
<td>Set up an evaluation system</td>
<td>Human resource</td>
<td>WHO and Region</td>
</tr>
</tbody>
</table>

1. Communication: Determines the smooth flow, reliability, and success of all HP efforts
2. Financing of HP: There has to be a guaranteed, stable and sustainable source of money available in order for us to carry out our plans.
3. Evaluation for effectiveness: There is no evaluation. We have implemented the HP program but there is no documented feedback. This needs to be set up. This will enable us to know what areas to be improved or additions needed.

What needs to be upscaled, outscaled, onscaled.

USD 3,000 -
Use the money to run workshops both at national, state and local levels.

Goal of the workshop is to mobilize the key people and to look at how we can:
- better/improve communication
- evaluate, improve and monitor our HP programs
- Use the fund appropriately, generate more funding for our HP programs.

Content: - Purpose
- Advantages
- Cost effectiveness
- National, state, local development

Other activities:
- Rallies to help awareness of the HP programs (dissemination and to generate some funds
- Use the media people campaign for HP
- Include among our Government
- Contest programs based on HP programs with incentives to encourage audience
- Training of trainers

Key Players:
- Health Department
- Education
- Social Affairs
- Treasury, Finance
- Economic Affairs
- NGOs

Schools
- Church
- Traditional sector
- Women's club
- Youth leaders
- Community
5. Lao People's Democratic Republic

1. Evaluation for Effectiveness

Objectives:
- To identify factors effective for Health Promoting School

Activities:

<table>
<thead>
<tr>
<th>Order</th>
<th>Activities</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Evaluation tools preparation</td>
<td>USD 200</td>
</tr>
<tr>
<td>2</td>
<td>Field work in two provinces</td>
<td>USD 700</td>
</tr>
<tr>
<td>3</td>
<td>Report on field study</td>
<td>USD 180</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>USD 1080</strong></td>
</tr>
</tbody>
</table>

- High level meeting on Health Promoting School
- Health promotion and governance
- Evaluation for effectiveness

Municipality:
- Health Department: 2 persons
- Education service: 2 persons

Ministry of Culture and Information:
- Media: TV: 1 persons
- Radio: 1 persons
- Newspaper: 1 persons
- Total: 26 persons

Budgeting:
1. Document preparation (including printing) USD 500
2. Rental of venue 150
3. Stationary 500
4. Per diem (incl. Tea break/lunch) 25 x 26 persons 625
5. Miscellaneous (administrative . . .) 145

Total USD 1920

High level meeting on Health Promoting School in Lao PDR

Objectives:
- To strengthen collaboration between the MOH-MOE
- To advocate for health promotion in school
- To establish health promoting school committee
- To set up the strategies for health promoting school
- Health Promoting School Development

Venue: Vientiane Municipality
Annex 14

Duration: 1 day (February 2003)

Participants:

MOH: Minister
- Department of Hygiene and Prevention 3 persons
- CIEH 1 person
- Department of Organization and Personnel 1 person
- Department of Planning 1 person
- Department of Curative 1 person
- Cabinet 1 person

MOE: Minister
- Department of Organization and Personnel 1 person
- Department of Planning and Cooperation 1 person
- Department of General Education 3 persons
- Department of Teacher Training 1 person
- Education Information Unit 1 person
- NRIES 1 person
- Cabinet 1 person
MALAYSIA
- Mr. Edmund Ewe
- Mr. Syed Zameil Abidin
- Mr. Abdol Wahid

Ranking of Priorities for Capacity Building in Health Promotion
1. Financing of Health Promotion
2. Health Promotion and Governance
3. Evaluation for Effectiveness
4. Health and Education
5. Leadership
6. Communication

Plan of Action
1. Request for grant from International Sponsors.

Plan of Action (Cont.)
2. Organize seminars for education, advocacy and mobilization
   - One-Day Seminar on Health Promotion, Financing and Governance for Policy Makers and Key Managers from various Ministries including MOH, MOE, MOF, MOS, MOC, Local Government, Health Professional Bodies and NGOs.
Annex 14

Plan of Action (Cont.)

1. One-Day Seminar on Evaluation of Effectiveness for Health Professionals from other Ministries involved in Health Promotion, Academicians and Researchers

Plan of Action (Cont.)

3. Development and distribution of information and advocacy materials and to include these information in existing websites

Plan of Action (Cont.)

4. Networking and collaboration with International Health Promotion Foundations and other Health Promotion Organizations.

Thank You
Mabuhay
7. Mongolia

Choice of topics

Healthy eating

Major factor in burden disease

Plan – Summary

a) Mass media campaign to raise awareness – TV, radio
b) Point of choice information in supermarkets
c) School curriculum special lessons on first day of school (month of September)
d) Capacity building of food inspectors, local government officers, teachers and other ministries

Budget

a) Campaign
   Prime time on News – 2 weeks daily – + some free to air
   1500$  

b) Training for capacity building of food inspectors, local government officials, teachers
   1000$  

c) Workshop other key players specially Minister of Agriculture – 300$  

d) Postage of materials
   200$  

Total 3000$

8. Papua New Guinea

Priorities

1. Evaluation for effectiveness
2. Communication
3. Health and Education

Activities

Priority

1. (i) Field visits to settings
   (ii) Situational analysis (survey)

2. (i) Awareness
   (ii) Advocacy
   (iii) Social Mobilization

3. (i) Teachers Inservice Workshop
   (ii) Materials

Key Players

Priority

1. DOE/DOH/WHO
2. DOH/Media/WHO/NGOs
3. DOH/DOE/WHO/LLGs

Cost

Priority

1. USD1 500
2. 600
3. 800

Total USD3 000
### Annex 14

#### 9. Philippines

**Priorities: Health Education, Leadership, Financing**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Objectives</th>
<th>Persons Involved</th>
<th>Funding Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Partners Meeting on Resource Mobilization, December 2002</strong></td>
<td>- Advocate HP&lt;br&gt;- Present HP Program&lt;br&gt;- Identify areas of collaboration&lt;br&gt;- Formulate partnership strategies including funding</td>
<td>HP Care Group&lt;br&gt;Prospective partners</td>
<td>(USD400)</td>
</tr>
<tr>
<td><strong>2. Conference on visioning for Health Promotion January</strong></td>
<td>- Advocate HP&lt;br&gt;- Conduct visioning exercise&lt;br&gt;- Plan for HP Programs including KRA and P</td>
<td>Selected 30 teams&lt;br&gt;- Mayors&lt;br&gt;- Education officers&lt;br&gt;- Health officers&lt;br&gt;- Media</td>
<td>USD2 500</td>
</tr>
<tr>
<td><strong>3. Training of School principals on the development of Health Promoting Schools April – June</strong></td>
<td>- Orient on HPS&lt;br&gt;- Discuss role of principals&lt;br&gt;- Identify needs in developing HPS&lt;br&gt;- Formulate plans</td>
<td>40,000 school principals</td>
<td>USD700 – cost sharing (Education, Health and LGU)</td>
</tr>
<tr>
<td><strong>4. Mentoring of the HP Builders starting February</strong></td>
<td>- Ensure sustainability of HP Programs</td>
<td>Trained LGUs</td>
<td>USD500</td>
</tr>
<tr>
<td><strong>5. Lobbying for passage of a Philippine Health Promo Act (with funding) starting February</strong></td>
<td>- Prepare draft of proposed bill&lt;br&gt;- Conduct consultation meetings&lt;br&gt;- Seek for CHAMPIONS&lt;br&gt;- Organize groups to lobby</td>
<td>HP Care Group</td>
<td>(USD50)</td>
</tr>
<tr>
<td><strong>6. Creation of Health Resource and Learning Center in cities/municipalities - Summer</strong></td>
<td>- Prepare plan for the center&lt;br&gt;- Source out funds&lt;br&gt;- Build the center</td>
<td>LGUs</td>
<td>(USD100)</td>
</tr>
<tr>
<td><strong>7. Development/printing of advocacy and instructional materials</strong></td>
<td>- Prepare core messages for the advocacy of HP&lt;br&gt;- Conduct inventory of health instructional materials</td>
<td>HP group; stakeholders</td>
<td>(USD250)</td>
</tr>
<tr>
<td><strong>8. Year-round</strong></td>
<td>- Develop materials for advocacy (multimedia, print, etc)&lt;br&gt;- Print materials</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10. Samoa

1. Health and Education
2. Financing and Health Promotion
3. Communications and Leadership
4. Evaluation for Effectiveness
5. HP and Good Governance

**Budget Allocation in order of priorities**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health and Education</td>
<td>USD2 000</td>
</tr>
<tr>
<td>2. Communication and Leadership</td>
<td>1 000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>USD3 000</strong></td>
</tr>
</tbody>
</table>
### 1. Health and Education

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsible Organization</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Training of trainers</td>
<td>Health and Education</td>
<td>USD 300</td>
</tr>
<tr>
<td>2. Parents and teacher's training</td>
<td>Health and Education</td>
<td>300</td>
</tr>
<tr>
<td>3. Development of IECs</td>
<td>Health and Education</td>
<td>400</td>
</tr>
<tr>
<td>4. School awards</td>
<td>Health and Education</td>
<td>200</td>
</tr>
<tr>
<td>5. Consultancy staff</td>
<td>Health and Education</td>
<td>200</td>
</tr>
<tr>
<td>6. Transport costs</td>
<td>Health and Education</td>
<td>200</td>
</tr>
<tr>
<td>7. Miscellaneous</td>
<td>Health and Education</td>
<td>400</td>
</tr>
<tr>
<td>1. Media activities</td>
<td>National broadcasting</td>
<td>USD 350</td>
</tr>
<tr>
<td></td>
<td>- Services</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>- Television</td>
<td>150</td>
</tr>
<tr>
<td>11. Viet Nam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Building HP capacity in Viet Nam through a focus on School Health Initiative**

**Ranking priorities:**
1. Leadership                     
2. HP vs governance               
3. Financing of HP                 
4. Health and Education Partnership
5. Communication                  
6. Evaluation of effectiveness

**Why:**
1. Leadership: Lack of commitment 
   Lack of knowledge about HP comp 
   Ministry of Health Preventive Medicine 
   MCH/FP Department Planning Department 
   Ministry of E & T Physical Education 
   Teacher Training 
   Financing/Infrastructure

2. Governance: 
   - Strategic Plan for School Health 
   - Management capacity 
   - Coordination/Structure 
   - Monitoring, evaluation

3. Financing: 
   - Mapping potential budget 
   - Constraints 
   - Effective budget management 
   - Pooling of resources (gov., UN, INGO, donors...)

**What should be carried out with USD3,000?**

**Our Plan**

1. Key players consultation meeting (re-convene old group met in 2001 HPS) 
   Outcomes: 
   - Mapping activities of current School Health Initiative funded by Gov., UN, INGO, donors 
   - Establish a working group for

2. National Action Plan for SHI Development (2-day workshop for WG)

3. Present NAP to donors for commitment funds (Free)

4. Present NAP to key leaders for discussion approval - COMMITMENT
PHYSICAL EXERCISES-ACTIVITIES
FOR DIFFERENT GROUPS
IN DIFFERENT SETTINGS

Prepared by the

College of Human Kinetics
University of the Philippines Diliman
Quezon City, Philippines

for the

World Health Organization
Regional Workshop on Capacity Building for Health Promotion

A SIMPLE YOGA and PILATES-INSPIRED MIND-BODY EXERCISE ROUTINE for SCHOOL TEACHERS in the HOME SETTING
By Mr. JONATHAN CAGAS,
Instructor of Fitness Dance

STRETCHING EXERCISES FOR PHOTOJOURNALISTS AND OTHER MEDIA PRACTITIONERS IN THE FIELD
By Prof. MARVIN LUIS C. SABADO,
Assistant Professor of Exercise Physiology

KALI-BASED EXERCISE DRILL FOR SELF-DEFENSE FOR WOMEN
By Ms. RACHELLE PENEYRA, Amis Lecturer and
Prof. NORBERTO MADRIGAL, Assistant Professor of Kinanthropometry

GAMES FOR SCHOOLCHILDREN
By Ms. KATE LAYUG and Ms.IVY DE LOS REYES, Instructors of Physical Education for Special Groups

Project Leader: Prof. GILDA L. UY
Dean and Associate Professor of Leisure Studies
gildauy@yahoo.com
A SIMPLE YOGA and PILATES-INSPIRED
MIND-BODY EXERCISE ROUTINE
for SCHOOL TEACHERS
in the HOME SETTING
By Mr. JONATHAN CAGAS

INTRODUCTION

Schoolteachers' daily routine generally consists of teaching elementary or secondary students for at least five hours a day. This is done either standing in front or moving around the classroom in order to give more individual or personalized attention to their students. Delivering lectures are practically a complete 'performance on stage' for teachers, with active bodily movements or gestures that will explain more vividly what is conveyed orally. In addition, checking test papers and projects, and preparing for the next day's lessons may find the teacher immobilized in their chairs. Spending extra time advising students on academic matters or even very personal problems add up to the stresses and anxieties of the day. Extra time in school may even be spent in socializing with co-workers. Schoolteachers spend most of their energy on people around them. At the end of the day, they feel exhausted both physically and mentally from their daily interaction with these people. Thus, there is a need to recharge oneself to be able to continue with this so called noble profession.

Because of the nature of a schoolteacher's profession, it is recommended that they do exercises that relax and energize both the mind and the body regularly. Mind-body exercises provide a good workout for them because it gives an opportunity for them to focus on themselves, to listen to their bodies, and to quiet their minds.

Mind-body exercise, as defined by the International Association of Fitness Professionals, is "any physical exercise executed with a profound, inwardly directed awareness or focus." An exercise form that is fast becoming popular to new and old-time fitness-enthusiasts alike, mind-body exercise improves body awareness, tones the muscles, improves circulation, and clears the mind. It provides a complete physical and psychological workout that relaxes both the mind and the body. Three of the more popular forms of this exercise are yoga (hatha yoga), pilates and tai chi chuan.

Yoga is a 6,000 year old East Indian philosophy that aims to reunite the individual self with the Absolute or pure consciousness. It is the process of becoming free from limited definitions of the field of consciousness. According to yogic philosophy, the human body must be
kept in proper form if the mind should function well and attain the absolute consciousness. One way to achieve this is through the practice of hatha yoga, a branch of yoga that deals with breathing or *pranayama* and physical postures or *asanas*. Asanas are physical postures with a distinct form and shape that involve the application of exact stretches, counter stretches and resistance which either energizes, stimulates or relaxes the body.

The Pilates Method is a specific system of exercising founded on the method developed by Joseph Pilates in the 1920s based on the following eight principles which aim to create balance in the body: flowing movement, concentration, breathing, isolation, precision, centering, control, and routine. Most of the popular forms of exercise create tightening of certain muscles while over-stretches the others. The exercises in the Pilates Method are designed to correct these imbalances.

Tai chi chuan, the most popular form of Qi Gong, a system of spiritual, martial, and health exercise developed in China, is a series of 108 slow-paced dance-like choreographed movements. It is effective in developing balance, coordination, graceful and focus. Due to its dance-like and graceful movements, it is not easy to learn.

Other forms of mind-body exercises are the Feldenkrais Method, Alexander Technique, NIA (Neuromuscular Integrative Action) Technique. Although different in names, these mind-body exercises have three common elements: concentration, proper breathing and correct exercise technique.

Concentration trains the mind, the correct exercise technique trains the body, and the proper breathing connects the mind and the body and brings forth focus. With this, one can transform a basic stretching routine into a mind-body exercise by incorporating these three basic principles.

**THE EXERCISES and THEIR BENEFITS**

1. **Relaxed pose**
   This pose brings stillness to the mind and the body. It soothes the nerves, calms and quiets the mind. The relaxed pose diminishes migraines, minimizes symptoms of chronic fatigue syndrome and reduces insomnia. It also aids in recovery from surgery or chronic illness and removes fatigue. It gives an increased awareness regarding the held areas of stress and tension.

2. **Full body stretch**
   This stretch lengthens the spine and prepares the body for exercise. It is a good way to awaken the body from the relaxed pose.
Annex 15

3. Conscious breathing
Conscious breathing is the key to the proper execution of any mind-body exercise. Every movement in the routine is linked with a breath. It focuses the mind and relaxes each body as the exercises are being performed. The technique is to inhale deeply through the nose, letting the air come in gently and letting it pass through the throat, expanding the chest and the ribcage sideways without expanding the belly. By letting the air pass through the throat, a gentle sound is created to help focus the mind. On exhalation, create a small opening with the lips, letting the air pass through the mouth gently depressing the chest and drawing the belly back to the spine. The breathing is continuous, gentle and deep.

4. Abdominal curls
This is a basic exercise which develops firm and strong abdominal muscles.

5. Obliques
This exercise is another way of working the abdominal muscles specially the sides or the obliques. It also creates heat in the core muscles which help prepare the body for the succeeding exercises.

6. Single leg stretch
The single leg stretch strengthens the abdominals and quadriceps while stretching the buttocks. This exercise creates stability and helps in the overall development of the core muscles.

7. The Bridge
The bridge is a restorative pose which stretches the neck, opens the chest and expands the lungs. It improves the quality and volume of breath, stretches the front of the body and lengthens the groins and psoas muscles. This pose calms the brain, soothes the nervous system and decreases insomnia and stress-related headaches. It also relieves backaches, increases the blood circulation to the arteries, improves digestion, and stimulates thyroid and parathyroid glands.

8. Spine stretch forward
This exercise stretches the inner thighs and groins. It opens the pelvis and lower back and reduces sciatic pain. It maintains the health of the kidneys, prostate, ovaries, and bladder and is a wonderful pose for pregnancy. It also eases menstrual discomfort.
9. Side stretch
The side stretch lengthens the muscles at the side of the body. It relaxes one side of the body while contracting the other and prepares the spine for the next exercise.

10. Spinal twist
This exercise releases tension around the spine and relieves backache and shoulder stiffness. It creates a diagonal stretch and a revolving action, which initially elongates and wrings out waste in the muscles and organs, and then infuses them with blood and nutrients.
The spinal twist improves circulation to the abdominal organs, exercises the abdominal muscles and improves digestion. It also increases suppleness of the spinal muscles. However, this exercise is not appropriate for women during menstruation.

11. Back extension
The back extension strengthens the latissimus dorsi, middle and lower back and the back of the shoulders.

12. Single leg lifts
This exercise works the buttocks and the hamstrings. The single leg lifts and the back extension work the muscles of the back which create balance to the core muscles.

13. Inverted V
The Inverted V stretches the hamstrings and calf muscles. It lengthens the spine, strengthens the upper body, arms and wrists. It increases shoulder flexibility. This exercise is great for increasing bone density as a weight bearing exercise. It is also a mild inversion which rests the heart and quiets the brain.

14. Cat stretch
The cat stretch lengthens the spine, creating suppleness and flexibility. It strengthens the back muscles. It also plumps up the spinal discs and aids in the fluid circulation in and out of the discs. It stimulates the nervous system and releases tension in the back. It is a good exercise to teach coordination of the breath with movement.

15. Child's pose
This is a very relaxing way to end a mind-body exercise routine. It stretches the back muscles and the spine and eases any lower back discomfort. It also increases circulation in the lower back and abdominal region.
Annex 15

All exercises are done only for 1 set and 6-10 repetitions. The idea is to perform each exercise properly, concentrating on working each muscle properly and linking each movement with the breath.

This 10-minute mind-body exercise routine is a great physical and psychological workout for schoolteachers who spend most of their day giving out energy to other people. It is a good way to reenergize, refocus and spend time with one's self after a long hard day in school.
Annex 15

Relaxed Pose

Full Body Stretch

Conscious Breathing

Abdominal Curls

Obliques

Double Leg Lift
Annex 15

Single Leg Stretch

Bridge

Spine Stretch Upward

Spine Stretch Forward

Side Stretch

Spinal Twist
Back Extension  
Single Leg Lifts  
Cat Stretch  
Inverted V  
Child's Pose
STRETCHING EXERCISES FOR PHOTOJOURNALISTS AND OTHER MEDIA PRACTITIONERS IN THE FIELD

By Prof. MARVIN LUIS C. SABADO

INTRODUCTION

Photojournalists, like any other member of the media, are always on their toes to catch the freshest and most juicy piece of news in town. Like a brigade of army, ready to toe the line to deliver their best, the highly competitive field that they tread on sometimes wreak havoc on their physical and psychological well-being. Fatigue and stress brought about by the demands of their work affects their efficiency. Inefficiency, however, has no room in the field of media, thus, some coping and stress relieving exercises should always be in tow to make them feel fresh ready to do the “battle”.

Like the ballet dancers who tiptoe, like “plastic man” who stretch beyond limit to get the best shot possible of a bluffing congressman, a grandstanding senator or a coy or angry president, photojournalists execute uncanny movements and poses. Doing some basic stretching exercises is one of the basic things that can relieve stress in not only the body but also the mind of all tired and weary individuals especially for the photojournalists who do not have a structured work hour like those office workers who are secured inside the cool confines of their offices.

The importance of stretching exercise, though universally acknowledged as important, always get downplayed and usually take a backseat when compared to strength or endurance training. Though often overlooked and misunderstood, flexibility exercises have proven to be important not only for athletes but also for laymen who do movement. With limited flexibility, tightness or stiffness at joint may be experienced. This may lead to a difficulty performing some movements which lessens efficiency in performing some our basic daily regimen. Active or not, everyone should engage in a basic type of stretching exercise because of numerous benefits that one may derive from it.

TYPES OF FLEXIBILITY TRAINING

There six common types of flexibility training namely static, ballistic, PNF (Proprioceptive Neuromuscular Facilitation), Dynamic, Active and Passive Stretching. Of the six, the former three are the more common types and they will be briefly discussed below.

STATIC STRETCHING

Involves holding the stretch to the farthest point for a minimum of 6-10 seconds to inhibit the stretch reflex.

- It is the safest method of stretching.
Annex 15

Advantages:
1. It requires little expenditure of energy.
2. It requires adequate time to reset the sensitivity of the stretch reflex.
3. It permits semi-permanent change in length.
4. It can induce muscular relaxation via the firing of the GTO's (golgi tendon organ) if the stretch is held long enough.

Ballistic Stretching
Ballistic stretching is a technique in which the body momentum forces the muscle groups into as much extensibility as can be tolerated.
- It involves bobbing, bouncing, rebounding, and rhythmic types of movements.
- This technique is the most controversial stretching method because it can cause the most soreness and injury.
- The use if ballistic stretching should be discouraged.

It may induce muscle tears as a result of:
1. Misjudging the stretch tolerance of the tissues and or
2. Failing to control the force of the body momentum.

Disadvantages:
1. It fails to provide adequate time for the tissues to adapt to the stretch.
2. It initiates the stretch reflex and thereby increasing muscular tension, making it more difficult to stretch the connective tissues.
3. It does not allow adequate time for neurological adaptation to take place.

PNF (Proprioceptive Neuromuscular Facilitation) Stretching
It was originally designed and developed a physical therapy procedure to rehabilitate patients.
- PNF techniques are claimed to offer a wider range of advantages and benefits. It is the most successful method for developing flexibility.
- It is also praised because it enhances active flexibility and it helps establish a pattern for coordinated motion (Alter, 1990, pp 9-11)

Key Stretching Principles
1. No matter what the nature of exercise to come, gradual warm-up should always precede the stretching exercises even if you are highly trained.
2. Be ready to make minor adjustments to your stretching routine.
   • You may be flexible on some days than others.
3. Your warm-up should be at least 10-15 minutes.
4. Identify needs and set specific and realistic goals.
5. Initial stretching should be gentle and specific to the muscles that will receive the most stress.
6. Use proper mechanics and strive for correct alignment.
7. Stretching should be slow and thorough.
8. Experiment with different types of stretching exercises.
   • The warm-up should be made creative.
9. Concentrate and feel the stretch.
 *(Mc Glynn, 1990, p 69)

**Physiological Responses and Adaptations to Flexibility Training**
1. It can enhance one's physical fitness.
2. It can increase mental and physical relaxation.
3. It can promote body awareness.
4. It can reduce back problems.
5. It can reduce muscular soreness.
6. It can reduce muscular tension
 *( Alter, 1990, p.3)

**When Not to Stretch**
1. A bone blocks motion.
2. You have had a recent fracture of a bone.
3. An acute inflammatory or infectious process in or around a joint is suspected or known.
4. Osteoporosis is suspected or known.
5. There is a sharp, acute pain with joint movement or elongation.
6. You have had a recent sprain or strain.
7. You suffer from certain vascular or skin disease.
8. There is a loss of function or decrease in range of motion.
 *( Alter, 1990, p.13)

**Basic Facts About Flexibility**

**Inactivity contributes to poor flexibility**
• People who are active tend to be more flexible than those who are not.
• The reason for this is that flexibility depends on the movement.
• With or no little movement, muscles and other soft tissues tend to become shorter and tighter.
• They lose elasticity and flexibility is decreased.

**Excessive body fat usually limits flexibility**
Obese people usually have a difficulty moving efficiently and their range of motion at certain joints is often restricted.

Fat deposits act as wedge between moving parts of the body, thus restricting movement.
Poor flexibility can contribute to poor posture
Poor posture is often caused by muscles that are shorter and tighter than they should be. It may also be a result of an imbalance of opposing pairs of muscles.

Poor flexibility is often associated with increased tension and pain
Those who are under prolonged stress often have pain in the neck, shoulders, and back.
• With constant tension, muscles are tighter than they should be.

Flexibility is specific to each joint
Flexibility is not a single characteristic because it is not uniformly present in each joint.

Decreased flexibility with age is usually caused by physical inactivity
Generally, small children are quite supple and it tends to level off at adolescence and then it begins to decrease.
• The primary factor responsible for the decline of flexibility with age is certain changes in the connective tissues of the body.

Flexibility can be developed at any given age given the appropriate training.
• However, the rate of development will not be the same at every age for all athletes.

It has been suggested that exercise can delay the loss of flexibility due to aging process of dehydration.
• This is based on the notion that stretching stimulates the production or the retention of lubricants between the connective tissues.

Females are usually more flexible than are males of the same age
During adolescence when flexibility reaches its highest level, the difference between males and females is most pronounced.
• The reason for this is that the females tend to participate more in activities that promote flexibility such as dance and gymnastics.
Annex 15

BIBLIOGRAPHY

Williams, Melvin H. Lifetime Fitness and Wellness. 2nd ed. Iowa: Wm C. Brown Publishers, 1985
NECK

Stretch #1
1. Relax the shoulders.
2. Tuck the chin in and bend the head forward.
3. Hold the stretch for 10 seconds and relax.

Stretch #2
1. Place your left hand on the upper right hand of your head.
2. Slowly pull the left side of your head (ear) unto your left shoulder (Lateral flexion).
3. Hold the stretch for 10 seconds and relax.
4. Do the same on the other side.

*Repeat stretch #s 1 and 2

Stretch #3
1. Look over to your left shoulder.
2. Hold the stretch for 10 seconds and relax.
3. Do the same on the other side.

*Repeat # 3

CHEST, ARMS AND SHOULDERS

Stretch #4
1. Stand upright, cross over one wrist over the other and interlock your hands.
2. Inhale, straighten your arms and extend your arms behind your head.
3. Hold the stretch for 10 seconds and relax.
Annex 15

Stretch #5
1. To stretch your shoulder and middle of upper back, gently pull your elbow behind your head and toward the opposite shoulder.
2. Do this stretch for 10 seconds and do the same on the other side.

Stretch #6
1. Stand upright with your left arm flexed and raised overhead next to your left ear and your left hand resting on your right shoulder blade.
2. Grasp your elbow with your right hand. Exhale and push your elbow down.
3. Hold the stretch for 10 seconds and relax.
4. Do the same on the opposite side.

Stretch #7
1. Stand with your feet about shoulder-width apart and toes pointed straight ahead.
2. Slightly bend the knees and place your right hand on your right hip for support and then extend your left arm up and over your head.
3. Slight bend at your waist towards the right side.
4. Hold the stretch for 10 seconds and relax.
5. Do the same on the other side.
BACK

Stretch #8
1. While seated on your chair, slowly lean forward and arch the back to take the pressure off your back.
2. Hold the stretch for 10 seconds.
3. Slowly put your hands towards your thighs to help push your body to an upright position.
4. Inhale and then relax.
5. Do this stretch for another repetition.

LEGS

Stretch #9
1. Bend the left knee and slowly pull your leg towards your chest.
2. Pull from under the knee.
3. Hold the stretch for 10 seconds and relax.
4. Do the same on the other side.
5. Do another repetition.

Stretch #10
1. To stretch the quadriceps, hold the top of your right foot with your left hand and gently pull your heel towards your buttocks.
2. Hold for 10 seconds and do the same on the other side.
3. Do another repetition.
Annex 15

Stretch #11
1. Elevate the back of your heel on your table or on a chair, which is about a waist high.
2. Slowly point your toes towards you. Hold the stretch for 10 seconds and relax.
3. Slowly point your toes away from you. Hold the stretch for 10 seconds and relax.
   • (Point-flex stretch)
4. Do the same on the other side.
5. Do another repetition for each side.

Lower leg
Stretch #12 (Calves)
1. Stand upright and then extend the left leg at the back.
2. Keep your legs about two feet apart.
3. Place your hands on your hips and then slowly lunge forward.
4. Hold the stretch for 10 seconds and relax.
5. Do the same on the other side.
6. Do another repetition.

Total duration: 7 1/2 minutes excluding the giving of instructions and position changes.

* Illustrations from Sports Stretch, Michael Alter
KALI-BASED EXERCISE DRILL
By Ms. RACHELLE PENEYRA and Prof. NORBERTO MADRIGAL

WHAT IS KALI? WHAT IS ARNIS?

Kali is a martial art indigenous to the Philippines. It is considered as the mother-art of arnis, and has been practiced all throughout the Philippines even before the Spanish came.

Arnis on the other hand is the form of kali that was influenced by the Spanish. The concept of spada-y-daga (sword-and-dagger) was infused in arnis. The term "arnis" was coined during the Spanish era because the action looked similar to a harness being whipped. Kali is a weapons-based art.

Some martial arts begin instruction with empty hands, and then proceed to weapons training. Kali on the other hand starts off with weapons. This might seem illogical or impractical, given that it is not easy to coordinate the use of a weapon with the body. However, the premise of kali is that if you begin to learn to deal with someone with a weapon, it would be much easier to deal with one who is unarmed.

KALI-BASED EXERCISE ROUTINE

Learning a martial art like kali is a good physical activity in itself. However, a kali-based fitness routine can also be developed for specific populations. What is important is a good mix of kali-concepts and exercise principles.

ON SELF-DEFENSE

Self-defense is not just a system. Self-defense is a mind-set. A lot of people have the misconception that learning a martial art is the same as learning self-defense.

Martial arts DO NOT GUARANTEE that you will be capable of self-defense. Martial arts only make you more aware of your capabilities and limitations as a person.

Remember, it is not the art, but the appropriate application of the art that will determine its usefulness in a situation.
KALI-BASED EXERCISE DRILL

DIAGONAL STRIKES

1-3 minutes. Repeat with the left hand.

1. Stand with feet together, knees slightly bent.
2. Twist body (from the hip and up) to the right.
3. Hold arms up and bent at the elbows.
4. Strike with a diagonal path, twisting the body to the left. Then strike back, twisting body to the right. (4-7)
BODY SHIFTING
1-2 minutes.

Horse stance with the right leg as lead, knees bent. Place weight on the lead leg, leaning the body forward.

Shift weight to the middle.

Shift weight to the hind leg. Shift weight back to the middle. Shift weight back to the lead leg.
STRIKING DRILLS

**STATIC**
Keep weight in the middle.
Mind the guard hand.
2-3 minutes.

**AGGRESSIVE** Can be done with a partner; 3-5 minutes.
First to strike. Wait for the partner to initiate "attack" before next strike.

**DEFENSIVE** Can be done with a partner; 3-5 minutes.
React to partner's advance for the first strike. (1) Immediately follow with next strike. (2-4)
Ball and Chain

Players:
Any number of players

Setting:
Indoors or outdoors, an open area for running around

Props:
Balloon attached to a string about 1 meter long

Ground Preparation:
None

Formation:
The players stand randomly within the playing area

Movements:
1. At a given signal, the players run after each other and attempt to burst each other's balloon.

2. They do this while trying to dodge and avoid having their own balloon burst.

3. The player who succeeds in doing this wins the game.

Physical components targeted:
The game is an exciting activity to practice physical fitness components such as bodily coordination where all the players try to move around and aim for the others' balloons. Eye and foot coordination is practiced as well. Muscular strength is enhanced when the players try to do their best to burst the balloons in one try. Their reaction time and agility are also practiced as they move and dodge the foot of the other players who also aim to burst their own balloon.

Source: From Aussie games, facilitated by Australian exchange students, 1998
The Blob Relay

Players:
Any number of players (in this case of 40 players, each team should form 4 groups of 5 members each)

Setting:
Indoors or outdoors, an open area for running

Props:
String, Cones

Ground Preparation:
2 parallel lines are drawn about 8 meters apart. One will be the starting line and the other, the end line.

Formation:
The 5 players on each team stand side by side on the starting line. The legs are tied together and each holds the shoulder of the players beside him/her.

Movements:
1. At a given signal, each group moves as one "blob" towards the end line, go around the marker, and move back to the starting line.
2. At all times during the race, the group should stay intact and move as one.
3. Upon reaching the starting line, the "blob" tags the next group of "blob" and moves in the same manner.
4. The first group to finish wins the game.

Physical components targeted:
The game is a fun activity to practice physical fitness components such as bodily coordination where all 5 players try to move as one and synchronize their movement. Muscular strength and muscular endurance are enhanced when the players try to keep themselves as close as possible and to maintain this position all throughout their run. Their combined balance is very important for them not to fall, which is very crucial to the game. Lastly, speed and cardiovascular endurance are key to move fast and reach the finish line first. Secondary to the physical components is the teams' use of communication and cooperative skills to execute the movements successfully.