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AN OUTLINE FOR DISCUSSION ON BASIC PLANNING
FOR HEALTH EDUCATION THROUGH COORDINATION OF GOVERNMENTAL,
VOLUNTARY AND INTERNATIONAL AGENCIES

Submitted by

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INTRODUCTION

"The need was stressed for improving coordination of health education activities within the national health services and particularly among various governmental agencies and voluntary health associations.

"The need and major importance for cooperation between health and education authorities and technical staff at all administrative levels was emphasized particularly."

These two sentences summarized the opinions on coordination of the participants of the technical discussions on health education of the public at the Sixth Session of Sub-Committee I of the Regional Committee for the Eastern Mediterranean Region of WHO held in Teheran 24-25 September 1956.

In the present seminar it is planned to elaborate further possibilities to improve coordination. The Planning Committee therefore selected as one of the topics to be discussed "Basic Planning for Health Education through coordination of Governmental, Voluntary and International Agencies". To assist the participants in the discussions an outline has been prepared to cover the major points of importance under this topic. Its purpose is to serve as a guide and check list for the discussion and is in no way a comprehensive paper on this complicated subject.

OUTLINE

I Need for coordination

Coordination is needed:

- a) To achieve the best use of resources, including funds, equipment and personnel;
- b) To avoid duplication of effort;
- c) To achieve the strength which comes from working together.

II Levels where coordination can take place

A. National level

The national level is the most important level as far as coordination is concerned. The work of governmental departments as well as nation-wide, voluntary health agencies can be best coordinated at this level.

It is of special importance to consider coordination and/or combination of effort regarding:

- 1) Planning of nation-wide programmes
- 2) Training of personnel in health education of public
- 3) Production of educational materials and aids
- 4) Evaluation of programmes
- 5) Research

The use of international advice or assistance in the country itself or for a fellowship programme for training abroad should be coordinated at this level. (See also IV).

B. Provincial level

In the case of a country with large political units like Pakistan or the United Arab Republic, where the provinces have relatively independent, well-developed health and other technical ministries, the coordination needs may be similar to those of the national level in smaller countries. (See II A).

However, most of the countries in this Region do not have in their administrative units, provinces or districts (ostans, liwas, etc.), decentralized technical services with independent administration. On the contrary, a quite strong centralization prevails and consequently coordination must be secured at the national level.

Some big municipalities, however, may offer opportunity for coordination at the city level between the city health department, local voluntary associations and other interested groups of the population.

C. Local and field project level

Except for some municipalities and community development projects, all initiative for health programmes comes generally from above, from the central authorities out to the field. The local community demands, voiced by representatives of the population, e.g. through elected local councils, are difficult to diagnose and are often not expressed due to lack of developed local self-government. As a result public health workers are usually implementing programmes initiated and designed by persons with central and national responsibilities, who in general terms are familiar with the needs of their country, but may not be aware of the felt needs and felt priorities of the population in areas selected for a specialized health project. This type of situation calls for a very careful approach and again for coordination of all resources which are available in and for a local community.

To introduce a pre-planned health project and expect it to be accepted by any population group, who have not originally requested it, is not an easy task and has often ended in failure. The same is true for other types of reforms and improvement schemes, as in the fields of agriculture and education. However, success in one technical field - as in health, for example, a successful malaria or smallpox campaign, may open the door for real two-way cooperation between the local population and representatives of the central administration at the local level.

(Refer to Document EM/HEP.Sem. 4, 12).

III Ways and means for achieving coordination

A. National Level

- 1) A central agency (section, division, directorate) for administration of health education activities is needed. Its "normal" place would be in the Ministry of Health and the principles under which this type of central unit should be organized, were discussed in the Teheran meeting 1956.

(Ref. Document EM/RC6/Tech.Disc.19).

- 2) Inter-departmental or inter-agency coordination committees (council, board etc.) may be needed as a forum for continuous contact between all governmental and voluntary agencies. It could advise on matters listed under II A.
- 3) If training programmes for health personnel, teachers, etc., regarding health education of the public are coordinated on the local level a better understanding will be reached.

B. Local level (field projects) (Refer to document EM/HEP.Sem/15)

- 1) Joint planning meetings (with active participation of representative of people to be served).
- 2) The planning and operation of cooperative pilot projects (including participation of all technical services interested in the problem).
- 3) Combined training programme for workers (especially important that field workers, e.g. for agriculture, education and health, are given some instructions regarding objectives and purpose of a joint project. For public health projects the same applies to the various health workers, doctors, nurses, sanitarians, auxiliaries, etc.).
- 4) Coordinated use of visual aids; if possible, combined production for the purpose of the project.
- 5) Continuous contact e.g. through meetings, for the exchange of views and sharing experiences of the workers on various levels.

(Refer to Document EM/HEP.Sem/15).

IV International coordination

There is an increasing awareness of the need to work in closer cooperation not only among the United Nations Agencies, but with the non-governmental organizations affiliated with them.

A. The United Nations and the Specialized Agencies: The Section of Health Education of the Public of the World Health Organization has a central position in international coordination of health education efforts. Among the United Nations specialized agencies there has always been a framework for and a special effort made to coordinate work among the agencies on the planning level, and some attempts have been made to coordinate carefully on the programme operations level. In the Middle East, an example of this is the Arab States Fundamental Education Centre in Sirs-el-Layyan, Egypt, which reflects the cooperation of UNESCO, UNICEF, WHO, FAO and ILO. UNICEF is actively assisting large numbers of health and nutrition projects in cooperation with WHO, FAO and the United Nations Social Affairs Bureau.

B. Non-governmental international organizations:

The International Union of Health Education of the Public is representing voluntary efforts to develop health education of the public and to achieve coordination.

There are comparable international bodies in the fields of tuberculosis, venereal disease, poliomyelitis, heart disease, cancer, mental health, blindness, deafness, crippling disabilities, and other areas. There are also international voluntary professional groups, such as the World Medical Association and the International Council of Nurses. There are voluntary international organizations in more general fields, such as the League of Red Cross Societies, (including as members national Red Crescent and Red Lion and Sun Societies of this Region), the International Conference on Social Work and the International Union for Child Welfare. All of these organizations are assisting in the improvement of the health of people throughout the world.

C. Bilateral international arrangement:

The International Cooperation Administration of U.S.A. is an example of international assistance through bilateral arrangements. Several countries in this Region have ICA-sponsored health projects, in which health education aspects have been duly emphasized. The Gondar project in Ethiopia is an example of coordination of effort between Government, ICA and WHO.

D. Regional:

This Seminar is a reflection of the regional organization within the World Health Organization - the working together of the countries of the Region to study and help solve health problems in the area. The meeting is an illustration of regional coordination. The countries of the Eastern Mediterranean Region have come together to look at health education problems from a regional point of view. Some of the examples of other regional organization which have a major concern for health planning are the South Pacific Commission and the Caribbean Commission, the Organization of American States and the Pan-American Sanitary Bureau.

In this region the Arab League is interested in coordinating the activities of the member countries in several fields including social welfare, education and health.

Regional training facilities for health education contribute to the coordination of health education efforts. When representatives from different countries come together within a region and study health education together, points of understanding are established which carry over later into programme development when these participants become active in the work in their own countries. An example is the training programme at the American University of Beirut. Other outstanding examples in other regions of WHO are the All-India Institute of Public Health in Calcutta, and the Health Education Training Programme at the University of the Philippines.