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Regional Office for the
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EMRO 37
December 1957

REPORT OF PLANNING COMMITTEE
FOR THE
SEMINAR ON HEALTH EDUCATION OF THE PUBLIC

held at

THE REGIONAL OFFICE FOR
THE EASTERN MEDITERRANEAN, ALEXANDRIA

6 - 8 November 1957

REPORT OF PLANNING COMMITTEE

INTRODUCTION

The Planning Committee for the Seminar on Health Education met in Alexandria, Egypt through 6 - 8 November, 1957. The Meeting was opened with an address by Dr. A.H. Taba, Regional Director (see Annex II). Dr. Lucy Morgan, WHO short-term consultant, was elected Chairman, and Mr. Robert Bogue, Health Education Associate, WHO Headquarters, was elected Rapporteur.

The discussion during the first day centred around Item III.1 and 2 of the Agenda (see Annex I and Annex IV for Summary of Discussions). On the second day, 7 November 1957, the Committee set up its objectives and topics for discussion, the necessary pre-seminar planning activities, and certain administrative procedures.

On the third day, 8 November 1957, the Committee discussed in more detail the proposed agenda for the Seminar (see Annex I) as well as its general structure and organization. During the entire period an atmosphere of co-operation existed. The contribution of the WHO Maternal and Child Health short-term consultants was greatly appreciated. (See Annex III for List of Participants).

The Committee expresses sincere thanks to the entire staff of the Eastern Mediterranean Regional Office for their co-operation and for making facilities available which greatly assisted them in their work.

OBJECTIVES OF THE SEMINAR

1. To provide an opportunity for people from different countries, working in different fields towards the improvement of health and welfare, to meet and :
 - (a) discuss their problems and needs;
 - (b) explore, in co-operation with other experienced workers, the ways and means suitable to local conditions and resources of meeting these problems.
2. To define the contribution which health education can make to the solution of health problems, and to discuss how the value of this contribution can be proved so that administrators and workers at all levels can give their whole-hearted support to health education activities.

SUGGESTED TOPICS FOR DISCUSSION

The Committee felt that the Seminar could best serve its purpose by having a central theme and directing all specific topics towards this end. Through the discussions, comments and points raised by the participants it was apparent there had been very little planning for the utilization of health education in achieving public health goals; therefore the theme and topics selected for discussion were :

Basic Planning for Health Education

1. through co-ordination of governmental, voluntary and international agencies;
2. through organization and administration case studies;
3. through training of public health and other personnel;
4. through health education in schools;

5. through the proper use of health education methods and materials;
6. through assessment and follow-up;
7. through extension of educational opportunities to all people.

PRE-SEMINAR PLANNING AND ACTIVITIES

Place, Date, Participation and Working Languages of the Seminar

The Committee proposed that the Seminar should be held in Teheran, Iran from 1 - 14 November, 1958. This period would cover twelve working days, including field visits. It was suggested that the number of participants should be between thirty and forty from the member states. The working languages would be English and French. The hope was expressed that the documentation could also be provided in Arabic.

The Committee felt that pre-seminar meetings in each country would be useful in discussing with the governments the purpose of the Seminar and helping determine the status of health education in relation to the overall public health programme.

It was suggested and recommended by the Committee that a guide be drawn up for the study by governments of the status of health education and public health problems in regard to resources, activities, service needs etc.

The Committee felt that the regular EMRO staff, in their routine travel to countries, could work with the governments in national pre-seminar meetings, that is, governments might arrange for them to meet representatives of the various health disciplines and related disciplines to study the situations following a pre-tested guide.

The Committee also made the following recommendations :

1. That the guide be prepared in early January at EMRO, Alexandria with the EMRO staff, a member of which, delegated by the Regional Director, would act as liaison, and the two WHO Health Educators assigned to the region.
2. That the Lebanon and Egypt be used as areas for pre-testing to see if such a procedure would be possible.
3. That by July 31, 1958, all pre-seminar meetings be completed and the reports completed.
4. That working papers be prepared and submitted during August and September, 1958.
5. That the Liaison Officer and the two Health Educators should meet in early January 1958 to draw up the guide for the meeting in August, 1958 to review country statements and make other necessary arrangements.
6. That two working papers on each topic be prepared and five on subjects in related fields, making a total of nineteen working papers; the Committee, with the Regional Staff, to determine who would write the papers.
7. That the material already prepared by WHO, Technical papers, Expert Committee Reports etc. should also serve as background material at the Seminar.
8. That the Public Information Officer in EMRO help in the preparation of the material and exhibits, such as spot maps, photographs and the collection and shipment of country materials.

9. That countries be invited to send visual aids such as photographs, posters, films, to the Regional Office by September 15, 1958 in order that the Committee on visual materials which would be organized in Teheran might arrange the necessary space for visual presentation.

With the above procedure it was felt that the "team spirit" would be carried through and that the emphasis on health education by means of all the various health disciplines would be demonstrated.

STRUCTURE OF SEMINAR

The Committee suggested that, in order to make the Seminar a real demonstration of the educational process and procedure, the sessions should be held with :

1. General meetings (plenary sessions).
2. Lectures.
3. Study groups.
4. Special interest study groups.
5. Symposia.
6. Field trips.
7. Practical demonstrations in the production and use of visual material.

The Committee felt that a variation of techniques would lead to interest in the Seminar. The study groups would be of two types : (a) all groups would discuss the same topics certain days, and (b) special studies would be undertaken by specialized groups, depending on the interest of the persons concerned.

It was also suggested that field trips should be arranged where different methods of health education were being used, for example :

- (a) Schools.
- (b) Health Centres.
- (c) Village committee meetings.
- (d) Health Division, Department of Health Education.
- (e) Training schools or projects.

The Committee felt that it would be more satisfactory if only small groups visited the areas, afterwards reporting on their visits to the plenary of the Seminar, emphasizing the health education techniques.

The Committee suggested that, if the allied fields of nutrition, social psychology, cultural anthropology, agricultural extension and community development were not represented by participants from countries or agencies, special consultants in these fields might be invited.

ADMINISTRATIVE PROCEDURE

Regarding administrative procedure, the Committee was informed of the administrative practice of WHO concerning seminars and it was suggested that the host government be advised in the near future of arrangements, especially as regards its commitments.

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A G E N D A

I. Opening Remarks - Dr. Taba, Regional Director

Welcome to members of Planning Committee.

Reference to main purpose of Planning Meeting.

II. Organization of Planning Meeting

Review of time-table.

III. Proposed Subjects for Discussion

1. Brief review of main technical aspects of health education featured at WHO/EMRO Technical Discussions on Health Education, Teheran, 1956.

2. General discussion of principal needs, resources and current status of health education activities as basis for formulating major topics of 1958 Seminar programme e.g. this might include reference to aspects such as the following :

- 1 Major health problems and programmes of particular importance in determining priorities for health education services.
- 2 Discussion of prevailing concepts as to the aims, meaning and practical side of health education in strengthening and development of health work with people on a national scale and regionally.
- 3 Present status of health education aspects of local, provincial (or state) and national health programmes e.g. activities, personnel, methods used, budget, principal difficulties etc.
- 4 Planning, organization and administration of health education service at various levels of health administration e.g. nationally, provincially etc. in terms of functions, staff, training needs, supervision, budget etc.
- 5 Role of schools in health education with special reference to teacher preparation for health education and promotion of health of school age children.
- 6 Status of training programmes for preparing health workers in health education.
- 7 Status of current needs, functions, training and employment of health education specialists.
- 8 Needs, resources etc. for preparing, producing, pre-testing etc. visual aids and illustrative materials.

2.9 Status of co-operative health education effort with other official agencies and voluntary societies - including reference to community development.

2.10 Status of studies or current local experiments of special significance with reference to health education.

3. Consideration of main technical and administrative aspects of 1958 Regional Seminar Programmes.

3.1 Proposed objectives for the Regional Seminar.

3.2 Main subjects or aspects of health education which should be particularly featured in light of discussion under item 2 above.

3.3 Proposed professional fields which should be represented at Seminar.

3.4 Approximate number of participants.

3.5 Duration of Seminar and proposed dates in 1958.

3.6 Methods to be used in conduct of Seminar including consideration of need, value etc. of field visits.

3.7 Proposed working papers - subject, number, possible contributors, target date for submission of paper to EMRO etc.

3.8 Proposed observers.

3.9 Professional competencies required for Seminar resource staff.

3.10 Proposed host country.

3.11 Working languages.

3.12 Library arrangements desirable.

3.13 Desirability of making provision for evaluation of Seminar itself.

3.14 Report - proposed type.

4. Consideration of preliminary preparations within countries prior to Seminar.

4.1 Pre-Seminar meetings in countries e.g. purpose, need, value, prospects etc.

4.2 Possible use of WHO/UNESCO Study Guide on Teacher Preparation for Health Education as one working document of assistance to pre-Seminar meetings.

4.3 Discussion of need for development of general discussion guide by EMRO as aid for helping in country discussions.

4.4 Possible value of reports from countries giving summaries of main views, findings, and questions considered in pre-seminar country meetings.

4.5 Consideration of usefulness of having countries submit illustration materials for display at Seminar itself.

IV. Review of Summary Report of Planning Meeting

V. Adjournment.

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SUMMARY OF OPENING ADDRESS

BY

DR. A.H. TABA, REGIONAL DIRECTOR, WHO/EMRO

It gives me great pleasure to welcome you all to the WHO Regional Office for the Eastern Mediterranean and to thank you for having accepted my invitation to attend this Planning Committee for the Seminar on Health Education which is to be convened next year.

As you know, and as we mentioned in our letter to you and to the Governments, this is a committee meeting attended by a number of experts on health education from the region, and also some other experts who have been invited by WHO and who have kindly accepted to come and help us in planning for this Seminar. I do not think I need emphasize the importance of health education in all health activities and national health planning and, indirectly, in the whole programme planning of the countries.

The subject is extremely important and it is of particular significance to this region where its importance perhaps has not been so fully realized until relatively recent times. However, as you well know the matter is now being given due consideration by a number of countries of the region and we hope that the Seminar next year will further bring it to their attention, and in a more tangible way.

This Seminar is being convened and organized on the recommendation of Sub-Committee "A" of the Sixth Session of the Regional Committee for the Eastern Mediterranean which was held in Teheran last year. As you know, the subject for the Technical Discussions at this meeting was "Health Education of the Public", which aroused considerable discussion. I feel, and I also hope, that this Seminar will complement the very useful discussions and decisions of that Committee. This Planning Meeting will, I hope, be fully successful in giving guidance of a technical, administrative or organizational nature to the Regional Office in the preparations for the Seminar. Your advice will be particularly useful in the preparation of the agenda, and the subjects and fields to be covered by the Seminar. A proposed agenda has been circulated for your consideration, and covers a number of points. Your deliberations need not necessarily be limited to these and you may add to, or delete from, them as you may wish.

I am sure that we shall do our utmost to implement your recommendations, especially as regards the subjects and technical matters which you think should be given prominence at the Seminar. Administratively also, we would like your assistance on such matters as the number of participants, the meeting place of the Seminar, the date, the languages to be used etc. The time, as you know, is in 1958; budgetwise it is finalized, but the exact date of the Seminar is not yet decided upon.

I will not take more of your time, especially since I know your work load will be heavy.

I wish you a pleasant stay in Alexandria, and I hope that your meeting will meet with full success.

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LIST OF PARTICIPANTS

Members of the Planning Committee:

Dr. Lucy Morgan	WHO Consultant (Short-term) University of North Carolina, U.S.A.	
Mr. Robert Bogue	WHO Headquarters	
Dr. A.M. Kamal	Dean High Institute of Public Health Alexandria) } EGYPT
* Dr. M.K. Abdel Razzak	Director Division of Health Education and Social Services Cairo	
* Mr. Hailu Sebsebie	Health Educator Ministry of Public Health	
* Mrs. Hourassa Shokouh	Chief Division of Public Health Education	IRAN
* Mr. Muawiya El-Khaldi	Senior Health Educator	JORDAN
Dr. Rushdy Tarazi	Secretary General Ministry of Health and Public Assistance	SYRIA
Professor W. Darity	American University Beirut, Lebanon	
Mr. A. Habashy Henein	WHO Health Educator Arab States Fundamental Education Centre Sirs-el-Layyan, Egypt	
Dr. L.A. Kaprio	Public Health Administrator (Planning) EMRO	

Observers :

Dr. Anne Burgess	WHO Health Education Consultant (Short-term) to EMRO Maternal and Child Health Seminar
Dr. Salwa Khouri-Otaqui	WHO Consultant (Short-term) to EMRO Maternal and Child Health Seminar

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Staff of EMRO :

Dr. S.F. Farnsworth	Director of Health Services
Dr. P. Descoedres	Public Health Administrator (Operations)
Dr. A. Mochi	Regional Public Health Adviser
Mr. J.O. Buxell	Environmental Sanitation Regional Adviser
Mrs. P. Palmer	Public Information Officer
Miss J. Pitcherella	Nursing Adviser

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SUMMARY OF DISCUSSIONS UNDER ITEM III, 1 AND 2 OF THE AGENDA

1. BRIEF REVIEW OF MAIN TECHNICAL ASPECTS OF HEALTH EDUCATION FEATURED
AT WHO/EMRO TECHNICAL DISCUSSIONS ON HEALTH EDUCATION, TEHERAN, 1956

The desired aim to discuss the brief review led into a general discussion centred around the majority of the items covered under III, 1 and 2 of the proposed Agenda. This discussion continued through both morning and afternoon sessions.

The main points raised which fell directly under the items of the Agenda could be summarized as follows.

2. GENERAL DISCUSSION OF PRINCIPAL NEEDS, RESOURCES AND CURRENT STATUS OF
HEALTH EDUCATION ACTIVITIES AS BASIS FOR FORMULATING MAJOR TOPICS OF
1958 SEMINAR PROGRAMME

Demonstration areas to convince higher authorities (need).

Physicians trained in Public Health Administration (need).

Approach to problem. Need for programme promotion to interest :

- 1) Physicians.
- 2) Teachers and Administrators.
- 3) Agricultural Engineers.
- 4) Social Workers.
- 5) Midwives.
- 6) Other Public Health Personnel (Sanitary Engineer, Sanitary Inspector, Public Health Nurses etc.).
- 7) Anthropologist.
- 8) Auxiliary Health Personnel.
- 9) Village Level Workers.
- 10) Home Economist and Nutritionist.
- 11) Fundamental Education and Community Development.
- 12) Religious Leaders.
- 13) Rural Community Leaders.
- 14) Native Medicine Review.

There is a need for training in health education for the above category.

The chronological organization of needs was :

- (a) Planning.
- (b) Organization and Administration.
- (c) Training of Personnel.
- (d) Programme Promotion.
- (e) Methods and Materials.

2.1 MAJOR HEALTH PROBLEMS AND PROGRAMMES OF PARTICULAR IMPORTANCE IN DETERMINING PRIORITIES FOR HEALTH EDUCATION SERVICES

- 1) Environmental Sanitation with special emphasis on techniques in applied health education for sanitation personnel.
- 2) Education to teach people how to solve sanitation problems through organized effort - health education specialist could co-operate with sanitation personnel.
- 3) Maternal and Child Health.
- 4) School Health.

2.2 DISCUSSION OF PREVAILING CONCEPTS AS TO THE AIMS, MEANING AND PRACTICAL SIDE OF HEALTH EDUCATION IN STRENGTHENING AND DEVELOPMENT OF HEALTH WORK WITH PEOPLE ON A NATIONAL SCALE AND REGIONALLY

What was the ultimate objective of health education (aim) for the countries in EMR ? What was the standard of health desired by the people ?

Health needs were not the only needs. There were political, economic and social needs as well as the need for stability - in other words a broader viewpoint of health was required.

It was also felt that sometimes health workers tended to encourage and uneven the balance of training - more doctors than were needed versus teachers. It was further suggested that one aim of health education should be to prepare people to use facilities in long-range planning.

Concept : Health education ~~was~~ everybody's job.

2.3 PRESENT STATUS OF HEALTH EDUCATION ASPECTS OF LOCAL, PROVINCIAL (OR STATE) AND NATIONAL HEALTH PROGRAMMES

In many countries of the region there was now a division, branch or section on health education, with a director.

There was almost complete agreement on the lack of a budget for health education and this principal difficulty was due to the lack of understanding on the part of the higher officials.

2.4 PLANNING, ORGANIZATION AND ADMINISTRATION OF HEALTH EDUCATION SERVICE AT VARIOUS LEVELS OF HEALTH ADMINISTRATION

Would there be a long-range plan for health education? Would it be a scientific plan? The major problem seemed to be the lack of continuity because of the lack of long-range planning.

2.5 ROLE OF SCHOOLS IN HEALTH EDUCATION WITH SPECIAL REFERENCE TO TEACHER PREPARATION FOR HEALTH EDUCATION AND PROMOTION OF HEALTH OF SCHOOL AGE CHILDREN

The preparation of teachers to carry out health teaching and health education was stressed. In some areas it was done during the summer through workshops or short study courses, in some it was completely integrated and a part of the curriculum of Rural Teacher Training Centres, and in other places health teaching was part of the unit method. It was further brought out that, in regard to the students, their participation through role playing could be effective.

It was apparent from the discussions that the preparation of headmasters, inspectors and other school personnel was essential in order that the teachers obtain support in health education in schools.

2.6 STATUS OF TRAINING PROGRAMMES FOR PREPARING HEALTH WORKERS IN HEALTH EDUCATION

Very little discussion, two points were raised. In one country (Egypt), in the training programme for assistant midwives health education was a part of the curriculum. In another country (Syria), the Community Health Centres served as an area for in-service training of midwives.

2.7 STATUS OF CURRENT NEEDS, FUNCTIONS, TRAINING AND EMPLOYMENT OF HEALTH EDUCATION SPECIALISTS

The need for the health education specialist was shown very clearly in the demonstration of the health team when they could not work separately. Utilization of health education specialist services with the regular team in the group approach methods for education was important.

As far as needs were concerned, it was expressed that there was a need for a few top level specialists and, at the present time, the so-called auxiliary health educators should be ruled out.

2.8 NEEDS, RESOURCES ETC. FOR PREPARING, PRODUCING, PRE-TESTING ETC. VISUAL AIDS AND ILLUSTRATIVE MATERIALS

There was an expressed need for audio-visual material as well as expert guidance in its preparation and use. Some countries have units for audio-visual aids where films are made, pamphlets, and one country is now starting a monthly magazine.

2.9 STATUS OF CO-OPERATIVE HEALTH EDUCATION EFFORT WITH OTHER OFFICIAL AGENCIES AND VOLUNTARY SOCIETIES - INCLUDING REFERENCE TO COMMUNITY DEVELOPMENT

Here there was extensive discussion on co-operative effort (Iran) community development; Social Welfare Department, Department of Agriculture in Jordan (Village Level Workers); Social Workers and Health Educators as well as Teachers in Egypt; Teachers in Jordan - UNRWA - Health Education Workers, Fundamental Education Workers, Social Workers.

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SCHEDULE FOR YEAR 1958

- JANUARY : Staff to develop guide - Committee will develop national planning with Egypt and Lebanon.
- JANUARY : Pre-Seminar meetings in each country, (a preparation of study, according to the guide. National preparations for Seminar).
through JULY
- EMRO staff assistance in national preparations for Seminar.
- AUGUST : 1) Staff committee will co-ordinate national planning for Seminar and request working papers, first part of August 1958.
2) Arrangements in host country with special consultant.
- AUGUST : Working papers, preparation of exhibits and visual aids
SEPTEMBER will be completed.
OCTOBER

NOTE: The assistance of the Liaison Officer appointed by the Regional Director, EMRO, and of the Public Information Officer required the whole year.

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BASIC PLANNING FOR HEALTH EDUCATION

1. THROUGH CO-ORDINATION OF GOVERNMENTAL, VOLUNTARY AND INTERNATIONAL AGENCIES

In view of duplication and lack of co-operation which sometimes arise through lack of co-ordination of services between the voluntary and international agencies, it is felt that this should be given prime consideration in the Seminar. For example, the following all deal with aspects of health education :

- International (UNESCO - Fundamental Education
UN - Community Development
WHO - Public Health Services
- National (Ministry of Health - Public Health
Ministry of Agriculture
Ministry of Social Welfare
Ministry of Education
- Voluntary (Red Crescent
Red Cross
Red Lion and Sun

Other Agencies I.C.A. etc.

It should be decided :

- (a) Who should be responsible for this co-ordination.
- (b) How this co-ordination can best promote Health Education.
- (c) What administrative frame-work is necessary to carry out this co-ordination.

2. THROUGH ORGANIZATION AND ADMINISTRATION CASE STUDIES

To strengthen and extend the educational aspect of clearly defined public health programmes.

3. THROUGH TRAINING OF PUBLIC HEALTH AND OTHER PERSONNEL

- (a) Kind and degree of training courses (not overlooking occasional and possible yearly booster courses) necessary for :
 - 1) Public health workers.
 - 2) Auxiliary health workers, including midwives and nurses who have not had health education training.
 - 3) Social workers.
 - 4) Village level workers in community development.

- 5) Fundamental education workers.
- 6) Home economists.
- 7) Nutritionists.
- 8) Agricultural workers.
- 9) Community leaders.
- 10) Native medicines.
- 11) Anthropologists.
- 12) Municipal workers.

(b) Facilities for training as to content, context and place.

4. THROUGH HEALTH EDUCATION IN SCHOOLS

(a) Higher Institutions

- 1) Teacher training institutions and colleges for teachers and administrators.
- 2) Religious schools.
- 3) Medical schools before internships.
- 4) Nursing and midwifery schools.

(b) Elementary and Secondary Schools

- 1) Throughout all twelve years under qualified leadership (not overlooking incidental teaching opportunities).
- 2) Health concepts included in text-books.
- 3) Utilization of materials.
- 4) Encourage a sanitary environment, making teaching practical.
- 5) Co-ordination of school health education with community health education and the total public health programme.

5. THROUGH THE PROPER USE OF HEALTH EDUCATION, METHODS AND MATERIALS

- (a) Personal contact and human relations.
- (b) Proper use of audio-visual aids, health models, visual units.
- (c) Recognition of certain cultural and sociological patterns, and respect for human dignity.

6. THROUGH ASSESSMENT AND FOLLOW-UP

- (a) Continuous evaluation to change process.
- (b) To determine success and failure.
- (c) Survey to determine need of priorities to projects - local resources and cultural aspects.

7. THROUGH EXTENSION OF EDUCATIONAL OPPORTUNITIES TO ALL PEOPLE

- (a) To achieve health by their own action and efforts.
- (b) To promote human dignity and decrease social problems.