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A MANUAL FOR ORGANIZERS AND RESOURCE PERSONS OF REGIONAL AND NATIONAL COLLOQUIA ON HFA LEADERSHIP DEVELOPMENT

WORLD HEALTH ORGANIZATION
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A MANUAL FOR ORGANIZERS AND RESOURCE PERSONS OF REGIONAL AND NATIONAL COLLOQUIA ON HFA LEADERSHIP DEVELOPMENT

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1987

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PREFACE

As long ago as 1977, Dr Halfdan Mahler, Director-General of the World Health Organization, drew attention to the catastrophic lack of properly trained managers at all decision-making and operational levels of health care. Since the Alma-Ata Conference in 1978, when countries of the world endorsed the concept of primary health care as the key to achieving the global goal of Health for All by the Year 2000, Member States have been working with WHO to reorient and train personnel with managerial and decision-making responsibilities in the basic elements of the managerial process for national health development. This process derives from the primary health care approach to provision of health and health-related services: it is based on the principles of equity and social justice, that is making both health care and the basic requisites for healthy living, for example safe water and an adequate food supply, accessible to all people in all communities, urban, rural or nomadic. At the same time, by fostering involvement of communities in all aspects of provision of such diverse services, and making use of voluntary provision by the communities of manpower, financial and material resources in support of government inputs, it was expected that even countries with very limited national resources could achieve the goal. The watchword was to be "partnership" - between health and non-health sectors and between governments and the people, focused on the community level, with the aim of building up self-reliance and, indeed, a large measure of self-sufficiency.

As this process continued to progress, it became clear that an additional element was needed in achieving the goal of Health for All, and this was "leadership".

This is the quality that some people have, and many can develop, of seeing ahead, recognizing the path to be taken and motivating others to follow. Early in the 1980, Member States and WHO began to seek ways of identifying leaders inside and outside the health sector, as well as in communities, and then helping them to gain a true understanding of the principles of primary health care and the means by which these could be realized in an appropriate and practical way in the national context. The result was what is now termed "Health for All Leadership Development".

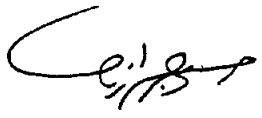
Before "leaders" can motivate others, they must be motivated in themselves. The Health for All Leadership Development programme has been designed to provide this motivation, using a careful mix

of loosely-structured colloquia on the theme of Health for All, and a chance to gain an understanding of primary health care principles "in action" by visiting countries where various innovative approaches have been initiated and developed to successful outcomes. Perhaps I should emphasize, at this point, that it is not the detailed implementation that has to be transferred from country to country but the principles behind the implementation of those approaches; the practical details have to be transformed so that they are economically, socially and culturally acceptable.

It was soon realized that such colloquia, though loosely structured as a dialogue among equals, required a framework within which to operate, and provision of this framework is the prime purpose of the present Manual. It offers guidance to organizers of such colloquia, and to all those who support their work, on how to carry out their tasks in an appropriate and efficient manner. Above all, the aim is to allow present and future leaders to develop ideas *and to test them in discussion with their peers* without any imposition of a rigid framework. Indeed, the principles of primary health care are only to be used as a yardstick by which to assess, in discussion, the validity of innovative approaches and not as a strait-jacket of inelastic procedures.

The Manual is expected to generate colloquia comprising minimally-structured, informal dialogue and active participation, with elements that encourage the expression of leadership skills. Development is obtained by fostering exchange of experiences and dynamic interaction between participants, with a minimum of direction by organizers and facilitators.

I believe that the first edition of this Manual will set the stage for WHO's collaboration with Member States of the Eastern Mediterranean Region in these activities. Future editions will build on the results of our learning together in what must be a continuously evolving process - Health for All Leadership Development.



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1. LEADERSHIP DEVELOPMENT STRATEGY

Development and application of the concept

The concept "Health for All by the Year 2000" presumes considerable social change in terms of solidarity, social justice and equity. It regards health as a resource for general socio-economic development and requires of countries radical restructuring and reorienting of their health systems.

It was quickly realized that these comprehensive and radical objectives required, among other things, strong management. As early as 1977 Dr H. Mahler, Director-General of WHO, said: "Without wishing to be provoking, I must also draw your attention to the catastrophic lack of properly trained health care managers at all decision-making and operational levels. If you do not quickly embark upon intercountry and country programmes in this area Health for All by the Year 2000 will fall on the deaf ears of traditional medical bureaucrats". And, indeed, weak infrastructures and poor management have seriously impeded efforts by many Member States to expand coverage and utilization of primary health care, the main medium for implementing the strategy of Health for All. It also became clear that the problem lay not only in lack of managerial skills but also in a need to change the value system of the strategy for "Health for All" itself. It had been one thing to initiate the strategy; it was proving quite another to keep it on the move. What was needed was a dedicated core of people with leadership qualities, people who were both intellectually committed and emotionally attached to the movement. They would be people with the ability to motivate others, to influence prominent collaborators and interest groups, assisting them in shifting from intellectual to emotional commitment, and to sustain such commitment through one, formulated policy and translate it into action.

Thus, in the early 1980s, steps were taken within the developing countries to identify a group of people in leading positions who were socially accepted, technically prepared and personally committed to the concept of "Health for All by the Year 2000", and who could understand all aspects of the health development process: political, social, economic and institutional. The success of health-for-all policies and strategies would depend on such people and so the proposal to develop a health-for-all leadership, drawn from proven leaders active in political, social, scientific, educational, religious, governmental and community arenas, as well as from senior health policy-makers and health personnel, was endorsed. Many developing countries began to look

for people in leading positions in the health system, with the aim of further developing their leadership capabilities and, more importantly, of making them fully committed to implementation of the strategy for "Health for All by the Year 2000".

From the beginning, close collaboration has been maintained with WHO. In 1981, the Thirty-fourth World Health Assembly reaffirmed the responsibility of WHO to fulfil its constitutional role of leadership: as a directing and coordinating authority in international health work; in fostering mechanisms for technical cooperation and coordination in health work; in mobilization and rationalization of the flow of health resources; in the contribution of health to socio-economic development and peace; and in the provision of necessary support for the development of policies, strategies and plans of action at country, regional, interregional and global levels, including joint action with other relevant international organizations.

The Global Strategy for Health for All adopted by the same Thirty-fourth World Health Assembly reaffirmed the need for building up, in developing countries, the critical masses of managerial, technical and scientific competence required for the formulation and implementation of their national strategies for Health for All.

Despite numerous international meetings, resolutions and plans of action, technical cooperation among developing countries (TCDC) has not achieved the desired impact in terms of mutual support among countries for the implementation of these strategies. Lack of national capabilities in planning and management of health development, lack of valid information about health needs, demands and trends and lack of both political will and continuous commitment from the policy-making levels, have frequently resulted in policies and plans which have remained unimplemented

For developing countries to become self-reliant in implementing their national strategies for Health for All, concentrated efforts are required to strengthen national capabilities in strategic management. This will only be possible when those "critical masses of health leaders" have been mobilized to conduct these processes effectively in each developing country.

The concept of "critical mass" may need some elaboration. As the term is used in the present context, the word "critical" refers not only to the minimum number of persons who can make an impact, changing the momentum of a process, but also to the strategic location of this minimum number throughout the entire spectrum of a national situation - the health services system and its related institutions, universities, research establishments, health professional and occupational associations, trades unions, political

organizations and movements, etc. - and at all levels. A "mass" of health leaders, located only within a ministry of health and restricted to the bureaucratic levels, can never constitute a "critical" mass of health leaders. It is important to recognize, however, that there can be no one, universal, recipe for building up a critical mass, because the approaches and methods employed are dependent on the national goals to be achieved and on the characteristics of those who are to be developed into leaders.

The concept of "health leaders" also requires some further explanation. A "leader" is a person who is recognized by others as experienced and socially committed and is, therefore, accepted by them as able to lead them in a certain, commonly agreed direction. Leaders are never appointed from above, but selected from below. Only followers can appoint leaders, who, in turn, can only maintain leadership as long as they hold the confidence of their followers. Leaders have to be able to see problems in a wide perspective, while never losing sight of the long-term horizon. They must be able to forecast situations and judge when the time is right to undertake the particular action required to achieve a desired goal in a defined, long-term direction.

The first critical mass of health leaders was convened at the Leadership Development Colloquium held in Brioni, Yugoslavia, in October 1984; this has contributed to the process of implementation of the strategy for leadership development in health. In its development this process has undergone some changes and improvements. Firstly, the role of leaders in other, non-health, sectors has been stressed. The strategy for "Health for All by the Year 2000 through primary health care" is a political as well as a development process and covers all development sectors of society; thus, leaders are required in non-health sectors which have an impact on health status.

Secondly, since this process involves a strategic objective and commitment for the long-term development of health in the world, it is not enough to concentrate only on current leaders. Having in mind the necessity for continuity of activities in aiming for Health for All up to and beyond the end of this millennium, attention should also be paid to finding potential leaders of the future. For this purpose methods have been established of seeking out suitable young people who will be given opportunities to develop their leadership capabilities.

Despite the worldwide economic crisis which has placed constraints on action, WHO has intensified its efforts in stressing the necessity of narrowing the gap between political dialogue, which accepts Health for All as a strategy, and actual implementation.

In 1985, the Director-General of WHO launched a new initiative, "Health for All Leadership Development", the principle aim of which

is to develop that critical mass of people throughout the world, capable of assuming leadership in the HFA movement both within their own countries and internationally.

In 1985, the Thirty-eighth World Health Assembly recognized:

> "... that the international and national colloquia on leadership development for Health for All and TCDC organized in Brioni, Yugoslavia, in 1984 and programmed for 1985 and 1986 in Cuba, Thailand, the United Republic of Tanzania, and Yugoslavia, are concrete efforts for building up of critical masses of Health for All leaders;"

and welcomed and strongly supported:

> "... the priority given by the Director-General, in his introduction to the proposed programme budget for the financial period 1986-1987, with the aim of building up critical masses of health-for-all leaders."

The strategy and initial plan of action were developed by a Global Task Force which included a high degree of regional office participation.

The present phase of the development and elaboration of health-for-all leadership can be said to be promising. In practically all regions of the world, including those where the most developed countries are situated, colloquia or similar meetings, such as workshops or dialogues, are being organized.

Perhaps most encouraging is the fact that it has now been recognized and accepted that such a cardinal social and health objective as Health for All by the Year 2000 can never be realized without leadership development.

2. THEORETICAL BACKGROUND TO HEALTH FOR ALL LEADERSHIP DEVELOPMENT COLLOQUIA

The learning approach of the regional and national colloquia on HFA Leadership Development follows the theoretical tradition of so-called sensitivity training (also called laboratory training). The methodology of a sensitivity training experience may be summarized as follows[1]:

There is a deliberate lack of directive leadership, formal agenda, or display of power and status. Participants fill the consequent behavioural vacuum, or lack of direction, by resorting to traditional behaviour. This may be by means of clue-sending regarding status, attempts at formalization, structured leadership,

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1. See Andre L. Delbecq, Sensitivity Training, in: Fred Luthans (ed), Contemporary Readings in Organizational Behavior, McGraw-Hill Book Company, New York, 1972, pp. 409-418.

power plays, etc. Proceedings depend to a large extent on feedback. The facilitator sets the tone by open, non-defensive, emphatic and genuine expression of his own feelings in a minimally evaluative way. Since the situation is non-directive and participants are often, thus, anxious, there follows a cycle of mutual distrust and threat followed by the beginning of a cycle of openness and mutual trust. In this way, the impact of a participant's personality on the proceedings can be assessed and the effectiveness of his role-playing can be confirmed or disconfirmed. Interpersonal relationships develop whereby members serve as resources to one another, facilitating experimentation with new personal and interpersonal behaviour, particularly collaborative behaviour. Finally, there is opportunity to explore the relevance of the experience in terms of situations and problems "back home".

There has been sufficient research to indicate that sensitivity training can be a vital learning experience, to which participants themselves give generally favourable responses, citing reduced tension, increased capacity for honesty and for assertiveness in interpersonal relations as well as greater self-acceptance. Furthermore, colleagues of participants who have undergone such training report them to be more understanding of the social systems within which they work, more aware of the impact of their personality on others, better able to control their own behaviour, more open and effective in communication, and more flexible in their work roles.

It should be pointed out that not everyone is a suitable subject for sensitivity training since a considerable amount of stress is involved. Careful selection of both participants and facilitators, as well as continuous feedback, are essential.

3. STRUCTURE OF A COLLOQUIUM ON HEALTH FOR ALL LEADERSHIP DEVELOPMENT

3.1. Objective

The main objective of such a colloquium is to introduce actual and potential national health leaders from health and health-related sectors to a process of further leadership development in support of health-for-all strategies. In this way they will be better prepared to support the development of the national strategies for Health for All in their countries and to implement practical action in the area of TCDC.

3.2. Content and methods of work

The method of work of the regional and national colloquia is similar to that of previous international and national HFA

leadership development colloquia[2]. The approach and methods have been developed with regard to the following assumptions and limits: (i) that the participants are high-level public health, or health-related, officials who are not easily available for a period of longer than one or two weeks; (ii) that the participants have basic technical knowledge related to planning, leadership and management in the field of health; (iii) that while some participants may be familiar with the concepts of HFA/2000 and primary health care, others may not; and (iv) that while some participants have managerial and leadership experience, others do not.

Emphasis throughout the colloquium is given to group dynamics, team work and individual leadership development so as to assist participants in improving their abilities to identify, understand and define social, economic, political, institutional and managerial issues/problems and constraints when formulating and implementing national strategies and plans of action for Health for All.

Table 1 shows that, in contrast with many WHO gatherings (seminars, conferences, workshops and meetings), there are no formal lectures or presentation of position papers in a colloquium. The work evolves as a dialogue among participants in which they exchange their views, ideas and experiences in an open and self-critical way.

3.2.1. Modules

The nature of health problems of particular countries and of their component parts (districts, local communities) differ considerably. Similarly, variations are found in the way countries are organized in the institutional, administrative, political and social context, at which the leadership development process is aimed. Appropriate subject matter for inclusion in the modules is extremely important for individual and group motivation and to stimulate active participation in the work of the colloquium.

A hypothetical framework of the subjects for each particular colloquium may be worked out on the basis of previous analysis of health status of a population, comparative analysis of health systems and other analytic procedures.

However, the actual programme and modular structure of the colloquium as prepared should be regarded as potential only. Organizers and facilitators should be ready to coordinate and change subjects on the spot, though not the process. The results of the

2. Brioni, Yugoslavia, 1984; Chiang-Mei, Thailand, 1987.

TABLE 1. OBJECTIVES AND METHODS OF COLLOQUIA ON HEALTH FOR ALL LEADERSHIP DEVELOPMENT

Objective	Yes	No	Method
Delivery of technical knowledge		x	No formal lecturing
Introduction to HFA/PHC in general	x		Self-education during free time, literature provided by resource persons
Familiarization with the general HFA/PHC principles	x		Production of learning materials: module documents, handbooks, case studies, etc
Increase in leadership potential and behavioural modification	xx		- Case analysis - Role playing - Team building - Dialogues - Panels

pre-survey inquiry and of the initial panel should also be taken into consideration.

A colloquium may be divided into several modules which should address issues relevant to implementation of health-for-all strategies in the participating countries, the consequent implications for leadership development methodology and the roles anticipated for national health leaders on returning to their countries. Issues discussed in earlier modules may include: support to Health for All; targeting for Health for All; intersectoral cooperation; management of resources; problems related to urbanization; health development in relation to socio-economic, political and institutional factors; theory versus implementation of strategies; and the importance of strategic design. All colloquia will include modules on leadership development as a means of achieving Health for All and TCDC, and on ways in which participants can contribute, individually and collectively, through concrete action, to national health development processes, as a result of the experience they have gained during the colloquium. Since some participants may be young and inexperienced, although good potential managers and leaders, the methods and approach should include management and leadership skills, behavioural changes and "familiarization" with Health for All policy. The approach and methods will also depend on the leader's level and other similar factors.

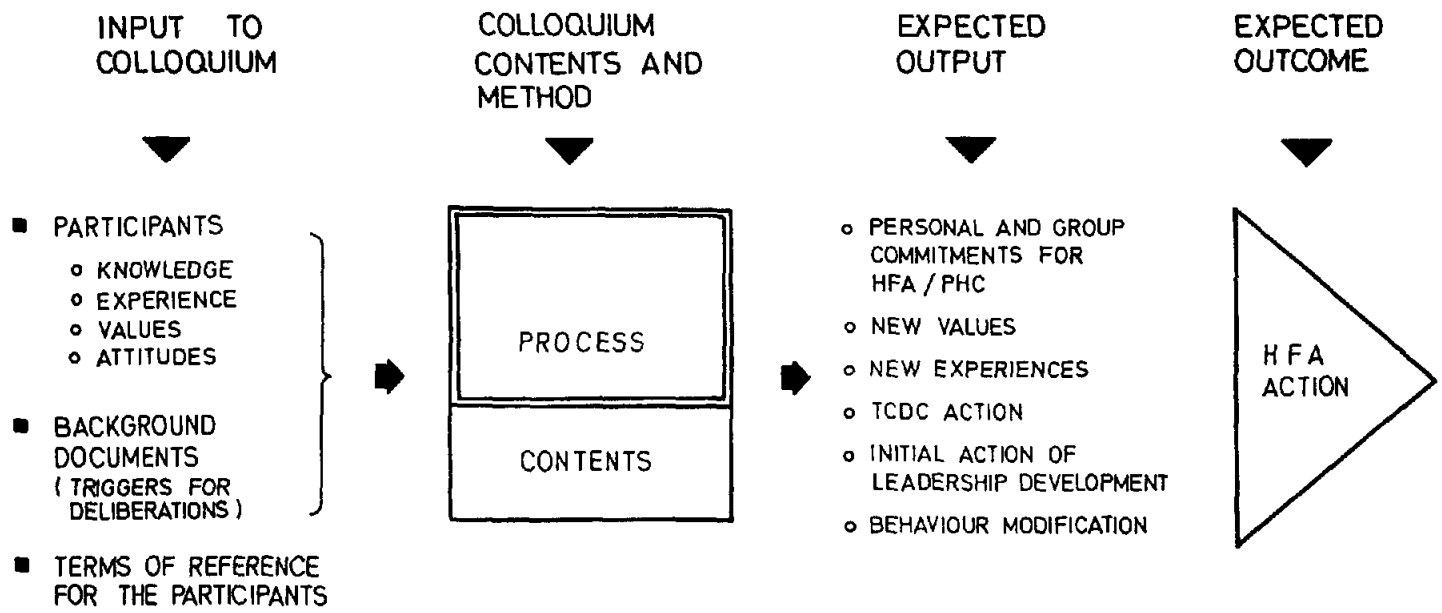

FIG.1. Input to colloquium related to method of work and expected output

Field visits will be arranged, wherever possible, and incorporated into one of the modules. Such visits will serve to demonstrate examples of leaders and primary health care in action, as well as to provide experiences which relate to case studies relevant to health-for-all strategy implementation. If it is felt necessary to the process of leadership development, field work may be assigned during the visits.

The relationship between the input to a colloquium, methods of work and expected output may be summarized as in Fig.1, while the recommended flow of work for a colloquium is shown in Fig.2.

3.2.2. Plenaries, working groups and panels

At the beginning of the colloquium, and before the official opening ceremony, there should be an **organizational plenary** in which the resource persons and/or facilitators responsible for the preparation of the technical programme of the colloquium explain the objectives and the method of work proposed. They will introduce the module documents and the terms of reference which delineate the various roles to be played by the participants and the resource persons in the work of the colloquium. In addition, timing and scheduling, various activities, as well as the information on logistic and administrative support of the colloquium, will be discussed here. The modules themselves are organized in terms of plenaries, working groups, panels and field visits; up to one-and-a-half days should be allowed for each module.

Usually, a module will be introduced during plenary session by resource persons or facilitators who have particular interest in the subject of that module. Prior to the beginning of these **initial plenaries**, each participant is expected to read the background document relevant to the specific module under discussion to familiarize himself with the objective of the module, content, examples provided and suggested issues/questions for discussion. At the initial plenary for each module, participants will identify potential issues/questions for consideration by working groups, for in-depth analysis and reflections. In doing so, they may take into consideration issues/questions suggested in the background module document and may identify new ones. At the end of the initial plenary the list of questions for discussion by working groups is to be agreed upon. Each initial plenary will be organized according to the following sequence of activities: (i) short introduction of the objectives and method of work, by plenary chairman; (ii) identification of issues/questions for subsequent consideration by working groups; (iii) summary of discussion and draft report of the plenary, by rapporteur.

Thereafter, participants will be divided into small subgroups of up to ten persons. Subgroups will be of mixed nationality with

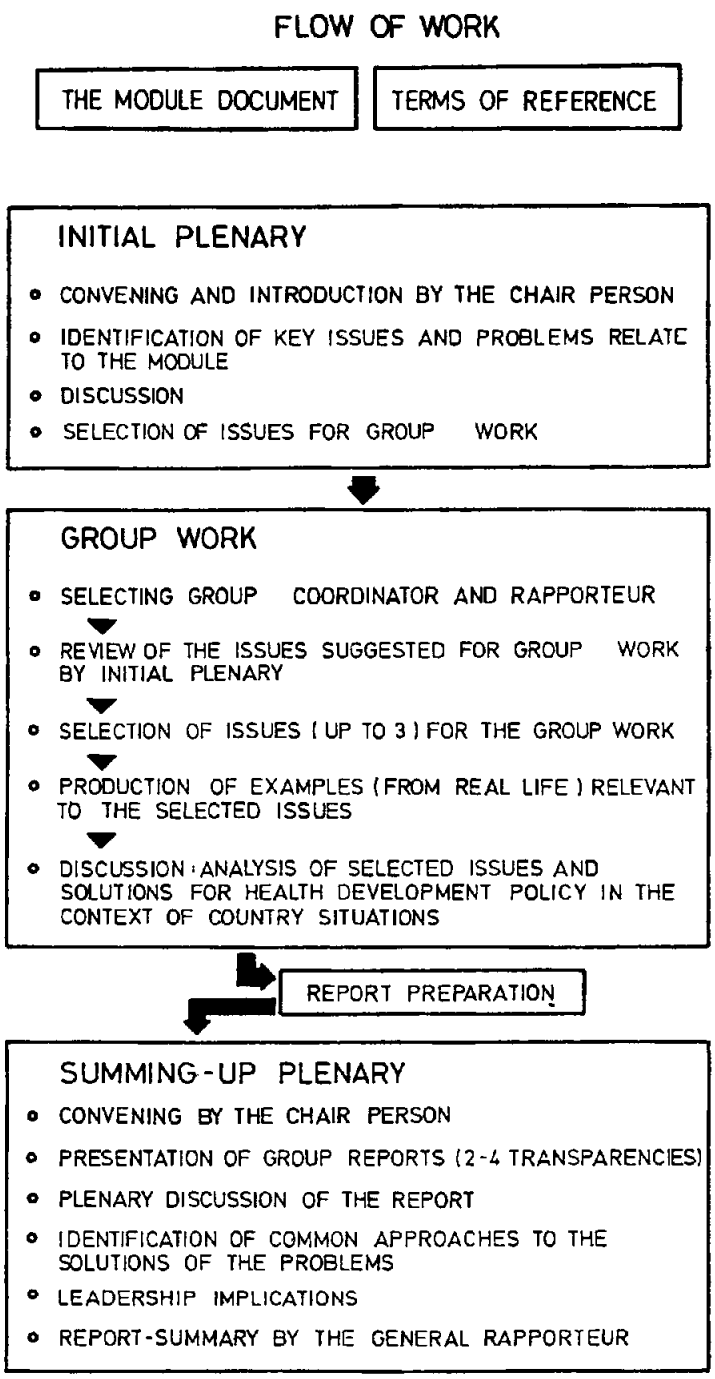

FIG.2 Flow of work of colloquia on health for all leadership development.

the exception of those for the module dealing with country action programmes. Discussions in the working groups represent the core elements of the colloquium. Groups discuss, separately, the various issues, questions and examples arising out of the module, addressing the questions listed in the module documents and drawing on their own experience in the working context. Each group will then decide on three priority issues for in-depth analysis and discussion. In this and in answering the listed questions, the participants are expected to keep in mind the "problem-solving" approach, taking into consideration a real situation in their own countries, identifying possibilities, constraints and limitations in dealing with particular issues/problems relevant to their national strategies for Health for All. Every effort should be made to avoid theoretical, ideal answers, and participants are particularly expected to bring into their discussions, political, social, economic and administrative examples from their country situations. Participants should be ready to argue and defend the order of priority assigned to issues in the working groups and plenaries for each module.

The chairman and rapporteur of each group will meet in advance with the respective facilitator assigned to support the group, to prepare a preliminary outline for the group work. The groups themselves will decide finally on organizing and allocating the time available for group work. For the module on country action programmes, working groups will have short working documents prepared in advance by the resource group and participants will, from the beginning, discuss practical means by which they might individually and collectively contribute to the better implementation of national strategies for Health for All and TCDC in their own countries.

Each module will conclude with a summing-up session attended by all the groups at which results of discussions will be presented in plenary. In this way participants can discuss commonalities and differences found among working groups and participating countries. The chairman and rapporteur of the summing-up plenary, together with the rapporteurs of the working groups, and with the support of the facilitator responsible for the respective module, will meet in advance to prepare the summing-up plenary. A summary of group presentations will be prepared for inclusion in the report of the colloquium.

The summing-up plenaries will be organized according to the following sequence of activities: (i) short introduction by the plenary chairman; (ii) concerted presentations by the rapporteurs of each working group; (iii) questions for clarification; (iv) summary by the plenary rapporteur (taped).

The summing-up plenary for the module for country action programmes will differ from those for other modules in that it

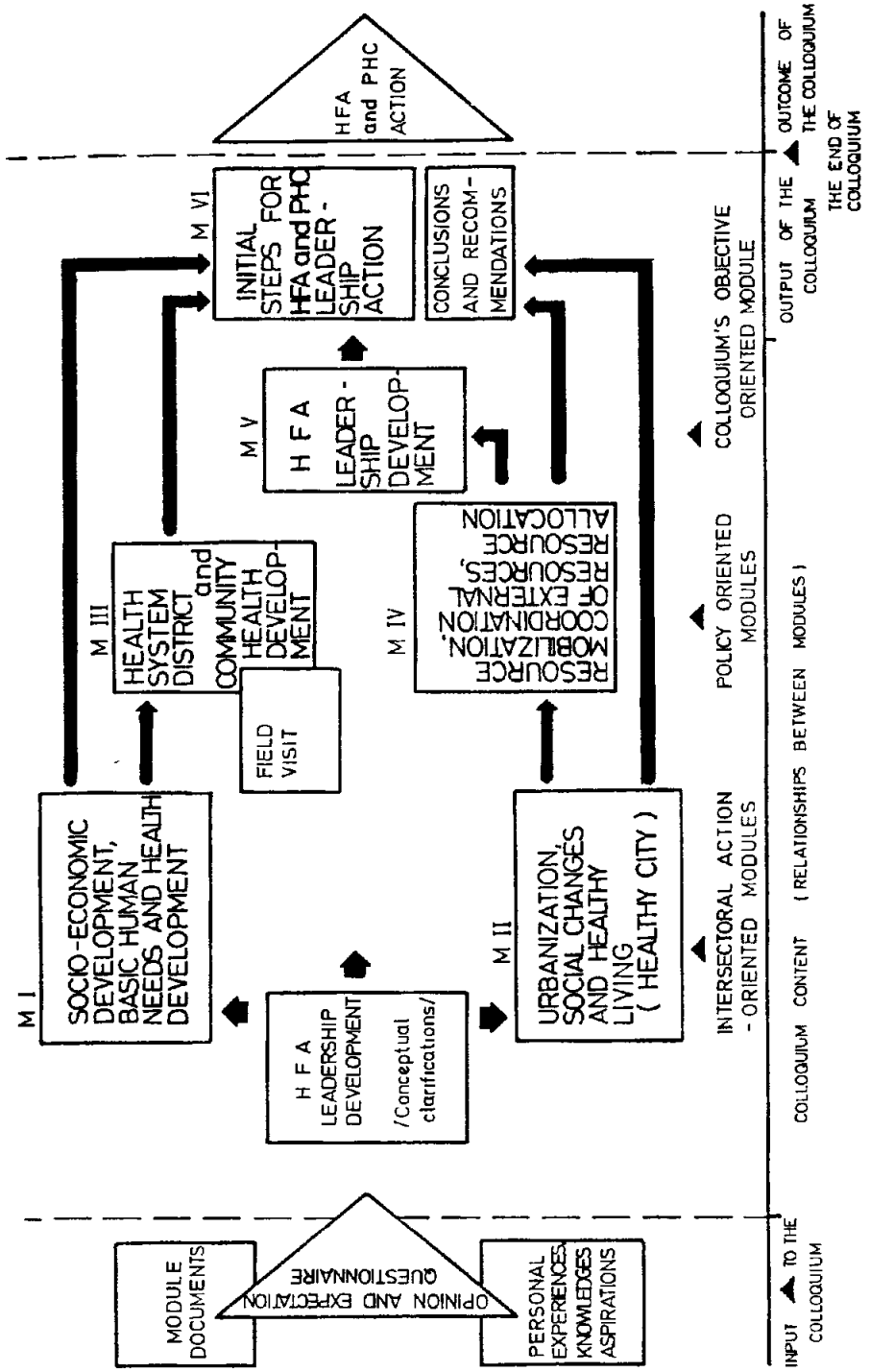

FIG 3 Sample of possible content, flow of work and expected output/outcome of a colloquium on leadership development for health for all

should be designed to reverse the terms of the dialogue developed at the panels (see below). The participants (through their group rapporteurs) will present their ideas on how they plan to pursue action in support of national strategies for Health for All, when they return to their home countries. The panellists will then have an opportunity to direct questions and comments to the rapporteurs and participants. The plenary will be organized according to the following sequence of activities: (i) short introduction by the plenary chairman; (ii) concerted presentations by the rapporteurs of the working groups; (iii) questions by panellists; (iv) answers and comments by participants and general discussion; (v) summary by rapporteur (taped).

Whenever it is felt necessary, resource persons with special interest in a module topic may be invited to participate in group discussions. Generally, however, resource personnel are invited, as personalities who represent policy-making levels in countries and in international organizations, to take part in panels, in which they conduct open dialogue with participants. The panellists present their own views on how national processes for health development and concrete activities on TCDC might be carried out by national health authorities. On the basis of their group discussions, participants then direct questions and comments to the panellists on practical means by which they themselves might initiate individual and collective action in their respective countries in support of strategies for Health for All and TCDC.

The panels will be organized according to the following sequence of activities: (i) short introduction by the chairman; (ii) first round of presentations by the panellists; (iii) questions and comments from participants; (iv) summary by rapporteur (taped); (v) second round of presentations by panellists; (vi) discussions; (vii) summary by rapporteur (taped).

An example of the possible content, workflow and expected output of such colloquia is given in Fig.3.

4. TERMS OF REFERENCE FOR PARTICIPANTS AND FACILITATORS

4.1. Criteria for selection of participants

In order to foster a sensitive training atmosphere, participants should be selected according to the following basic conditions: (i) that they come from different working backgrounds, not only from the health sector but also from health-related sectors such as finance and planning, education, housing, local government and agriculture, as well as from educational institutions and non-governmental organizations; (ii) that they are of varied age and sex; (iii) that they occupy positions of leadership or are clearly potential leaders. If the colloquium is to be international, fluency in the official language of the colloquium should be a requirement.

4.2. Terms of reference for participants

As has been indicated, the colloquium is organized in such a way that there are no formal lectures, introductions or other conventional methods of a teaching/learning process.

Participants are expected to express themselves openly throughout the colloquium, exchanging ideas, arguments, and experiences in relation to the real situation found in their own countries. The few documents that are distributed may be used only as a catalyst for sharing participants' own ideas and experiences.

It is also expected that participants will temporarily separate themselves from the official positions they occupy in their own countries in order to facilitate the exchange of experiences in a self-critical way, and, at the same time, to look positively and prospectively at ways of improving their national health development processes.

Participants should be clearly informed of what is expected of them, both before and during the colloquium. They are encouraged to be as active as possible from the beginning of the colloquium and to develop their capabilities for self-learning. During the colloquium, participants are encouraged to produce case studies and examples from real life in their own countries, as well as to be generally informed about the health system in their countries.

The colloquium should be designed in such a way that all participants have an opportunity to play the role of chairman or rapporteur of working groups, plenaries, panels and/or field visits. To enable participants to perform these roles efficiently the following functions have been foreseen:

Chairmen of initial plenaries

(a) With the support of the rapporteur of the relevant initial plenary and the facilitator for that module, prepare the plenary. This preparation should take place at least one day in advance of the plenary session.

(b) Open the plenary by providing a short introduction with a clear indication of the subject, purpose and expected outcome of the plenary, as well as the rules needed for an efficient and productive meeting.

(c) As moderator, follow the discussion and stimulate the active involvement of <u>all</u> participants.

Rapporteurs of initial plenaries

(a) Meet with the plenary chairman and the facilitator for the relevant module in order to prepare initial plenary, at least one day in advance of the plenary session.

(b) Follow carefully the discussion of the plenary in order to extract the important points, ideas and consensus of the discussions.

(c) Present an oral summary at the end of the initial plenary meeting.

(d) Prepare, with the support of the facilitator assigned to the module, and on the basis of the recorded oral summary, a written summary of the plenary which will be distributed to the working groups.

Coordinators (Chairmen) of working groups

(a) Make a preliminary outline of the group work in advance of the first group meeting, with the support of the group rapporteur. This outline will facilitate the group's decisions on how they should organize their work and allocate their time.

(b) Stimulate informal discussion at the group meetings, encouraging participants to take part in the discussion and to clarify the objectives and principal points of the respective modules.

Rapporteurs of working groups

(a) Meet with the group chairman to make a preliminary outline of the group work in advance of the first meeting.

(b) Follow carefully the discussion of the working group meetings in order to extract the important points, ideas and consensus for the summary, to be provided orally during the summing-up plenary.

(c) Prepare a report of the group work with the support of the chairman and facilitator.

(d) Assist in preparing, together with other rapporteurs and the facilitators assigned to the modules, a written concerted report for the summing-up plenary.

(e) Present an oral summary in the respective summing-up plenary.

Chairmen of summing-up plenaries

(a) With the rapporteurs of the working groups and the rapporteur of the relevant summing-up plenary, and with the support of the module facilitator, prepare the summing-up plenary for the relevant module. This preparation should take place a day in advance of the plenary session.

(b) Open the summing-up plenary session by providing a general introduction with a clear indication of the subject, purpose and expected outcome of the plenary, as well as the rules needed for an efficient and productive meeting.

(c) As moderator of the meeting, follow the discussion, and stimulate the active involvement of all participants.

(d) Ensure that the length of each intervention is limited and to the point.

Rapporteurs of summing-up plenaries

(a) Meet at least one day in advance of the summing-up plenary with the respective plenary chairman, group rapporteurs and facilitator assigned to the module to make sure that the report is concerted, concise and comprehensive.

(b) Follow carefully the discussion of the plenary in order to extract the important points, ideas and consensus of the discussions.

(c) Present an oral summary of the plenary.

(d) Prepare, with the support of the module facilitator and the chairman, and on the basis of the recorded oral summaries of the rapporteurs of working groups, the final draft summary of the plenary.

Chairmen of panels

(a) Meet in advance with the rapporteur of the panel and the facilitator or resource person assigned to prepare the programme of work of the panel.

(b) Open the panel by giving a general introduction with a clear indication of the subject, purpose and expected outcome of the panel, as well as the rules needed for an efficient and productive meeting.

(c) Ensure the smooth running of the discussions as moderator by stimulating active involvement of all participants.

Rapporteurs of panels

(a) Meet with the chairman of the panel and the facilitator or resource person assigned to the panel a day in advance to prepare the programme of work.

(b) Follow carefully the discussions of the panel in order to extract the important points, ideas and consensus of the discussions.

(c) Present an oral summary of the panellists' presentations, and participants' questions and comments

(d) Prepare, with the support of the facilitator or resource person assigned, and based on the recorded oral summaries, a written summary of the panel.

Panellists

(a) Meet at least one day in advance with the coordinators of the colloquium and the other panellists in order to ensure that panel presentations are complementary and not repetitive.

(b) Make an initial oral presentation to the panel.

(c) Respond to questions and comments posed by participants.

(d) Make a second oral presentation on the basis of the participants' questions and comments.

(e) Participate in the discussion during the panel and the final summing-up plenary.

(f) Serve as the primary source of questions and comments to rapporteurs and participants at the respective summing-up plenary.

4.3. Criteria for selection and briefing of facilitators

Facilitators (and resource persons) should be nominated and selected in good time, at least three months before the colloquium. The programme of preparation should, as a rule, take into account the needs and demands of each particular facilitator's team. The following points should be particularly noted with regard to both selection and briefing:

(a) Level of familiarity with HFA/2000 strategies in general and the leadership development initiative in particular;

(b) Previous experience in organizing and implementing similar training activities;

(c) Level of familiarity with the learning materials and module documents.

In order to provide a uniform approach to the fulfilment of the basic duties of facilitators, i.e. the roles of mediator and facilitator in the non-structured group dynamics, but, nevertheless, taking into account the concrete demands and needs of facilitators, the programme of preparation should include at least one of the following elements:

(a) understanding of the basic terminology relating to strategies for Health for All, such as primary health care, managerial process for national health development, TCDC, leadership development, appropriate technology, intersectoral action for health, etc.;

(b) exchange of experience and agreement on subject and meaning of basic concepts of the HFA strategy;

(c) familiarization with general leadership theory and its specific application to the HFA and primary health care movements;

(d) familiarization with the details of preparing and implementing the colloquium. Stress should be placed on explaining the different roles and functions which participants of the colloquium will have in plenary sessions, panels, groups and field work;

(e) in-depth knowledge of module material so as to be able to carry out their primary role as mediators and to be able to discuss module topics analytically and critically, and answer queries arising from participants.

Particular attention should be paid to the psychological preparation of facilitators. Also, since the colloquium is not a standard conventional gathering, facilitators should be briefed to realize and accept that they can best assist in the process of leadership development if they remain as unobtrusive as possible and avoid interfering unnecessarily in a process which, as a rule, is proceeding naturally. Thus, in the actual colloquium, and as formulated in the terms of reference, a facilitator activates himself only when specifically asked to do so by the participants, when some explanation is necessary, or to solve some misunderstanding or conflict regarding concepts.

Preparation of the resource team should be carried out immediately before the start of the colloquium. In optimum conditions the programme of preparation should be achieved in 4-6 days.

4.4. Terms of reference for facilitators

The facilitators are responsible for designing the programme and the method of work, for ensuring continuity in the proceedings and for the preparation of background documents. The facilitators will also provide necessary explanations and clarifications on the topic under discussion in a module, stimulate group dynamics and participate in the discussions when necessary. In plenaries, the interventions of the facilitators will be limited to providing explanations of WHO's HFA and PHC strategies and approaches.

Before the colloquium

(a) Meet periodically in subgroups and as a team for the collective preparation of the technical aspects of the programme.

(b) Prepare the working documents.

(c) Collect information, reference literature and other materials which are considered useful for participants during the colloquium.

During the colloquium

(a) Meet periodically in subgroups and as a team for the collective monitoring of the development of the colloquium, particularly in relation to the technical aspects of the programme.

(b) Support the chairmen and rapporteurs in the preparation of the initial plenaries, working groups, summing-up plenaries and panels.

(c) Brief the personalities (resource persons) invited to participate in the panels about their expected contribution.

(d) Observe on a continuing basis the work of the groups in their discussions and deliberations.

(e) Prepare and supervise field visits, including the preparation of field visit information sheets.

(f) Carry on an active and informal interpersonal relationship with the participants of the colloquium outside the formal calendar.

(g) Be responsible for the preparations and presentations at the organizational plenary.

After the colloquium

(a) Make a preliminary assessment of the colloquium, particularly in relation to its technical aspects, and make recommendations for the improvement of future colloquia.

(b) Maintain informal interpersonal relations with the participants in order to facilitate the support that they will require in implementing their committed activities. Continue to encourage and strengthen participants' potential for self-learning.

5. DOCUMENTATION

Teaching/learning materials should be prepared well in advance of the colloquium. They should be flexible but, most important, relevant to leadership development in the health and health-related sectors. Thus, most standard texts will not be suitable and organizers and facilitators would do better to prepare their own with a view to presenting examples and triggering discussion. Another important aspect of colloquia documentation is that it can often serve as a resource for future colloquia. Organizers should bear in mind that previous colloquia may have generated material that could be of use.

5.1. Production of case studies

Case studies and examples are valuable trigger-materials which should be prepared by the participants during the colloquium. They are taken from real life within the subject matter of certain modules, thus they contribute to, and stimulate, vivid discussion, confirming or declaring a thesis. They play a very important role in the work of the colloquium, encouraging exchange of experience, contributing to the forming of attitudes, and obviating the need for imaginary and artificial cases as illustrations. Produced case examples relate to similar (or opposite) phenomena and practice cited in a module or viewed on a field visit and help create a realistic conception of certain issues and questions. Case examples may also be used for preparing module documents for future colloquia.

It has been shown in practice that this sort of material is best used when as many participants as possible are reminded of the desirable forms and format of their work; the type of their individual activity will then be revealed.

Case studies should be prepared in such a way that it is clear what kind of case they represent, what happened and how, who was involved, what is to be illustrated by them and what the outcome was. It is recommended that an outline of case studies and examples should be made by the facilitators

An example of the kind of form and format which might be used in given in Annex 1. This has been tested in practice and found appropriate.

5.2. Module documents

The working documents for the modules should aim to facilitate definition and selection of those issues and questions to be considered as most significant within each of the modules. The participants, divided into mixed-country groups, will collectively review the working documents, adding issues/questions where appropriate and, finally, make a list of these in order of priority and according to their significance for their national strategies for Health for All.

5.3. Field visit information sheets

Information sheets should be prepared for the field visits so as to present the places to be visited and the examples to be discussed. They should be designed to minimize requests for basic information which might consume time unnecessarily during the dialogue between the participants and the people involved in the real process of health development. These information sheets should also stimulate and trigger questions pertinent to the relevant module. It may also be useful to provide supporting material relating to the host country/region/district such as statistics, reports on health status, local health systems etc.

5.4. Other documents

Other documents which should be distributed to participants during the colloquium will cover logistics and administrative matters to ensure that the planned activities proceed smoothly. A colloquium bulletin should be made available periodically to participants.

Brief background documents and other types of national document provided by participating countries and/or received from participants should be displayed in a small library organized for that purpose. Participants should be informed in advance of the type of information they should bring with them for their use during the colloquium and for the benefit of other participants. Such information may cover national HFA strategy, national health development plans, statistics, national health systems and development sectors. These background documents are intended to provide basic information on the countries participating in the colloquium. Similarly, the series of publications issued by WHO on Health for All and primary health care, as well as on the managerial process for national health development, should be displayed in the library as reference material for the participants.

6. SELECTION OF SITE AND NECESSARY ADMINISTRATIVE AND SECRETARIAL SUPPORT

As has been pointed out elsewhere, the leadership development colloquia are not meetings of standard type. According to the principles and method of sensitivity training, the participants are in a position to influence each other, playing the role of resource person to each other, communicating by triggered dialogue and experience-sharing. This, together with the fact that the persons involved already occupy leadership positions, and are encouraged to exercise their leadership roles during the proceedings, requires that the Colloquium be organized and prepared most carefully, and well in advance. Preparatory phases may last up to a year.

6.1. Selection of venue

One of the most important aspects of any kind of dialogue between equals is a favourable atmosphere and atmosphere will depend, among other things, upon the site chosen for the colloquium. Ideally, the place chosen should have a favourable, temperate climate, with good working conditions and accommodation. There should also be facilities for recreation and for socializing.

Relative isolation (such as seaside on mountain resorts) is favoured although venues must be easily accessible, both for participants and because panellists will be arriving for short periods of the meeting. There should also be good communication and supply channels with the organizers' head office. Perhaps most important is the proximity of the field sites to the colloquium. The necessity for extended travel on field visits should be avoided.

Premises should be big enough. The optimum number of participants will vary between 20 and 30; daily plenaries and working groups will require an adequate number of rooms to be available. The presence of an additional group of facilitators (8 per 30 participants), as well as the necessity for well organized technical and secretarial support, makes at least one additional room desirable.

6.2. Selection and preparation of participants

In order to allow participants to prepare and plan their regular obligations and duties during their absence, the organizers should nominate and invite participants at least 6 to 8 months prior to the Colloquium. It is to be expected from experience gained in the past that the full quota of invited participants will not turn up; therefore, it may be recommendable to invite extra participants to ensure a full attendance.

Initially, participants are contacted by the authorities who nominated them. The organizer sends them a separate official letter along with all the relevant information. Two types of information are concerned: (i) general, concerning where the Colloquium is to be held, detailed time schedule, characteristics and data about the place, board and lodging details, travel connections at arrival, conditions of stay, expenses, costs, climate, local way of life, etc.; (ii) specific, brief information on the aim and purpose of the Colloquium, its structure and method of work, anticipated dynamics and preparation of participants. Participants should also be provided with information regarding the roles played by facilitators and resource persons (panellists). As a rule, the provisional time schedule is provided separately, together with the contact address of the person (usually the director of the colloquium or the main coordinator) to be addressed by the participants in case they need additional information.

In the second part of the colloquium the participants work on preparations for elaboration of a programme of activities, i.e. a plan of action, to be applied on return to their countries. In order to be able to carry this out more easily and with best results, participants should be provided with certain relevant data, as well as with basic policy documents, and should be made aware of the existence of the library.

Documents should be sent to the participants in advance, handed to them on arrival, or given out immediately before the relevant technical meeting or event. Publications and documents which are not immediately required should be placed in the reference library.

It is important that a competent person be assigned in charge of the library daily at an established time of which the participants are well informed. This person should not only be able to provide participants with materials, but also with technical advice.

6.3. Preparation of the field visit

One of the most delicate aspects of preparing a colloquium is the organization of the field visit or field work. Suitable sites should be identified well in advance.

Long trips should be avoided since they are exhausting to participants, wasteful of time and, very often, draw attention away from the main sense of the colloquium. In this context also should the venue of the colloquium be chosen.

Case studies to which the field visits relate should be prepared well in advance so that results can be processed and incorporated into modules.

A separate sub-council should be formed by local authorities and local resource persons to be in charge of preparing and implementing the particulars of the visit. A detailed time schedule should be drawn up for carrying out the field visit and/or field work in which every available moment should, as far as possible, be accounted for.

Usually, an information sheet is prepared on the place to be visited on the field trip. This should be distributed to participants on the day of the visit or a day before. It is also quite useful if, among the library reference materials, there can be made available any publications about the place and circumstances dealt with, so that the participants may study in depth the problems of particular interest to them.

6.4. Equipment

Any educational technology used should be appropriate to the nature of the personnel and the colloquium and may only be of use if it genuinely facilitates, accelerates and expedites the proceedings. The traditional technical and secretarial support should, for the sake of promptness, efficiency and adequacy, be provided with modern office equipment, such as electronic typewriting machines, text processors and photocopying machines. It is also useful to have an improvised room equipped for graphics processing, video and overhead projection etc.

6.5. Pre-colloquium survey and post-colloquium evaluation

6.5.1. Opinion, aspiration and expectation questionnaire

On the day before the colloquium is due to start a survey may be carried out to establish participants' views. The objective of the opinion, aspiration and expectation questionnaire is twofold: (i) to trigger participants' thinking on leadership issues, and (ii) to serve as a means of collecting initial information on their felt needs, aspirations, expectations, professional and technical interests with regard to the colloquium. Results should be available to facilitators at the opening of the colloquium. A sample survey is given in Annex 2.

6.5.2. Evaluation of the output and outcome of the colloquium

Evaluation of the colloquium could be made by combining several different methods: feedback instrument, i.e. questionnaire; day-to-day assessment by resource personnel; special group discussions (organizers with members of national teams); and interview with participants.

If a questionnaire is used it should be given to participants the day before the end of the colloquium, i.e. when participants have had time to form attitudes towards aims, organization, method and process of work, group dynamics and other aspects of the work of the colloquium. The organizers should prepare a special evaluation instrument, the so-called "feedback instrument", which combines open-ended and structured questions.

The main purpose of the feedback instrument is to obtain information on attitudes, critical opinions and proposals of participants directed towards:

(a) evaluation of the module documents (objectives, examples provided, questions and issues selected by resource persons, to be discussed, etc.);
(b) evaluation of the field visit/work;
(c) evaluation of organization of the colloquium (i.e. duration, location, secretarial support, social life);
(d) evaluation of the methods of work of the colloquium (distribution of time, role of resource persons and participants, etc.);
(e) evaluation of the impact of the colloquium (the relevance of the colloquium with regard to modification of participants' knowledge, attitudes, practice, etc.).

Evaluation of work at the colloquium may also be done by means of evening meetings (lasting for about two hours) of facilitators (resource persons). The aim of these meetings would be on-going evaluation of work at the colloquium from the following aspects: (i) the need for immediate decisions on changes in the current programme, organization or methodology of work in the colloquium; and (ii) continuous evaluation of the colloquium as a whole and decisions on the necessity of possible changes of programme for future colloquia. In order to attain these aims, facilitators should, in addition to their role as coordinators, observe group dynamics and evaluate the extent of realization of specific aims and of the general aim of the colloquium.

A sample evaluation is given in Annex 3. However, organizers are advised to use this as a guideline only as it is more than comprehensive and can be tailored concisely to suit the particular colloquium.

6.6. Other formalities

Since a prime objective of the colloquium is to build up a network of institutions and individuals, with the aim of establishing a critical mass of health leaders, the organizers should have at their disposal all the necessary data about every participant.

On arrival, each participant should fill in a special registration form. The most appropriate means of dealing with all such administrative formalities might be to organize a kind of reception at the arrival point at which a member of the management or secretarial staff can receive participants as they enter, hand out the registration form, help in filling it in where necessary and, at the same time, hand out preliminary information.

Data collected on the registration forms may serve not only for information/report purposes, but may be used also in selecting future resource persons and facilitators for other colloquia, or in forming associations of national and potential Health for All leaders (a network of individuals).

Although the colloquium is not aimed at providing the participants with new knowledge or at enriching their already existing qualifications, it is preferable that they be presented with some kind of certificate or testimonium at the end of the proceedings. This could be given out at the closing ceremony.

ANNEX 1

CASE STUDY SAMPLE

1. Module to which the example refers
2. Country.
3. Issue/problem illustrated by example (more than one answer possible):

1 Community involvement in _____
(i.e decision-making/financing)

2. Intersectoral action for health development _____

3. Appropriate technology for health development _____

4 Decentralization of· _____

5. PHC programme implementation _____

6 Innovative approach for/in· _____

7 Leadership (what?) _____

8. _____

9. _____

4. Short description of the example (to answer the following questions when, what, who, how and why?)

5. Short evaluation of the example described (why was or wasn't it successful, what should be improved or changed in order to improve implementation of the described policy; obstacles and constraints)

6. Basic comments of the group members on the given example to be written after discussion If not discussed, please state

7 Name of participant _____ Date: _____

ANNEX 2

OPINION, ASPIRATION AND EXPECTATION QUESTIONNAIRE

At the very beginning of this Colloquium, the organizers and the World Health Organization would like to learn something about your professional needs and expectations related to the gathering. This base-line information will enable us to organize the work of this Colloquium in a way that best meets the needs of the participants. Enclosed you will find a feedback instrument entitled "Opinion, Aspiration and Expectation Questionnaire" designed to collect this information.

Please read it carefully, fill in the answers that best express your personal and/or professional opinions, and return it to one of the secretaries today

The questionnaire is anonymous, so you may feel free to write down any criticisms, suggestions and comments you consider important to yourself or to the organizers. THANK YOU

The organizers

1 Every one has his/her own expectations when coming to a gathering like this Please express your personal expectations of this Colloquium by indicating in rank order from the selection below (Write rank 1 for the most important expectations, 2 for the second and so on).

Rank

_____ to meet people working in the same field

_____ to get an opportunity to exchange professional experiences

_____ to get new professional knowledge related to _____

_____

_____ to get diploma-certificate

_____ to get an opportunity to express yourself professionally before an expert group

_____ _____

_____ _____

Your suggestions and comments:

2 At present, to what extent are you acquainted with the following issues related to WHO's Health for All by the Year 2000 Strategy?

	To a large extent	To a limited extent	Not at all	No answer
a WHO's Primary Health Care Concept	☐	☐	☐	☐
b WHO's Health for All Strategy	☐	☐	☐	☐
c. TCDC concept*	☐	☐	☐	☐
d MPNHD concept**	☐	☐	☐	☐
e Leadership theory in general	☐	☐	☐	☐
f. Concept of Intersectoral Coordination	☐	☐	☐	☐
g. Concept of Appropriate Technology	☐	☐	☐	☐

* Technical Cooperation among Developing Countries
** Managerial Process for National Health Development

Note. Please mark (x) in the column that best expresses your opinion

Your suggestions and comments:

3. Below are listed some personal characteristics that are prerequisites for a successful leader. Please choose five that you consider to be the most important ones for successful leadership in your work

a. Intelligence and good judgement

b Insight and imagination

c Ability to accept responsibility

d Well-balanced personality

e Ability to forecast future objectives

f. A sense of humour

g. Persistence and firmness

h. Strictness and discipline

i. Enthusiasm and self-sacrifice

j. Power to coordinate

k. Power to express the common aim

l. Impartiality

m Power to delegate

n Power to reflect the progress of the group

o. Technical and professional superiority

p. Political and ideological consciousness

q. _____

r. _____

Your suggestions and comments

4. Below are listed possible issues for deliberation during the Colloquium. Please choose six issues that you personally consider as being of most importance for your work

a. Planning and management theory and practice

b Leadership theory

c Leadership experiences

d. Health manpower development theory/practice

e Health system(s) development

f Resource mobilization and allocation for health development

g Systems and methods of financing health care

h Issues related to health information development

i. Health legislation/supportive legislation

j. Social inequalities in health and health care

k. Mobilizing political commitment for health development

l Issues related to the concept of primary health care

m Issues related to the concept of appropriate technology

n Rural health development strategies

o _____

p _____

q. _____

Your suggestions and comments.

5. In your everyday work, what proportion of time (express as a %) is devoted to the following aspects:

a. LEADERSHIP TASKS (working with people; influencing people to accomplish desired goals) _____

b ADMINISTRATIVE TASKS (managing details of executive affairs) _____

c. CONCEPTUAL THINKING TASKS (research; gathering facts, ascertaining causes, developing alternative solutions; lecturing) _____

d. Other (what?) _____

TOTAL : 100

6. How do you rate <u>your</u> <u>own</u> leadership qualities/potential, i e. your ability to influence your "followers" (subordinates, fellow-workers, etc) and to accomplish desired goals and objectives?

a extraordinary _____

b. very high _____

c. high _____

d ordinary/average _____

e low _____

f. very low _____

7. How do you intend to contribute personally to the success of this Colloquium?

ANNEX 3

EVALUATIVE FEEDBACK INSTRUMENT

In order for the organizers to improve the quality of future regional and national colloquia on Leadership Development for HFA, we would like your views of the one you have been attending

Work in the Colloquium has been mainly in working groups and plenaries; however, the feedback we are seeking is that of you as individuals

If you wish to tell us who you are, feel free to do so by writing your name clearly at the top of the first page Otherwise, responses will be entirely anonymous. In any event, if you do give your name your comments will remain confidential

Please read the questions right through before answering. Try to complete as much as possible

Feel free to be frank and open in your comments

Most questions are structured, a few are open-ended Please mark (X) in the appropriate box in structured questions, fill in open-ended questions legibly or in block letters.

1. Please choose the statement below that best expresses your general opinion about the module documents

(a) The objects of the module were

MODULE DOCUMENT	Clear	Not very clear	Unclear
I	☐	☐	☐
II	☐	☐	☐
III	☐	☐	☐
IV	☐	☐	☐
V	☐	☐	☐

(b) For discussion in the groups, the examples provided in the documents were:

MODULE DOCUMENT	Relevant	Not very relevant	Irrelevant
I	☐	☐	☐
II	☐	☐	☐
III	☐	☐	☐
IV	☐	☐	☐
V	☐	☐	☐

(c) The questions listed in the documents were

MODULE DOCUMENT	Helpful to my thinking	Fairy helpful	Not very helpful
I	☐	☐	☐
II	☐	☐	☐
III	☐	☐	☐
IV	☐	☐	☐
V	☐	☐	☐

(d) The language in which the module documents were written was

MODULE DOCUMENT	Clear and easy to understand	Not very clear	Unclear and difficult to understand
I	☐	☐	☐
II	☐	☐	☐
III	☐	☐	☐
IV	☐	☐	☐
V	☐	☐	☐

(e) I have the following additional comments on the module documents as a whole.

(f) I have the following comments on individual module documents:

I _____

_____

II _____

_____

III _____

_____

IV _____

_____

V _____

_____

_____

2 Do you consider that issues and questions discussed in Module ( ) on Leadership Development were

MODULE DOCUMENT	To a large extent	To a limited extent	Not at all
relevant to HFA/2000 strategy in your country	☐	☐	☐
relevant to leadership development in your country	☐	☐	☐
relevant to your personal professional development	☐	☐	☐

Comments and suggestions: _____

_____

_____

_____

3 Do you expect that the activities of the Health for All Leadership Development initiative of WHO will improve the situation in the field of health in your country?

Very much	Much	Little	No relevance to my country
☐	☐	☐	☐

Specify _____

_____

_____

4. The goal of the field visit(s) was " to enable participants to see grass-roots experience in PHC health development"

(a) Do you consider that the goal of the field visit(s) was achieved

To a large extent	To a limited extent	Not at all
☐	☐	☐

(b) Please give your overall impression of the value of the field visit(s)

Exceptionally valuable	Valuable	Enjoyable but not very valuable	Not valuable
☐	☐	☐	☐

(c) Please give your comments on the value of spending part of the time of the Colloquium studying the health services system of the host country

_____

_____

(d) During the field visit(s), did you have sufficient opportunities to get information on:

	To a large extent	To a limited extent	Not at all
Intersectoral cooperation	☐	☐	☐
Community involvement in socio-economic and health development	☐	☐	☐
Relations between providers and users of health care	☐	☐	☐
Role of community leaders in development activities	☐	☐	☐

Comments and suggestions _____

_____

_____

_____

5 In your opinion, what would be the most appropriate duration of the Colloquium?

☐ 1 week

☐ 2 weeks

☐ more than 2 weeks

Comments and suggestions _____

6 Do you think that the location of the Colloquium was appropriate or not?

YES ☐ NO ☐

If NOT, please indicate why _____

7 Did you get sufficient opportunity to share your experiences with other participants?

	To a large extent	To a limited extent	Not at all
In plenaries	☐	☐	☐
In groups	☐	☐	☐
In panels	☐	☐	☐
In free time	☐	☐	☐

Comments and suggestions _____

8. Did you get sufficient opportunity to make use of/exercise your professional ability at the Colloquium?

	To a large extent	To a limited extent	Not at all
In plenaries	☐	☐	☐
In groups	☐	☐	☐
In panels	☐	☐	☐
During field visits	☐	☐	☐

Comments and suggestions _____

9 Did you get sufficient opportunity to exercise your leadership ability in the course of the Colloquium?

☐ To a large extent

☐ To a limited extent

☐ Not at all

Comments and suggestions. _____

10. How did you view the amount of time allocated to sections of the Colloquium?

	Just enough time	Too much time	Not enough time
Work in groups	☐	☐	☐
Plenaries	☐	☐	☐
Panels	☐	☐	☐
Field (visits)	☐	☐	☐
Social activities	☐	☐	☐

Comments and suggestions: _____

11 Do you consider that the method of work of the Colloquium (regulated by the terms of reference) was appropriate to achieve the stated objective?

	Quite appropriate	Appropriate	Not very appropriate	Inappropriate
No formal lectures	☐	☐	☐	☐
Open dialogue among equals	☐	☐	☐	☐
Experience-sharing	☐	☐	☐	☐
Sharing the roles of chairmen, rapporteurs	☐	☐	☐	☐
(Lack of) interference by facilitators	☐	☐	☐	☐

If you have any comments and suggestions concerning the work of the Colloquium, please indicate

_____

_____

_____

12 How did you rate secretarial and administrative support:

Excellent	Very good	Good	Bad
☐	☐	☐	☐

13 To what extent did the Colloquium prepare you to:

	Very well	Well	Quite well	Not very well	Not at all
Understand better the socio-economic context of health development	☐	☐	☐	☐	☐
Understand better the institutional and administrative context of health development	☐	☐	☐	☐	☐
Understand better the process of leadership development for health	☐	☐	☐	☐	☐
Understand better how to deal with the problems of urbanization and healthy living	☐	☐	☐	☐	☐
Understand the nature of PHC	☐	☐	☐	☐	☐
Understand the nature of intersectoral coordination	☐	☐	☐	☐	☐
Understand the idea of leadership development	☐	☐	☐	☐	☐

14. Do you plan to share the experience and knowledge you have gained in the Colloquium?

	To a large extent	To a limited extent	Not at all
With peers	☐	☐	☐
With subordinates	☐	☐	☐
With the community	☐	☐	☐
With other leaders in your country	☐	☐	☐

Comments and suggestions: _____

15 Do you consider that the main objective[1] of the Colloquium has been achieved?

- ☐ completely
- ☐ to a large extent
- ☐ to a limited extent
- ☐ not at all

16 What has been the main contribution of the Colloquium to your own leadership development?

17 What has been the main contribution of the Colloquium to your own professional development?

18 What were the main positive aspects of the Colloquium, as you see it now?

19 What were the main negative aspects of the Colloquium, as you see it now?

1 "The main objective of the Colloquium is to introduce actual and potential leaders from health and health-related sectors to a process of further leadership development in support of Health for All strategies".

20 Do you consider that a national colloquium in your own country should be promoted?

Very much	Maybe	Do not know
☐	☐	☐

Comments and suggestions: _____

21 Do you consider that a network of institutions for Health for All Leadership Development and fCDC should be established in your country?

Yes	No	Do not know
☐	☐	☐

22 How do you rate your own leadership qualities/potential i e your ability to influence your "followers" (subordinates, fellow workers, etc) and to accomplish desired goals and objectives?·

- ☐ Extraordinary
- ☐ Very high
- ☐ High
- ☐ Ordinary/average
- ☐ Low
- ☐ Very low

23 How do you intend to contribute personally to the success of the implementation of HFA/2000 strategy and the HFA Leadership Development initiative of WHO in your country/community?

24. Your suggestions for the improvement of future colloquia:

24. Your suggestions for the improvement of future colloquia (cont.)