This is the first workshop of the Leadership for Health Promotion in WHO-SEARO which was adapted from the ProLEAD developed by WHO-WPRO. The workshop provided fundamental knowledge and practice on health promotion and leadership needed to accelerate implementation of health promotion commitments from the Ottawa Charter to the Helsinki. The report captures activities and key information that participants from 6 countries were actively involved and shared. Twenty-three participants from Bangladesh, Bhutan, Maldives, Nepal, and Thailand gained new insights on health promotion infrastructures, sustainable financial mechanisms, advocacy skills, strategic communication, collaborative leadership, and experienced the real-life scenarios of how important to have sustainable health promotion fund or foundation. Visit to Thai Health Promotion Foundation’s Learning Centre was an eye-opening and inspiration for participants to take their leadership role in their country for health and development. The five-day workshop was successfully build commitments and intersectoral and cross-country relationships among participants.
Capacity-building on leadership for health promotion

Bangkok, Thailand, 12–15 August 2014
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# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASEAN</td>
<td>Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>HiAP</td>
<td>health-in-all-policies</td>
</tr>
<tr>
<td>INHPF</td>
<td>International Network of Health Promotion Foundation</td>
</tr>
<tr>
<td>IUHPE</td>
<td>International Union for Health Promotion and Education</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable diseases</td>
</tr>
<tr>
<td>ProLEAD</td>
<td>Leadership Development Programme for Health Promotion</td>
</tr>
<tr>
<td>ThaiHealth</td>
<td>Thai Health Promotion Foundation</td>
</tr>
<tr>
<td>SEATCA</td>
<td>Southeast Asia Tobacco Control Alliance</td>
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</tbody>
</table>
Background

Over 25 years after the Ottawa Charter for Health Promotion, many countries have developed health promotion policies, strategies and programmes. Various programmes are embedded in healthy settings such as health-promoting schools, and hospitals, healthy workplaces, cities, and communities. Each country also adopted different models of implementation and some of the health activities have been fragmented.

The Regional Strategy for Health Promotion for South-East Asia 2006 has re-emphasized the commitment to the Ottawa Charter (1986) and Bangkok Charter (2005) which provide specific strategic directions as guidance to Member States. The strategy encompassed decisions reached at the sessions of the WHO Regional Committee for South-East Asia, the Executive Board and the World Health Assembly, as well as commitments and actions reflected in the health promotion charters. The Regional Strategy for Health Promotion 2006 proposed the following priority interventions: infrastructure for coordination and management; capacity-building; regulation and legislation, partnership, evidence and financing for health promotion, policy, advocacy and social mobilization and management of change. WHO is requested to strengthen the capacity for health promotion across the South-East Asia Region and to support Member States in building capacity for developing policies, programmes, plans of action and guidelines, innovative and sustainable financing, and documentation of evidence.

Prior to the strategy, health promotion capacity mapping was initiated globally in 2005 to respond to the demand for change. Nine out of eleven countries in the Region participated in mapping health promotion capacity. The results showed that five out of nine countries were able to improve collaboration within the national government, while some countries had partially included health promotion in national policies and plans for implementation. All countries had lower scores of achievement in having a core of expertise and national leadership in health promotion, partnerships outside of government,
information systems to monitor performance, and health promotion financing. The lowest scores were in professional development.

With the new WHO reform, national capacity became more important to respond to a new working modality. Under Category 3, “Promoting health throughout the life-course,” health promotion is clearly represented as a cross-cutting matter relevant to all technical areas. Health promotion also needs to respond to the burdens of noncommunicable diseases, particularly in the primary prevention domain. Health promotion practitioners need capacity to take actions on prevention of diseases and promoting health from a population-based approach to high-level policy-making across sectors, to ensure healthy settings/environments are in place and tackle social and environmental determinants of health, such as capacity to implement healthy city, health-promoting hospitals, and healthy community approaches.

During the past few years, through regional consultations in health promotion and social determinants of health, as well as review of the fellowship programme, Member States had been requesting support to improve health promotion capacity in the following areas: advocacy skills, communication for behavioural change and development, strategic planning for multisectoral collaboration, health impact assessment for healthy public policies, development of health promotion foundation, and establishment of sustainable infrastructure for health promotion.

Health-in-all-policies (HiAP) is a new approach to address public health concerns with a whole of government or whole of society approach. The Eighth Global Conference on Health Promotion in 2013 and the Twenty-first International Union for Health Promotion have stimulated those Member States which participated in the conferences to advocate regional level support for capacity-building in almost all areas of health promotion to refresh the commitments and develop new skills such as advocacy for policy change, leadership in health, health literacy, health promotion research, monitoring and evaluation of health promotion programmes, and HiAP approaches. Health promotion practices in the countries of the Region need to be scaled up and be more rigorous with adequate infrastructure and capacity to effectively
deliver outputs for prevention of noncommunicable diseases (NCD), promotion of multisectoral actions for health issues, universal health coverage, and advocacy for health in all public policies.

In view of these interrelated needs, the WHO Regional Office for South-East Asia initiated capacity-building on leadership for health promotion to ensure the effectiveness of health promotion implementation and responsiveness to changing environments. Leadership capabilities became critical to system change. The transformational leadership development programme for health promotion (ProLEAD), developed in the WHO Regional Office for the Western Pacific in 2003 and adopted by the WHO Regional Office for the Eastern Mediterranean in 2007, was adapted and contextualized in 2014 to align with the needs identified in the countries of the South-East Asia Region.

However, to make training effective, the ProLEAD approach is to have a series of events which includes: a) a workshop to provide fundamental knowledge and practices; b) a mentoring process by WHO and/or experts visiting the country to provide direct support; and c) a meeting to conclude the experience and build a network.

This first series of ProLEAD in the South-East Asia Region focused on capacity-building leadership for health promotion with selected countries that were interested in immediate implementation of their national plan for health promotion and multisectoral actions. Priority countries were chosen based on previous requests for technical supports. Thus participants from Bangladesh, Bhutan, Maldives, Myanmar, and Nepal were invited and fully supported for the first round of capacity-building. Other countries were invited to join the workshop through their own funding. (See Annex 1 and 2 for agenda and list of participants)

Objective

To strengthen health promotion capacity in response to changing environments
Specific objectives

The specific objectives of the workshop were to:

(1) enhance health promotion effectiveness from behavioural change to healthy public policy;
(2) strengthen health promotion practices to support life-course approach to health and health equity;
(3) develop collaborative leadership for health promotion; and
(4) strengthen intersectoral/multisectoral actions for prevention and promotion.

Methodology

The key components of the process include:

(1) provision of knowledge and information on health promotion and leadership;
(2) hands-on activities and group work to strengthen understanding of the subject matter;
(3) active participation in physical activities and role plays to build trust, partnership, and team of health promotion practitioners and intersectoral network; and
(4) sharing of experiences and field visit to ThaiHealth.

Adult learning methods were used to stimulate active learning and sharing throughout the workshop. Physical activities were promoted between technical sessions with real-life video presentation of actions in health-promoting hospitals, schools, communities, and social media.

Guided sessions were introduced to bring leadership from within and communicate the visions where participants were able to unlock personal leadership qualities and work with others. Participants were encouraged to contribute their thoughts, skills, and knowledge for group learning and embrace group perspectives to enhance their personal quality.
Resource persons were fully prepared to work as a team and not only to present the assigned topics, but also facilitate activities together. The programme was adjusted and adapted using different activities that were appropriate to the group characteristics and availability of time. Daily reflection on activities by participants and resource persons provided timely feedback for all sessions.

A field visit to the Thai Health Promotion Foundation (ThaiHealth) Learning Centre was arranged to provide action-oriented experiences of what a health promotion foundation can contribute to population-based health promotion, healthy public policies, and sustainable mechanisms to control risk factors of non-communicable diseases. Observation of public space for physical activities in Bangkok was organized to witness real practices of physical, mental, and social health promotion across age groups. Participants were exposed to several inspiring health promotion activities.
Opening session

The WHO Representative to Thailand, Dr Yonas Tegegn, spoke to the participants on the importance of health promotion in today’s complex societies, where communicable and noncommunicable diseases as well as their risk factors have become difficult to control. The social and economic implications of the burdens of NCD would be high if left without addressing the ‘causes of the causes’ of these diseases. Health promotion leadership is much needed.

The WHO Representative highlighted the historical development of health promotion since the Ottawa Charter and the realization of having leadership in health promotion drawing from the commitments made in the Jakarta Declaration on leading health promotion into the twenty-first century, recognizing health promotion as a key investment and essential element of health and development.

With the increasing challenge of the double burden of communicable and noncommunicable diseases, coupled with the age-old burden of poverty and sociopolitical and economic insecurities, the Member States of WHO have made collaborative efforts to ensure that health systems are ready to respond to the health needs of the population through strengthening the health system and preventing catastrophic expenditures due to health-care costs. Universal health coverage and health system strengthening thus became our global flagship programmes which demand more and more leadership from the health sector.

Governmental and nongovernmental organizations and civil societies increasingly need to take intersectoral actions with collective efforts to ensure protection and promotion of health across society. In case of government, healthy public policies became key to ensure the health of the population, while non-state actors play important roles in social mobilization, monitoring, and practising health promoting activities.

It was emphasized that health promotion is the most important and cost-effective way for early prevention of a number of communicable and noncommunicable diseases. Health promotion practitioners, more
than ever, are needed to promote health throughout the life-course and bring policy changes through HiAP. Health promotion officers, staff, academicians, nongovernmental agencies, and individual health promoters today must be equipped with comprehensive skills to communicate for behavioural change for individuals; skills to mobilize and advocate for policy change. There is a need to make collective efforts to bring changes in the field of public health and show the impact of our work. We believe that this workshop on capacity-building on leadership for health promotion will strengthen our efforts to prevent diseases, and truly promote health of the population.

The WHO Regional Office for South-East Asia, in collaboration with many partners within and across the Region, aims to provide the necessary capacity-building for Member States in order to generate timely response for emerging issues in promoting health, reducing risk factors, and preventing diseases. Dr Tegegn also expressed appreciation to the staff of the WHO Regional Office for the Western Pacific and temporary advisers who have been involved in developing PROLEAD in the past and supporting the Regional Office for South-East Asia in this workshop. Appreciation was extended to ThaiHealth for their contribution and collaboration in arranging a field visit to the ThaiHealth Learning Centre during this workshop.

**Keynote address**

The keynote address on leadership for health promotion was delivered by Dr Prakit Vathesatogkit, the Health Promotion Champion of the International Union for Health Promotion and Education (IUHPE) 2013, and senior adviser to the International Network of Health Promotion Foundation (INHPF).

Dr Prakit Vathesatogkit emphasized the importance of population-based health promotion, healthy public policies, and sustainable financial mechanisms for health promotion which generated higher impacts than the conventional perspective of health education. He highlighted the importance of primary prevention of NCD and investment in health promotion which was a more cost-effective measure against chronic illness from NCD. Dr Vathesatogkit made
reference to key actions areas of health promotion from the Ottawa Charter, the Canadian La Londe Report that inspired the visualization of a paradigm shift from primary health care to health promotion. He mentioned several important interventions that must go beyond health sectors and work collaboratively with various partners. Without a sustainable financial mechanism, such as taxation of tobacco products, earmark taxation, or sufficient general budget support, the function of health promotion cannot be effectively realized. Yet, investment in health promotion in countries is much less (1–2%) than the total health budget that goes to curative care. He urged participants to look at the situation of sustainable mechanisms and financing for health promotion in their own countries.

Thus health promotion officers and practitioners need to be proactive and lead the health agenda across sectors. He shared inspiring personal experiences on advocacy to control tobacco and engagement of other ministries to support anti-smoking campaigns and activities. His visions of engagement with the ministries of finance, commerce, and others brought fruitful results – sustainable financial support to health promotion in Thailand that did not need to compete with the ‘treatment dollar’. He described how he brought economic evidence comparing health-care costs with health promotion and prevention investments to discussions with the finance ministry at a strategic timing. Dr Prakit encouraged participants to use strategic evidences and selective timing, identify key stakeholders, and generate win-win situations, prior to negotiations or advocacy.

He supported ProLEAD for almost a decade when the WHO Regional Office for the Western Pacific brought together the first cohort of leaders for health promotion from six countries in 2005. It was important now that the WHO Regional Office for South-East Asia had organized ProLEAD, that this kind of training would continue in the Region, because of the need to generate a critical mass of leaders who can deliver effective multilevel, multisector health promotion strategies in the future.
Proceedings

Introduction to leadership and health promotion

Participants were introduced to core commitments of health promotion from Ottawa Charter 1986 to Helsinki 2013 through group activities and discussion. The five areas of actions in health promotion from the Ottawa Charter 1986 had been restated in several statements while new ideas, practices, and actions were built upon to strengthen and reconfirm the commitments. The five health promotion action areas remain: a) build healthy public policy; b) create supportive environment; c) develop personal skills; d) strengthen community actions; and e) reorient health services. Additional and specific statements of the results of the eight global conferences in the past 27 years showed further commitments at the highest levels of governments to promote health in public policies and across levels of government within countries with some specific guidance and recommendations. Leadership for health promotion was articulated in the Jakarta and Bangkok declarations for health promotion in 1997 and 2005. The participants learnt about milestones of health promotion and had brainstorming sessions to review each statement and declaration.

Dr Katrin Engelhardt, Technical Lead, Nutrition, Regional Office for the Western Pacific, introduced the “Leadership for Health Promotion” initiative (ProLEAD) which began in 2003 and had been successfully implemented across regions. There were 106 fellows from 27 countries who had graduated from ProLEAD. Training strategies involved face to face interaction over a 9–12 month period with mentoring in countries, providing technical and quality improvement tools, and nationally significant country team projects. ProLEAD training usually comprised three modules, namely the first introductory module, mentoring in country, and a follow-up meeting of the same group of leaders who had met in the first introduction. In the last meeting, participants were normally introduced to internationally recognized leaders, innovations and resources. Expected outcomes of ProLEAD were to build a critical mass for health promotion in countries and build a network of health promotion practitioners and institutions, (in the Region) expand sustainable funding for health promotion through establishing a health promotion fund or foundation.
Capacity-building on leadership for health promotion
The health promotion capacity-mapping tool and research was presented by Dr Sally Fawkes, La Trobe University and Dr Marc Van der Putten, Thammasat University. After the introduction, the two resource persons and Dr Katrin Engelhardt jointly guided participants to an exercise in which they mapped out and ranked several aspects of country health promotion capacity (based on their best knowledge and information available) and presented this in the form of a spidergram. Group discussion among participants from within each country group was used as a way to assess the capacity.

Alternate to health promotion subjects, participants were guided to practices in leadership skills with self-assessment and follow-up with understanding of leadership styles introduced by Dr Sally Fawkes and Dr Suvajee Good, Programme Coordinator, Health Promotion, WHO Regional Office for South-East Asia. All the leadership aimed at strengthening awareness of personal styles and skills, and build teamwork.

Visit to Thai Health Promotion Foundation (ThaiHealth)

In the morning, participants were introduced to topics on managing health promotion and understanding sustainable mechanisms. Dr Good presented the WHO Regional Framework for Health Promotion and “how to” recommendations for the countries to develop their national vision, mission, and plan of action for health promotion. The process was introduced with examples from countries of the SEA Region to stimulate understanding of the importance of having a comprehensive approach to health promotion at the national level, which will combine the necessary multisectoral action with the “big picture,” such as healthy nation/island in mind.

Ms Bungon Ritthiphakdee of the Southeast Asia Tobacco Control Alliance (SEATCA) shared different models of sustainable financial mechanisms for health promotion drawing from tobacco taxation and other mechanisms across the world. Several success stories and models among Association of Southeast Asian Nations (ASEAN) countries were also presented.
ThaiHealth arranged a field visit to its Learning Center (http://www.thaihealthcenter.org/aboutus/th/) and office in the afternoon. The visit was divided into two parts: walk rally and business session. The participants attended briefing sessions about ThaiHealth, what it does, its roles and responsibilities for health promotion in Thailand, its institutional structure, legislation, networks, return on investment, and impacts on healthy Thailand. A walk rally was organized in three different parts where participants could visit different models of health promotion activities and have hands-on activities in different subjects that contributed to behavioural changes.

The walk rally comprised three stations: a) health promotion settings (communities, schools, and workplaces); b) major risk factors (alcohol, tobacco and road safety); c) social marketing, healthy diet and physical activities. The participants were briefed on issues and health evidence based on research in Thailand and how the evidence was translated to actions and designs for innovative interventions. With more than a decade of experience, ThaiHealth was able to compile a large number of innovations from communities, civil societies, individuals and partner agencies involved in different programmes. These were displayed in the exhibits with life activities. Participants actively tried out different interventions. They were also provided with take-home materials on every subject they were interested in.

Participants also learnt about the whole structure of health promotion in Thailand and where ThaiHealth is positioned in the system. The team from ThaiHealth explained about mechanisms and processes to manage a health promotion foundation, procedures to deliver innovation grants for health promotion interventions, social mobilization from grass-roots communities to policy-makers, as well as mechanisms to evaluate success, not only in controlling tobacco and promoting healthy living to prevent NCD, but also in bringing a social return of investment to a broad range of impacts in the country.

Sharing of health promotion experiences and tools and physical activities

On the third day, participants reflected on the visit to ThaiHealth and its learning centre. All the participants learnt several things and most of
the activities were practical and effective. Most of the items, however, are new to other countries. They were inspired and resolved to share what they gained during the field trip with their colleagues back in their countries. Some countries expressed interest in bringing senior management and ministers to visit the Foundation. Bhutan started the process right away to bring their two directors-general and the Minister of Health to visit the week after, since they would already be attending a meeting in Thailand. Meetings with the CEO and ThaiHealth Executive Board were fruitful and productive, particularly as they provided the linkages and direct connections to support countries.

Dr Good shared the result of the capacity-mapping exercise done in the workshop as compared to previous research in 2005 to stimulate thinking on existing conditions for effective health promotion interventions. The participants were urged to take opportunities to examine existing national health promotion infrastructure through research in the future.

During the morning sessions, teams from Bangladesh, Bhutan, Maldives, Myanmar and Nepal presented their country experiences in doing health promotion and progress made in recent years. Health promotion practices in most countries were based on different priorities and infrastructure, which do not always ensure sustainability of actions, or efficient financial support. While the countries used different sets of policies and legislations to support health promotion, none of the countries have what Thailand has developed – the National Health Act and Health Promotion Foundation Act. The participants discussed what would be a way forward in their country to learn from each other’s experiences and visit ThaiHealth.

As a part of leadership for health promotion training, participants had an opportunity to practise how to communicate with high-level officials, especially ministers of health or finance, to negotiate for more resources and approve a health promotion plan. Role plays were organized for each country to discuss what capacity and skills would be needed.

The afternoon session was dedicated to tools for health promotion. Each tool was presented with relevant country experiences.
Participants were introduced to a health literacy tool provided by Mr Roy Batterham, Research Fellow from Deakin University, who is part of the team that developed a WHO Health Literacy Tool for lower- and middle-income countries. Dr Suvajee Good presented a health impact assessment tool, with examples from community-based health impact assessment experiences in Thailand and ASEAN countries. The health impact assessment tool is crucially linked to healthy public policies and can be used in various health advocacy situations, to address social determinants of health. Different methodologies of health impact assessments were also shared.

Mr Kelvin Khow Chuan Heng, Programme Management Officer, Division of NCD and Health Through the Life-Course, Regional Office for the Western Pacific, presented a number of country experiences on population-based health promotion action which addressed public health policies in Asia and Pacific countries as well as behavioural change. Participants heard new experiences and learned about different tools, including social media and advocacy materials.

Most of the tools emphasized the need for multisectoral actions and partnership at different levels. Dr Sally Fawkes introduced the partnership analysis tool developed by VicHealth that could assist participants to assess the nature and effectiveness of partnerships, and make productive and meaningful engagement with different partners while working on health promotion and being leaders for health.

On leadership skills, participants learnt about a new paradigm of leadership that is not only about individual leaders and their characteristics or position, but also about effective collaboration and building collective leaderships in an organization or a team. Collaborative leadership was introduced by Dr Good, to emphasize what health promotion needs in addressing today’s challenges for multisectoral/intersectoral collaboration.

The third day was filled with physical activities in between sessions and participants learnt different ways to engage in promoting health. Two extra activities were also organized at the participants’ request. These were a) morning walk in a public space, Lumpini Park, the largest park in the centre of Bangkok near the meeting venue; and
b) late evening bicycle ride around the historical sites of Bangkok. There were 19 participants for morning session and 11 participants for the bicycle ride. The two activities were coordinated respectively with: (1) ThaiHealth for the morning walk in the park; (2) while the Bangkok Bicycle Club and Patrol Police organized the bicycle ride and escorted the participants throughout the activities. The participants were exposed to different activities in the park where the young, working population and elderly get together in groups and used public space for physical activities and social gathering. Some groups have members who are more than 80 years old, and still remained active and productive. The Thailand national marathon champion, a seventy-year old man, also joined the participants during the walk. Participants were able to have conversations with local people and learnt what inspired them to practise physical activities despite increasing age.

The Bangkok Bicycle Club also provided participants with experiences on how to see the city on bicycle and how the other sectors can support health promotion. Riding a bicycle in the city itself required coordination with traffic police, transportation and road safety department and the local authority, such as the governor to allocate bicycle lanes. Advocacy for change was rigorous and members of bicycle clubs needed to be active agents of change. They were engaged in petitioning and raising awareness in the public to allow safe riding on bicycles in the big city such as Bangkok which also helps to promote green and clean environment.

**Building leaders of health promotion**

The last day of the workshop focused on strengthening capacity on advocacy for change and health promotion research. Ms Bungon Ritthiphakdee guided the participants to practise the “how to process” to bring advocacy for change at policy level. A series of steps were introduced and practised in groups where participants learnt how to set a policy agenda, develop an advocacy plan, map stakeholders and influential people, take multisectoral actions and build strategic communications. Examples from real events were used to support the learning process.
Dr Sally Fawkes provided technical assistance to understand how important research is to health promotion, and what needs to be done to have quality and credible results. Dr Fawkes explained about the structure of research systems, knowledge management for health promotion, funding options, and the types of capacity needed. She also touched upon how to build strategic evidence. Dr Marc Van der Putten presented different types of research that contributed to health promotion interventions. Participants were invited to think critically about the types of research that are relevant for health promotion. Monitoring and evaluation of health promotion interventions was presented as one of the important processes to help improve and measure the effectiveness of health promotion activities as well as the programme at national level. Dr Chanuantong Tanasugarn presented an example of operational research related to policies around physical activities and public space where multisectoral actions and social mobilization were needed to bring changes. Health promotion research was used to generate evidences of positive change in the health of a population by creating impacts on public policy decision processes.

In order to engage participants in recollecting what they have learnt from all the sessions in three and a half days, Dr Suvajee Good guided participants to review their learning in a visioning exercise. Participants were guided to envision their perspectives of healthy lifestyles, healthy communities, and healthy nations that they aspired to as short- and long-term goals. With these goals in mind, they were guided to think step-by-step what they could do to reach the goals. Then the participants were requested to share their vision in a group and begin to communicate their visions and present collective images of the healthy goals they agreed upon for their respective countries. The process was to bring participants to work creatively together with clear vision and communication.

In the last session, Dr Good synthesized all the visions shared by participants and their views on how to move toward an HiAP approach to developing health in countries. A framework for country actions for HiAP was presented with practical approaches that participants could use to continue their next steps in countries after the workshop.
Closing session

Certificates of attendance were presented to the participants. Dr Prakit Vathesatokit provided hope and encouragement for the future leaders in health promotion. Participants reflected their gratitude toward the training and expressed wishes to have continuing supports from resource persons and WHO. Dr Good gave a vote of thanks to all resource persons, supporting organizations, especially ThaiHealth, SEATCA, the Regional Office for the Western Pacific, WHO country offices and all the ministries which agreed to send participants to join the workshop. The active participation of the participants in all aspects of the programme was acknowledged.
### Evaluation

#### A. On meeting procedure

**Question 1:** To what extent the objectives of the meeting were accomplished?

- Fully achieved: 36%
- Mostly achieved: 64%

**Question 2:** Whether the agenda of the meeting were relevant to achieve objectives?

- Fully relevant: 27%
- Mostly relevant: 59%
- Partially relevant: 14%

**Question 3:** Were the outcomes of the meeting relevant to the needs of your country?

- Fully relevant: 59%
- Mostly relevant: 36%
- Partially relevant: 5%

**Question 4:** Were working papers presented substantive to the needs of the meeting?

- Excellent: 41%
- Good: 36%
- Average: 23%
**Question 5:** Was the technical support provided by WHO staff adequate in achieving your expectations?

- Mostly adequate: 36%
- Fully adequate: 64%

**Question 6:** Did you find an opportunity to exchange information with other participants?

- Below average: 4%
- Average: 4%
- Good: 64%
- Excellent: 23%
- No answer: 5%

**Question 7:** Field trip - Was it relevant to achieve the objectives of the meeting?

- No answer: 4%
- Mostly relevant: 55%
- Fully relevant: 41%

**Question 8:** Are you in a position to integrate the outcome of this meeting to the national workplan?

- No answer: 5%
- Partially adequate: 9%
- Mostly adequate: 50%
- Fully adequate: 36%
B. On the contents of the training

**Question 9:** Were the topics useful and relevant to you?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>a. Principals and Commitments of Health Promotion</td>
<td>84%</td>
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<tr>
<td>b. Introduction of Leadership for Health Promotion (ProLEAD)</td>
<td>88%</td>
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<tr>
<td>c. Leadership styles for better Health Promotion</td>
<td>88%</td>
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<tr>
<td>d. Health Promotion Capacity mapping</td>
<td>88%</td>
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<tr>
<td>e. Introduction for Health Promotion Capacity</td>
<td>85%</td>
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<tr>
<td>f. Health Promotion Research</td>
<td>82%</td>
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<tr>
<td>g. Tools for Health Promotion</td>
<td>83%</td>
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<tr>
<td>h. Collaborative Leadership</td>
<td>83%</td>
</tr>
<tr>
<td>i. Advocacy for change</td>
<td>85%</td>
</tr>
<tr>
<td>j. Managing Health Promotion &amp; sustainable mechanisms</td>
<td>81%</td>
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**Question 10:** Was the technical support of resource persons adequate in achieving the objectives?

<table>
<thead>
<tr>
<th>Resource Person</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>a. Dr Good</td>
<td>92%</td>
</tr>
<tr>
<td>b. Dr Engelhardt</td>
<td>88%</td>
</tr>
<tr>
<td>c. Mr Khow</td>
<td>86%</td>
</tr>
<tr>
<td>d. Dr Fawkes</td>
<td>86%</td>
</tr>
<tr>
<td>e. Mr Batterham</td>
<td>86%</td>
</tr>
<tr>
<td>f. Ms Ritthiphakdee</td>
<td>85%</td>
</tr>
<tr>
<td>g. Dr Good</td>
<td>90%</td>
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<tr>
<td>h. Dr Engelhardt</td>
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<td>i. Dr Van der Putten</td>
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<tr>
<td>j. Dr Fawkes</td>
<td>91%</td>
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<td>k. Dr Engelhardt</td>
<td>91%</td>
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<td>l. Dr  Van der Putten</td>
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<tr>
<td>m. Dr Engelhardt</td>
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<tr>
<td>n. Dr Van der Putten</td>
<td>91%</td>
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<tr>
<td>o. Dr Engelhardt</td>
<td>91%</td>
</tr>
<tr>
<td>p. Dr Van der Putten</td>
<td>91%</td>
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</tbody>
</table>

**Question 11:** Did you find physical activities organized inside and outside the workshop relevant and useful?

- Mostly relevant: 32%
- Fully relevant: 59%
- No answer: 9%
### C. On management

#### Conduct of meeting

<table>
<thead>
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<tr>
<td>Excellent</td>
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<tr>
<td>Good</td>
<td>41%</td>
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<tr>
<td>No answer</td>
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#### Meeting venue

<table>
<thead>
<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>Excellent</td>
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<tr>
<td>Good</td>
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<tr>
<td>Average</td>
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#### Seating arrangement

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<tr>
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<td>41%</td>
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<tr>
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<tr>
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#### Transportation

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<td>Good</td>
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<tr>
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#### Accommodation

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<tr>
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</tr>
<tr>
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#### Meals

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#### Secretarial support

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</tr>
<tr>
<td>Good</td>
<td>68%</td>
</tr>
<tr>
<td>Average</td>
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Agenda

(1) Introduction of leadership for health promotion (ProLEAD)
(2) Principles and commitments of health promotion: From the Ottawa Charter to Helsinki
(3) Health promotion capacity-mapping
(4) Leadership for change: styles, advocacy skills, and communication
(5) Tools for health promotion
(6) Management for health promotion, innovation, monitoring and evaluation
(7) Intersectoral/multisectoral actions for health and healthy public policies
(8) Health promotion research
(9) Field visit to Thai Health Promotion Foundation
List of participants

Bangladesh

Mr Md. Mohiuddin Miah
Training & Field Officer
BHE
DGHS
Dhaka

Mr Md. Nurul Islam
Senior Health Education Officer
Civil Surgeon Office
Gazipur

Mr Sujan Banik
Senior Health Education Officer
Civil Surgeon Office
Sylhet

Bhutan

Mr Dorji Phub
Deputy Chief Programme Officer
Health Promotion Division
Department of Public Health
Ministry of Health
Thimphu

Ms Sangay
Senior Planning Officer
Office of the President
UMSB
Thimphu

Mr Sonam Wangchuk
District Health Officer
Thimphu Dzongkhag

Mr Tshering Dhendhup
Head
Research Unit
Planning and Policy Division
Ministry of Health
Thimphu

Mr Ugyen Wangdi
Associate Lecturer
Faculty of Nursing and Public Health
UMSB
Thimphu

Maldives

Mr Hussain Rasheed Moosa
Deputy Director General
Ministry of Education
Malé

Dr Razana Faiz
Senior Medical Officer
Health Protection Agency
Malé

Ms Shina Ahmed
Public Health Programme Officer
Health Protection Agency
Malé

Nepal

Mr Binod Bindu Sharma
Director
National Health Education, Information and Communication Centre (NHEICC)
Kathmandu

Ms Chandrakala Oli Chaulagai
Section Officer
Ministry of Health and Population
Kathmandu

Dr Jhalak Sharma Gautam
Senior Integrated Medical Officer
DHO Kavre

Mr Mahendra Prasad Shrestha
Director
National Health Training Centre
DHS
Kathmandu

Mr Prem Bhakta Thapa
Section Officer
Ministry of Health and Population
Kathmandu

Thailand

Miss Parinee Hongsuwan
Public Health Technical Officer
Department of Health
Ministry of Public Health
Nonthaburi
Ms Krongkaew Konnark  
Nutritionist  
Department of Health  
Ministry of Public Health  
Nonthaburi  

Dr Sunisa Sathollanan  
Medical Doctor  
Department of Health  
Ministry of Public Health  
Nonthaburi  

Resource persons  
Ms Bungon Ritthiphakdee  
Director  
Southeast Asia Tobacco Control Alliance  
Bangkok  
Thailand  

Dr Chanuantong Tanasugarn  
Assistant Professor  
Mahidol University  
Bangkok  
Thailand  

Dr Krissada Raungarreerat  
CEO  
Thai Health Promotion Foundation  
Bangkok  
Thailand  

Observers  
Dr May Myat Cho  
Programme Coordinator  
Southeast Asia Tobacco Control Alliance  
Bangkok  
Thailand  

WHO Regional Office for the Western Pacific, Manila, Philippines  
Dr Katrin Engelhardt  
Technical Lead  
Nutrition  

Mr Kelvin Khow Chuan Heng  
Programme Management Officer  
Division of NCD and Health Through the Life-Course  

WHO Regional Office for South-East Asia, New Delhi, India  
Dr Suvajee Good  
Programme Coordinator  
Health Promotion  

WHO country offices  
Ms Deki  
National Professional Officer  
WHO Country Office Bhutan  
Thimphu  

Dr Myo Paing  
National Professional Officer  
WHO Country Office Myanmar  
Yangon  

Dr Ravi Kafle  
National Professional Officer  
WHO Country Office Nepal  
Kathmandu  

Dr Nima Asgari  
Public Health Administrator  
WHO Country Office Thailand  
Bangkok  

Dr Sally Fawkes  
Senior Lecturer in Health Promotion and Leadership  
School of Public Health and Human Biosciences  
La Trobe University  
Bundoora  
Australia
This is the first workshop of the Leadership for Health Promotion in WHO-SEARO which was adapted from the ProLEAD developed by WHO-WPRO. The workshop provided fundamental knowledge and practice on health promotion and leadership needed to accelerate implementation of health promotion commitments from the Ottawa Charter to the Helsinki. The report captures activities and key information that participants from 6 countries were actively involved and shared. Twenty-three participants from Bangladesh, Bhutan, Maldives, Nepal, and Thailand gained new insights on health promotion infrastructures, sustainable financial mechanism, advocacy skills, strategic communication, collaborative leaderships, and experienced the real-life scenarios of how important to have sustainable health promotion fund or foundation. Visit to Thai Health Promotion Foundation’s Learning Centre was eyes opening and inspiration for participants to take their leadership roles in the country for health and development. The five-day workshop was successfully build commitments and intersectoral and cross-country relationships among participants.