

Commentary

Capacity building for the future of health promotion

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Abstract: This commentary outlines the work plan of the Global Vice President for Capacity Building, Education and Training over the period 2007–10. Two key areas are prioritised for action: workforce development in countries with identified capacity needs; and the development of international collaboration on core competencies for health promotion practice, education and training. Building a competent health promotion workforce is key to delivering on the vision, core values, principles and commitments of international directives and agreements on the promotion of health. There is a need for a trained and competent workforce who have the necessary knowledge, skills and abilities in translating policy objectives and current research knowledge into effective action. This work plan calls for investment in the human and technical resources needed for the sustainable development and implementation of effective practice and policy for the future. The development of mechanisms for the delivery of accessible culturally appropriate training and professional education is targeted for action. (Promot Educ, 2008; 15 (4): pp. 56-58)

Key words: capacity building, health promotion competencies, education and training

Background

Capacity building to support the development and implementation of policy and best practice is key to the future growth and development of health promotion (HP). As HP makes its way onto the policy agenda in many countries, it is timely to consider what infrastructure is required for the sustainable implementation of effective practice for the future. While there have been significant developments in HP policy and research, however, the situation regarding practice developments is less clear. Investment in the human and technical resources to support policy implementation is very variable and there are significant gaps in implementation and the translation of evidence into practice. Questions remain in many countries as to: Who are the HP workforce? Who will be responsible for policy implementation? What skills and competencies are required for effective action?

It was, therefore, with a sense of great responsibility and privilege that I took on the role of Global Vice President for Capacity Building, Education and Training when elected to this position in June, 2007. In this commentary, I wish to share with you the work plan developed for the period of my office from 2007 to 2010 and to provide, by way of background, the rationale for the areas prioritised for action.

Capacity building in HP

Capacity building has been defined in the HP literature as “an approach to the development of sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over (1). The Framework for Building Capacity to Promote Health developed by the New South Wales Health Department in Australia in 2001 (2), contains five key action areas in capacity building: infrastructure and organisational development; workforce development; resource allocation; leadership; and partnerships. Working along similar lines, Catford (3), proposed the national health promotion capacity “wheel” as a basic tool to help steer countries in building capacity to promote health into the future as outlined in the Bangkok Charter for Health Promotion in a Globalized World (4). The capacity wheel is comprised of eight domains: policies and plans for HP priorities; leadership and expertise; joined-up government; programme delivery structures and mechanisms; partnerships; professional development; performance monitoring; and sustainable financing. As outlined in these frameworks, capacity building is core to the future development of HP. While the capacity to promote health is generally

acknowledged to be improving in many high-income countries, particularly with regard to infrastructure and organisational development, the situation in many low- and middle-income countries remains uncertain.

In terms of strengthening capacity, while many countries may not be resource rich in terms of financial and physical resources, they may be rich in people and community resources. One of the key challenges, therefore, becomes how this key resource of people can be mobilised, skilled and supported to deliver on HP.

Workforce development

The future development and sustainability of HP is dependent on having a skilled and informed workforce. Building a competent HP workforce is identified as one of the priorities for action in the IUHPE's Shaping the Future of Health Promotion report (5). It is clear that without the capacity to deliver on the political vision, core values, principles and key objectives of HP as outlined in WHO directives, national policies and international agreements, the aims of HP will be aspirational only and will not be translated into effective practice and policy for population health improvement. There is a need for a trained and competent workforce who have the necessary knowledge,

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skills and abilities to translate plans and policies into action in local settings, communities, municipalities and regions. Competencies are needed to work at the level of population groups, communities and individuals. Having qualified human resources in HP is essential to deliver quality HP actions (6), and this includes qualifications ranging from postgraduate level to basic training and continuing professional development.

HP calls for technical expertise in engaging and facilitating the participation of diverse sectors in partnership working and the implementation of cross-sectoral strategies. HP frameworks (4,7), underscore the importance of synergistic action and the need for both top-down and bottom-up capacity-building initiatives. It is clear that HP policies and interventions are only effective when they are made relevant to the context in which they are to be applied (8–10). This highlights the need for a skilled workforce capable of contextualising policies and translating plans into effective actions tailored to the social, cultural, economic and political context and realities of population groups, settings and communities.

Building the capacity of the workforce in developing and implementing HP policies and practice is fundamental to mainstreaming and sustaining action for the future. It is becoming increasingly clear that there needs to be investment in the strategic leadership and specialist skills required for the effective translation of policy and research into effective and sustainable HP practice. At least two different levels of the workforce may be envisaged as necessary: dedicated HP specialists who facilitate and support the development of policy and practice across a range of settings; and the wider HP workforce drawn from across different sectors such as health, education, employment, community and non-governmental organisations.

Workforce education and training is needed, ranging from generic to specialist skills in the development and implementation of evidence-based policy and practice. Continuing professional development and training is required to enhance the quality of practice and update the skill set required to work within changing social and political contexts.

Building a competent workforce for the future

Current and future health challenges demand new and changing competencies and skills and these need to be identified in order to inform the basis of education and training development. International commitments as outlined in the WHO Bangkok Charter (4), the Millennium Development Goals and the report of the WHO Commission on Social Determinants of Health, call for actions which require a complex mix of technical skills, expertise and leadership. There is a need to constantly review what constitutes essential training in HP, and what levels are required for both specialists and the wider workforce. We need to critically consider what skills and competencies are required by health promoters in addressing current health challenges, such as tackling health inequities and the social determinants of health, promoting healthy ageing and positive mental health. Are the HP students who are being trained today being equipped with the necessary skills and knowledge for policy and practice development over the next 20 years? To what extent are current HP curricula responsive to the needs of practitioners working in diverse cultural settings? There is a need for investment in the training and education of HP practitioners and other workers so that they have the required competencies and skills to address complex health issues within rapidly changing social and political contexts. Strengthening the capacity of academic HP at international level is vital in this respect as it will provide a solid scientific base for the development of knowledge-based practice and the facility to critically determine current and future HP needs.

International developments in HP and evidence-based practice have focused renewed interest in competencies, standards, quality assurance and accountability in the professional preparation and practice of health promoters. There is an emerging literature on the core competencies required for HP practice (11–14), and many countries have made significant progress in developing competency-based professional standards and quality assurance systems. However, development is patchy and is often lacking in countries where the need is greatest. It is, therefore, timely to explore the development of international consensus regarding the core competencies of and

the commonalities and differences that need to be taken into account in establishing standards for practice. An international consensus meeting, jointly organised by the IUHPE the Society for Public Health Education (SOPHE), and the Centers for Disease Control (CDC) Atlanta, with participation from international leaders in the field, took place at the National University of Ireland, Galway in June, 2008. The purpose of the Galway Consensus Conference was to promote global exchange and greater collaboration on the development of core competencies in HP and the strengthening of common approaches to capacity building and workforce development. A Consensus Statement (15), based on the proceedings of the meeting was produced and will be disseminated widely in order to promote dialogue and consultation at a global level.

Workforce development is critical to building capacity for the effective delivery of HP strategies. Supporting capacity building and training of the HP workforce is a central plank of building the infrastructure required for promoting health at the population level. Commitment needs to be mobilised so that effective HP practice and workforce development is given greater priority. While workforce capacity is being developed in a number of high-income countries, this work plan places priority on identifying and responding to the needs of countries and regions where workforce capacity is under-resourced or lacking. The development of mechanisms for the delivery of culturally appropriate training and professional education initiatives are targeted for action. IUHPE, as the international professional body, is uniquely positioned to undertake this role. The capacity building process needs to be inclusive and to speak to the needs of the wider international HP community, embracing the diversity of cultural and political contexts within which HP is practised. It is in this spirit that I look forward to working with international colleagues in developing and implementing this work plan. Your support and active engagement will be critical in ensuring the successful implementation of this plan.

Vice President work plan (2007–10)

The overall goal of this work plan is to support the capacity building, education and training of individuals, organisations

and countries to undertake HP activities. To enable this goal to be achieved, two core areas are prioritised for action:

1. Workforce development in countries with identified capacity needs.
2. Development of accreditation and core competencies at European and international level.

The selection of these two areas is based on key strategic priorities identified by IUHPE in the following documents: *Shaping the Future of Health Promotion: Priorities for Action* (5); *Strategic Directions 2007–2013* (16); the *Brief Report of Gaps and Assets for Capacity Building in Low-Income Countries* prepared by the Vice President for Strategy and Governance in 2007 (17).

Long-term objectives 2007–10

Workforce development in countries with identified capacity needs

The *Brief Report of Gaps and Assets for Capacity Building in Low-Income Countries* prepared in 2007 (16), by the VP for Strategy and Governance, highlights a number of key areas for action including the need for professionals trained in HP, sustainable funding for capacity building, availability of accessible and culturally relevant training and opportunities for exchange and skills development. Building on this report, the following activities are proposed:

- Undertake consultation across identified IUHPE regions/countries concerning their priority training and development needs in building a competent workforce of health promoters.
- Support the identified needs of countries where workforce capacity is lacking by developing mechanisms for the delivery of culturally appropriate courses.
- Identify a range of accessible education and training materials, including on-line resources, to support the delivery of short training courses, academic programmes leading to professional qualifications and continuing professional development initiatives.
- Test the feasibility of IUHPE offering a list of approved short courses within regions by approved trainers who are in a position to respond effectively to requests for training and professional development.
- Build a network of academic institutes across countries and neighbouring regions in order to support

professional exchange and the development of a core curriculum in health promotion training at certificate, diploma and master's level.

Development of accreditation and core competencies at European and international level

- Development of international collaboration on producing a consensus statement on HP core competencies to further define the field and provide direction for curriculum development and professional accreditation.
- Test the feasibility of implementing a pan-European framework for HP accreditation and development of core competencies.
- Develop proposals for the roll-out and maintenance of the European accreditation process in collaboration with international developments.

Short-term objectives 2007–8

- Develop international consensus statement on core competencies and accreditation in HP and education.
- Implement stage one of plan for developing an IUHPE voluntary accreditation system for HP in Europe.
- Establish a Working Group to develop proposals and identify funding sources for workforce capacity building.
- Develop and test a model of delivering short training courses in HP.

The work plan, which is detailed with specific actions and timelines, will be developed in close collaboration with members of the IUHPE Global Board, in particular with the President and Vice Presidents for Strategy and Governance, Scientific Affairs, staff of the IUHPE Head Office and through collaborative agreements with key international partners.

References

1. Hawe P, Noort M, King I, Jordens C. Multiplying health gains: the critical role of capacity building within health promotion. *Health Policy*. 1997;39:29–42, cited in New South Wales Health Department, (2001) *Framework for Building Capacity to Promote Health*. Health Department, Sydney & New South Wales, Australia, <http://www.health.nsw.gov.au>, accessed 16 September, 2008.
2. New South Wales Health Department. *Framework for building capacity to promote health*. Health Department, Sydney. New South Wales, Australia: New South Wales Health Department; 2001. Available from: www.health.nsw.gov.au, accessed 16 September 2008
3. Catford J. The Bangkok Conference: steering countries to build national capacity for health

promotion. *Health Promot Int*. 2005;20(1):1–5.

4. World Health Organization. *The Bangkok Charter for Health Promotion in a Globalized World*. Geneva: WHO; 2005.
5. International Union for Health Promotion and Education & Canadian Consortium for Health Promotion Research. *Shaping the future of health promotion: priorities for action* [Internet]. International Union for Health Promotion and Education, IUHPE; 2007. Available from: www.iuhpe.org, accessed 16 September, 2008.
6. De Castro Freire SB, Costongs C, Hagar S. *Building the capacity for public health and health promotion in Central and Eastern Europe*. Brussels: EuroHealthNet; 2007.
7. World Health Organization. *Ottawa Charter for Health Promotion*. Geneva: World Health Organization; 1986.
8. International Union for Health Promotion and Education. *The evidence of health promotion effectiveness: shaping public health in a new Europe. A Report for the European Commission*. International Union for Health Promotion and Education, IUHPE Paris: Jouve Composition & Impression; 1999.
9. Jackson S, Perkins F, Khandor E, Cordwell L., Hamman S., Buasai S. and Chaovavanion K. *Integrated health promotion strategies: a contribution to tackling current and future health challenges*. Technical paper prepared for the 6th Global Conference on Health Promotion; 2005 Aug 7–11; Bangkok, Thailand. Geneva: WHO.
10. Barry MM, Jenkins R. *Implementing mental health promotion*. Oxford: Churchill Livingstone Elsevier; 2007.
11. Kahan B., Goodstadt M. *Competencies required for the practice of health promotion* [Internet]. Canada: Centre for Health Promotion, University of Toronto; 2004 [cited 2008 Apr 20]. Available from: <http://www.goodworksonline.com/hpresources/id8.html>
12. James R, Howat P, Shilton T, Hutchins C, Burke L, Woodman R. *Core health promotion competencies for Australia 2007*. Australian Health Promotion Association, www.healthpromotion.org.au/tranches/wa/reports, accessed 16 September, 2008.
13. McCracken H, Rance H. *Developing competencies for health promotion training in Aotearoa-New Zealand*. *Promot Educ*. 2000;7(1); 40–3.
14. Shilton T, Howat P, James R, Lower T. *Development of competencies for health promotion practitioners in Australia*. *Promot Educ*. 2003;10(4):162–71.
15. Allegrante, J.P., Barry, M., Aininbuwa, C.D., Auld, M.E., Collins, J., Lamarre, M.C., Magnusson, G., McQueen, D.V. *Mittelmarm, M.B.* (in press). *Domains of core competency, standards, and quality assurance for building global capacity in health promotion: The Galway Consensus Conference Statement*. *Health Education & Behavior*.
16. International Union for Health Promotion. *Strategic directions 2007–2013* [Internet]. IUHPE Paris, France. 2007. Available from: www.iuhpe.org, accessed 16 June, 2008.
17. International Union for Health Promotion. *The brief report of gaps and assets for capacity building in low-income countries* [Internet]. IUHPE Paris, France. 2007. Available from: www.iuhpe.org, accessed 20 April, 2008