

NEED FOR DEVELOPMENT OF COMPETENCIES FOR HEALTH PROMOTION PRACTICE IN NIGERIA

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ABSTRACT

The advancement of health promotion in Nigeria as a public health strategy has maintained a slow pace basically due to dearth of health promotion workforce to reach the teeming population of the country. With the need for increase in health promotion workforce in the country, this paper establishes the necessity to form linkages between academia and health promotion practice as a fast means of reaching this need. The paper sees the need to build and strengthen the existing workforce, and build the capacity of academic health promotion through staff training programmes and academic programmes. Achieving this will depend so much on the development of a set of competencies that would guide the training programmes as well as curriculum development in tertiary institutions. With the globally identified competencies as guide, this paper suggests the way forward for competency development in Nigeria. It, therefore, concludes that Nigeria has the need and an existing framework for development of competencies for health promotion practice and, therefore, recommends that international agencies like the World Health Organisation (WHO) should assist Nigeria in carrying out this project.

Keywords: Health promotion, competencies, capacity building, academic health promotion, Nigeria.

INTRODUCTION

Health promotion is a new world health order which conceptualized health as a 'resource for life' and shifts attention from curative and preventive health to 'capacity building for health' (Breslow, 1999). Hence, the WHO (1986) defined health promotion as; "the process of helping people to increase control over and to improve their health. The basic idea here is that if individuals are helped to understand those factors that determine their health and are able to exercise control over those factors, they would not only be able to prevent diseases but also improve their health status. It behooves the health professionals to achieve this purpose.

The Ottawa Charter on Health Promotion in 1986 identified five key action areas for improving the health of population (Kickbusch, 2003) which are considered to be integral to health promotion practice. They are: Building healthy public policy; Create supportive environments; strengthening community action; Develop personal skills; and Re-orient the health services. Ideally, health promotion practitioners are expected to be skilled in implementing the above strategies and action areas. A health promotion officer, therefore, is a health professional specializing in maintaining and improving the health of populations and reducing health inequities among population groups through the action areas articulated in the Ottawa Charter (Health Promotion Association [AHPA], 2009).

Since the emergence of health promotion various nations of the world have continued to key into the concept and mainstream it into their health care system. Many have also developed competencies for effective health promotion practice. The 2008 Galway Consensus

Conference provided a forum for international accord on the core competencies necessary for professional preparation of health promotion and health education specialists. Unfortunately, some regions of the world including Sub-Saharan Africa either could not be represented or were underrepresented due to what Dempsy, Barry and Battel-Kirk (2010) described as the lack of available financial resources to support travel. Hence, while health promotion is now established as a recognized field in many parts of the world, it is only emerging in developing countries where the political will and resources to support health promotion are scarce (Howze, Auld, Woodhouse, Gershick & Livingood, 2009).

In Nigeria, some measure of progress has been made towards developing health promotion. Many of these efforts were through the support of global health and health related agencies including the WHO and UNICEF. Efforts have been made towards building the capacity of existing health workforce especially in the government Ministries. More significantly, the country through the support of the WHO has developed a National Health Promotion Policy in 2006 as well as produced implementation guidelines. However, it is about six years now since the launching of this policy yet it is doubtful if the policy has made any meaningful impact on the health care delivery in the country via implementation.

As awareness on the concept of health promotion gradually grows in Nigeria among health professionals, one concern that persists is the divergent understanding of health promotion and its practice. This poses a problem not only in the training of health promotion personnel but also in health promotion practice since there is bound to be lack of uniformity occasioned by differences in the understanding of the concept. This, therefore, underscores the need to develop a set of competencies that will guide health promotion training, academic preparation, and professional development in Nigeria. The emergence of health promotion as an academic discipline further creates the need to better define the scope of the practice.

Health Promotion in Nigeria

Nigeria keyed into health promotion with the drafting, signing into law and launching of the National Health Promotion Policy (NHPP) in 2006. The objective of the policy was to strengthen the Health Promotion capacity of the National Health System in improving health status of Nigerians and the achievement of the health-related Millennium Development Goals (MDGs (Federal Ministry of Health – FMOH, 2007).

A Strategic Framework and Implementation Plan for the policy were subsequently developed. One of the main thrusts of the NHPP was broadening the narrow focus of Health Education in Nigeria to take into account current understandings of Health Promotion (FMOH, 2006). The policy provided that Health Education was to be strengthened to act as a focal point for Health Promotion in Nigeria by playing a key role in the coordination, support, training and dissemination of guidelines of good practice and networking in Health Promotion. This will involve re-designating Health Educators to Health Promotion specialists, and reorienting them to the shift of emphasis from Health Education to Health Promotion.

The strategic framework and implementation guidelines of the policy, however, highlighted a number of weaknesses that could limit the capacity of the Nigerian health system to effectively carry out Health Promotion. They include: little understanding of concepts of health promotion; minimal, ad hoc and inconsistent implementation of Health Education/Health Promotion at the three tiers of government; poor communication design process (most health educators are not qualified and lack key skill in communication); few health programmes are directed at building capacity at the community level; lack of frameworks or guidelines that ensure systematic planning and management of health education interventions; lack of clear mechanisms for monitoring and evaluating health

communication activities; failure to mobilize the health promotion potential from other line ministries; and lack of coordination of the different organizations carrying out health promotion (FMOH, 2007).

Nigeria organized her second National Conference on Health Promotion in June 2010 in Abuja. The conference however, did not address the issue of capacity building and competency development as recommended by the Nairobi Conference. The 7th Global Conference had identified for action strengthening leadership, adequate financing and growing the practitioner skill base, including setting accreditation competencies and standards for health promotion (WHO, 2009).

The need for a trained and competent workforce, which has the necessary knowledge, skills and abilities in translating policy objectives and current research knowledge into effective action, is a key component of the capacity needed by nations to promote the health of their populations (Wise, 2003; Barry, 2008). The International Union of Health Promotion and Education (IUHPE) in the report 'Shaping the Future of Health Promotion: Priorities for Action' noted that workforce capacity and capability for health promotion is well developed in only a few countries, and under resourced or entirely lacking in many (IUHPE and Canadian Consortium for Health Promotion Research, 2007). In addition, it identified that urgent and sustained action is required to strengthen the capacity of academic health promotion.

WHO aided Nigeria in the training of 260 health educators from the Ministry of Health after the launch of the policy (WHO, 2007). The aim is to give them a re-orientation in practice of health promotion as recommended in the NHPP. They were also expected to build the capacity of other staff in the Ministry whose duties are health promotion oriented. Nevertheless, this process seems not to have been able to significantly produce the needed workforce considering the large population of Nigerians to be reached with health promotion in various settings. Hence, there is need for Nigeria to consider encouraging the development of health promotion programmes in higher institutions as this would facilitate the training of a large number of health promotion professionals within a short period.

Meaning and Importance of Competencies

Competency has been variedly defined, however, Farley and Clewley (2005) defined competency as the ability to apply particular knowledge, skills, attitudes, and values to the standard of performance required in specified contexts. Hence, competence is not only knowledge, but also skills and attitudes needed to produce a performance (Meresman et al., 2004). This implies that competence is not only knowing, but doing and acting based on what is known. As it applies to health promotion, Health Promotion Ontario (2008) defined health promotion competencies as a set of skills, knowledge and abilities necessary for the practice of health promotion. Dempsy, Barry and Battel-Kirk (2010) defined core competencies in health promotion as the minimum set of competencies that constitute a common baseline for all health promotion roles. They are what all health promotion practitioners are expected to be capable of doing to work efficiently, effectively and appropriately in the field.

Competencies approach is helpful to describe sets of tasks, performances, skill and abilities in real-life work situations (Meresman et al., 2004). Kosa and Stock (2007) further reiterated that the concept of competencies in education has been an important reference to clarify expectations and define future professional needs for graduates, and provides a focus point for development of curriculum and course design. Competency models have been increasingly used over the last 30 years to clarify the specific requirements for health promotion and public health education (Dempsy, Barry & Battel-Kirk, 2010). Emery and

Crump (2006) submitted that health promotion competencies can benefit staff who develop and implement health promotion programmes and community health projects: such as health promotion coordinators, health educators, programme managers, nutritionists, evaluators, non-profit staff, executive-level managers, and clinical staff who may also work on population-based strategies.

The Need for Health Promotion Competencies in Nigeria

The idea of developing competencies is based on the realization of the roles it can play in ensuring effective health promotion practice. Hence, developing competencies can play a key role in addressing the weaknesses identified earlier by the National Health Promotion Policy Strategic Framework and Implementation Guidelines as capable of limiting the capacity of the Nigerian health system to effectively carry out health promotion. The following areas of need can be addressed effectively through development of core competencies.

Structure and Development of Effective Health Promotion Training Programme Content

At this teething stage of health promotion in Nigeria, there is urgent need for massive capacity building of existing workforce in and outside the government sector. Spelling out competencies will ensure that this process is effectively done. The FMOH had complained that there is little understanding of concepts of health promotion among practitioners. Dempsy, Barry and Battel-Kirk (2010), therefore, submit that competencies provide tool for use in career planning, and deciding on professional development and training needs. Developing competencies for entry and advanced levels of health promotion specialists was the first step taken by the United States of America in building health promotion capacity (Howze, Auld, Woodhouse, Gershick & Livingood, 2009).

Development of Competency-Based Job Description

As health promotion gradually gains ground, it is expected that government and private organizations also begin to have increasing demand for the services of health promotion professionals. There is no need to wait until demand surpasses supply before we begin to act. Health promotion competencies assist employers to develop relevant job descriptions and better understanding of health promotion roles (Health Promotion Ontario, 2008; Dimpsy, Barry & Battel-Kirk, 2010)

Development of Curriculum for Continuing Education in Health Promotion

The FMOH in the NHPP called on educational institutions to facilitate the incorporation of health promotion into school curriculum and teachings as well as promote human resource development in health promotion. This call was made in realization of the role educational institutions would play in producing future health promotion workforce.

They can accomplish this only through adequate, efficient and effective curriculum content that is capable of transmitting the needed knowledge and skills for sound health promotion practice. Competencies provide curriculum developers with relevant knowledge, skills, values and attitudes needed in the discipline from which course contents can be drawn. Dempsy, Barry and Battel-Kirk (2010) viewed that health promotion competencies ensure that there are clear guidelines for the knowledge, skills, attitudes, and values needed to plan, implement and evaluate health promotion efficiently, effectively and appropriately.

Many Universities and Colleges of Education in Nigeria already run programmes in Health Education. With the emergence of Health Promotion, there is need to expand the Health Education curriculum in the institutions to incorporate health promotion principles. Also, new curriculum needs to be designed for higher degrees in Health Promotion.

Provision of Guidelines for Planning, Management and Evaluation of Health Education and Health Promotion Interventions

It was identified in the NHPP that there is a problem of inability of the Health Education Unit to adequately get involved in the design of health promotion activities done within and outside the Ministry. The most likely reason for this is because they lack the necessary knowledge and skills in the design and implementation of such activities. Health promotion competencies help to increase the understanding of the range of knowledge and skills required by health promoters to effectively plan, deliver, and evaluate health promotion interventions (Health Promotion Ontario, 2008; Dempsy, Barry & Battel-Kirk, 2010).

Health promotion competencies equally help to provide standards for monitoring and evaluating health promotion activities. The FMOH had earlier identified lack of mechanism for monitoring and evaluating health communication activities as a weakness that help to limit the capacity of the Nigeria health system to effectively carryout health promotion.

Identified Health Promotion Competencies

A number of countries especially developed countries such as Australia, Israel, New Zealand, United States and Canada have developed competencies for health promotion practice. However, the IUHPE in collaboration with the Society for Public Health (SOPHE), the US Centers for Disease Prevention and Control, and other partners convened at the National University of Ireland, Galway on June 16-18, 2008, for the Galway Consensus Conference, which resulted in the publication of the Galway Consensus Statement on the Domains of Core Competency for Health Promotion and Health Education (Allegrante et al., 2009; Barry et al., 2009).

At the end of the Galway Conference, the following eight domains of core competency were outlined:

Catalyzing Change

Enabling change and empowering individuals and communities to improve their health.

Leadership

Providing strategic direction and opportunities for participation in developing healthy public policy, mobilizing and managing resources for health promotion, and building capacity.

Assessment

Conducting assessment of needs and assets in communities and systems that leads to the identification and analysis of the behavioral, cultural, social, environmental, and organizational determinants that promote or compromise health.

Planning

Developing measurable goals and objectives in response to assessment of needs assets and identifying strategies that are based on knowledge derived from theory, evidence, and practice.

Implementation

Carrying out effective, efficient, culturally sensitive, and ethical strategies to ensure the greatest possible improvements in health, including management of human and material resources.

Evaluation

Determining the reach and effectiveness of health promotion programmes and policies including utilizing appropriate evaluation and research methods to support programme improvements, sustainability and dissemination.

Advocacy

Advocating with and on behalf of individuals and communities to improve their health and well-being and building their capacity for undertaking actions that can both improve health and strengthen community assets.

Partnerships

Working collaboratively across disciplines, sectors, and partners to enhance the impact and sustainability of health promotion programmes and policies. (Howze, Auld, Woodhouse, Gershick & Livingood, 2009).

The Galway Consensus Statement is intended for several audiences, including: practitioners, researchers, and academics in health promotion and health education; policy and decision-makers in government and non-governmental entities; employers; and international organizations and other institutional authorities, who have a stake and a responsibility in promoting the health of the public (Dempsey, Barry & Battel-Kirk, 2010).

The Way Forward

From the foregoing, it is clear that Nigeria has the need as well as the potentials to develop a set of competencies necessary for professional development and health promotion practice. Dempsey, Barry and Battle- Kirk (2010) reported that almost all of the countries in African region have structures for health education and/or health promotion and there are numerous legislative frameworks that support the development of core competency and credentialing of health promotion and health education in most African countries. However, Onya (2009) regretted that there is only limited cooperation among players in health promotion in Africa and stressed a need to elaborate the theoretical bases for health promotion, to lay structured plans for professionalization of practitioners and to call for action on the issue.

Cue on how to proceed could be taken from how HPEC competencies were developed. According to Emery and Crump's (2006) account, the Directors of Health Promotion and Education (DHPE) contracted with faculty and staff at the UNC School of Public Health to develop health promotion competencies. The project team conceptualized the work in three phases of research:

Phase 1: Identify an initial list from competency compendiums and other secondary sources, and receive feedback from DHPE and other stake holders;

Phase 2: Conduct an iterative revision process to incorporate feedback from cycles of interviews with approximately 100 federal, state and local potential end-users of the competency list and future training curriculum;

Phase 3: Conduct a validation and skill-gap analysis. Convene a curriculum advisory committee to support the development of competency training curriculum. Pilot and revise the training modules for wide release.

Already, there is a framework on ground in the form of a document released by the Health Promotion and Education division of the FMOH known as National Guidelines for Implementing Health Promotion and Education Programmes. This document is meant to provide an overview for the management of health promotion activities in any setting; be a

reference to guide action in health promotion throughout the programme cycle; be a basis for a training programme in health promotion; and a tool in programme monitoring and appraisal/evaluation of programme objectives (FMOH, 2007). The document provided guideline in planning the health promotion programme, designing the health promotion/communication plan for a health promotion programme, conducting advocacy, and client communication methods

The guideline is scanty but could form the skeleton for the development of competencies for health promotion practice in Nigeria. The Federal Ministry of Health can partner with global agencies like WHO, UNICEF; professional associations; and the academia to develop a set of competencies that will shape health promotion practice in the country. The process should involve all the stake holders. A committee could be formed to conduct research and extensive review of literature on health promotion competencies. This could lay the foundation for a national conference on competency development with participants from institutions of higher education and key governmental agencies, non-governmental organizations, and professional societies at the national and global levels. The conference will serve as a forum to articulate and delineate competencies by professionals in the field.

CONCLUSIONS

Nigeria has a basic but undeveloped framework for health promotion. However, the relevant bodies that drive health promotion have not been sensitized enough and so are grossly ignorant of their potentials. A synergistic approach to health promotion backed by a solid set of competencies for health promotion and education practice is what is needed to make a change in public health delivery in Nigeria. With the experiences of other countries who have taken the lead in developing competencies and especially the Galway consensus document, developing competencies has become easier for Nigeria.

RECOMMENDATIONS

The following recommendations could help in the development of health promotion practice in Nigeria.

1. Health promotion is one of the 23 Work Areas of WHO in Nigeria. Having helped Nigeria develop health promotion policy, they should also consider helping her develop competencies.
2. Health promotion-based professional bodies can go beyond their traditional conferences and organize post- or pre-conference trainings in health promotion for their members. Experts who would provide such trainings can be invited from within the country and beyond depending on the capacity of the organization. Where funding is a problem, two or more professional bodies could team up and organize a workshop or post-conference training.
3. The Ministry of Health should as a matter of responsibility set machinery in motion to commence the process of developing competencies for health promotion practice in Nigeria. Partnership with global agencies such as WHO & UNICEF is of essence.
4. Institutions of higher learning who have not included Health Promotion in their curriculum should consider it very important to do so.
5. Professional organizations in health education and promotion should advocate for a legislation requiring health education and promotion credentialing for practitioners.

6. There should also be a legislation requiring all workplaces and schools to have health promotion departments or units managed by a qualified health promotion professional.

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