EVALUATION OF MEDIUM TERM OUTCOMES OF WHO PROLEAD PROGRAM

• Preliminary overview of results

Annual Meeting
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Health promotion capacity challenge

Hawe, King, Noort et al 1999

‘...the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over’

Capacity Requirements

- Workforce
- Organisations
- Mandates
- Sustainable financing
Leaders who promote health
(106 fellows, 27 countries)

A critical mass of leaders in health promotion, applying their knowledge and skills, focusing on their local conditions, developing projects attuned to local needs but with an understanding of global driving forces, and having the skills with which to implement these projects.
Prolead in a capsule

- “Teams of leaders who promote health”
- Learning by doing
- Mentoring
- Project to apply skills and knowledge
Prolead in a capsule

- Quality improvement tools
- Problem solving
- Health promotion foundation as the reference point for learning
- Using regional networks and institutional links to support capacity-building
Training strategy

• Face to face training in 3 modules over a 9 month period
• Team-based projects addressing infrastructure, financing, governance issues
• Mentoring during the course
• Reporting on projects
• Building a regional support network
History of Prolead

• Meeting on capacity building for health promotion (2002)
• Study group on health promotion infrastructure and financing (2003)
• Prolead pilot (2004) – Shanghai (China); Fiji, Malaysia, Mongolia, Philippines, Tonga
### Prolead as a movement of health promotion leaders

<table>
<thead>
<tr>
<th>2003 Prolead 1 (WPRO)</th>
<th>2005 Prolead 2 (Global)</th>
<th>2007-08 Proleadplus</th>
<th>2010-11 Prolead B (Basic)</th>
<th>2011-12 GCC Prolead</th>
</tr>
</thead>
<tbody>
<tr>
<td>China (Shanghai)</td>
<td>India</td>
<td>Brunei Darussalam</td>
<td>Cambodia</td>
<td>Abu Dhabi</td>
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<td>Fiji</td>
<td>Japan</td>
<td>Cambodia</td>
<td>Indonesia</td>
<td>Kuwait</td>
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<td>Malaysia</td>
<td>Korea</td>
<td>Cook Islands</td>
<td>Lao PDR</td>
<td>Oman</td>
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<td>Mongolia</td>
<td>Lebanon</td>
<td>Fiji</td>
<td>Philippines</td>
<td>Qatar</td>
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<td>Philippines</td>
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<td>Kiribati</td>
<td>Samoa</td>
<td>UAE</td>
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<tr>
<td>Tonga</td>
<td>Viet Nam (Hue City)</td>
<td>Lao PDR</td>
<td>Vietnam</td>
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<td>Bahrain</td>
<td>Samoa</td>
<td>Malaysia</td>
<td>Laos PDR</td>
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<tr>
<td>Oman</td>
<td>Solomon Islands</td>
<td>Mongolia</td>
<td>Samoa</td>
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<td>Qatar</td>
<td>Tonga</td>
<td>Tonga</td>
<td>Solomon Islands</td>
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<td>Saudi Arabia</td>
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<td>Philippines</td>
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<td>Tunisia</td>
<td>Viet Nam</td>
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<td>Vanuatu</td>
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<tr>
<td>Yemen</td>
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<td>Viet Nam</td>
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</tbody>
</table>
History and thematic areas

- Prolead 1 (2004) – health promotion infrastructure and financing
- Prolead 2 (2005) – governance for health
- Prolead EMRO (2006-2007) – health promotion infrastructure and financing
- ProleadPlus (2007-2008) - national health promotion capacity development
- Prolead B (Basic) (2010-2011) - FCTC/tobacco taxation and health promotion financing
- Prolead A (Advanced) (2010-2011) – governance for health promotion foundations/boards
- Prolead E (Establishment of HPF) (2012-2013) – establishment of health promotion foundations based on national tobacco control laws
Prolead 1 (2004-2005)
Prolead EMRO (2006-2007)
Prolead EMRO (2006-2007)
Proleadplus (2007-2009)
Prolead A and B (2010-2011)
Prolead Advanced (2010-2011)
Prolead Advanced (2010-2011)
Prolead Advanced (2010-2011)
Prolead
quality improvement tools
Health Promotion Foundation

STAR

- Independent Board
- Percentage of tobacco taxes for health promotion and tobacco control
- Can leverage funds for health promotion from other sources
- Provide grants to partners and communities

Statutory and autonomous body
We can do something about this

Fishbone Analysis
## Multi-voting

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>ROUND 1 VOTING</th>
<th>ROUND 2 VOTING</th>
<th>ROUND 3 VOTING</th>
<th>FINAL SELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>[List possible topics for strengthening HPF performance]</td>
<td>Tick preferred options</td>
<td>Tick half of Round 1 options</td>
<td>Tick half of Round 2 options</td>
<td>Tick half of Round 3 options</td>
</tr>
<tr>
<td>A</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>B</td>
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<tr>
<td>C</td>
<td>✓</td>
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<td>D</td>
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<tr>
<td>E</td>
<td>✓</td>
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<tr>
<td>F</td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>G</td>
<td>✓</td>
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<tr>
<td>H</td>
<td>✓</td>
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</tbody>
</table>
Who are the key stakeholders and where are they in relation to their influence and interest in setting up a health promotion foundation?
**Effectiveness** – the practical method will result in significant change

**Feasibility** – resources (material, human and time) are available and accessible for taking the action needed
Prolead network of partners

- Alliance for Healthy Cities
- De La Salle Graduate School of Business
- Health Promotion Switzerland
- International Network of Health Promotion Foundations
- Korean Health Promotion Foundation
- La Trobe University
- Mongolia Health Promotion Foundation
- MySihat
- Pacific Open Learning Network
- Singapore Health Promotion Board
- Southeast Asian Ministers of Education Organization, Regional Tropical Medicine and Public Health Network
- Tonga Health
- Thai Health Promotion Foundation
- Victoria Health Promotion Foundation
- United Nations Environment Programme Environmentally Sound Technologies Information System
- University of the Philippines, Open University
- WHO Centre for Health Development, Kobe Japan
- WHO Regional Office in the Eastern Mediterranean
Prolead outcomes in Western Pacific Region

- Health promotion foundations established
  - Mongolia
  - Malaysia
  - Tonga
- Health promotion foundation or funds incorporated in tobacco control laws
  - Laos PDR
  - Samoa
  - Solomon Islands
  - Vanuatu
  - Vietnam
- Increased financing in Philippines, Brunei, Fiji
Current Evaluation Project

- Focus - Medium-term (developmental) outcomes ie outcomes that have arisen over time since Fellows/ country teams participated in Prolead

- 5 programs (2004 to 2008): Prolead I (pilot), Prolead II, Prolead (Gulf States), Prolead Plus, Advanced Prolead

- Aims -
  1. Advance knowledge about impacts (individual, networks/partnerships, policy/system levels)
  2. How to evaluate medium-term outcomes of a leadership development program
Methodology - overview

- Evaluation Results Map developed
  - based on US EvaluLEAD framework for evaluating leadership development programs (Grove, Kibel, Hass, 2005)
  - used to guide formulation of 37 survey questions
- Fellows emailed invitation letter, information sheet and link to online consent form/survey
- Data collected via online survey using Survey Monkey; data cleaned
- Open questions analysed for themes
<table>
<thead>
<tr>
<th>Evidence base</th>
<th>Short-term Outcomes</th>
<th>Medium-term Outcomes</th>
<th>Longer-term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INDIVIDUAL</td>
<td>NETWORKS and PARTNERS</td>
<td>PUBLIC POLICY + HEALTH SYSTEMS</td>
</tr>
<tr>
<td></td>
<td>Direct results ($I_1$)</td>
<td>Direct results ($N_1$)</td>
<td>Direct results ($P_1$)</td>
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<tr>
<td>Facts</td>
<td></td>
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<td>Opinions</td>
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<td></td>
<td>INDIVIDUAL</td>
<td>NETWORKS and PARTNERS</td>
<td>PUBLIC POLICY AND HEALTH SYSTEMS</td>
</tr>
<tr>
<td></td>
<td>Developmental changes ($I_2$)</td>
<td>Developmental changes ($N_2$)</td>
<td>Developmental changes ($P_2$)</td>
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<tr>
<td>Markers</td>
<td></td>
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<tr>
<td>Stories</td>
<td>2011-12 study: Data collected via online survey – 37 questions to identify markers of change and indicate stories of change</td>
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<tr>
<td></td>
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<td>NETWORKS and PARTNERS</td>
<td>PUBLIC POLICY AND HEALTH SYSTEMS</td>
</tr>
<tr>
<td></td>
<td>Transformative changes ($I_3$)</td>
<td>Transformative changes ($N_3$)</td>
<td>Transformative changes ($P_3$)</td>
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<tr>
<td>Indicators</td>
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<td>Reflection</td>
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Adapted from Grove, Kibel, Hass, 2005
Methodology – Survey Topics

Questions covered following topics:

• Information about fellow

• Prolead’s influence on fellow

• Country team projects

• Preparation of, and support for, fellows and country teams by Prolead partners
Findings from evaluation

• Individuals
  – Broaden understanding of health promotion
  – Develop skills for analysis and advocacy
  – Appreciate/ develop skills in team/coalition work

• Networks and partners
  – Broadened links within Ministry of Health
  – Extended links across government and with community organisations
  – Sense of being a global movement

• Policy and systems
  – Change is possible
Findings
Experiences and impacts of Prolead on participants
Changes At Individual And Network/Partnerships Levels Since Participating In Prolead

- 94.3% stated “my understanding of health promotion has changed”
- 94.3% stated “my understanding of my role in health promotion has changed”
- 85.7% stated “I approach my work and work environment differently”
- 71.4% stated “the networks and partnerships I use in my work have changed”
### Q 20

#### Usefulness of Prolead topics and tools

<table>
<thead>
<tr>
<th>Topic and Tools</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seven habits of highly effective leaders</td>
<td>45.2%</td>
</tr>
<tr>
<td>Situation analysis / root cause analysis / fishbone analysis tool</td>
<td>83.9%</td>
</tr>
<tr>
<td>Stakeholder analysis tool</td>
<td>54.8%</td>
</tr>
<tr>
<td>Countermeasures and action planning tools</td>
<td>45.2%</td>
</tr>
<tr>
<td>Other (please list other Prolead topics and tools that were useful)</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

**Comments:**

- Tool were simple to follow and helped us easily understand the complex issues.
- ‘7 Habits’: helped us to change our perceptions, try to think positively and make improvements.
- ‘Situation analysis tool’: allowed us to see clearly where the problem lies and what factors determine it; helped us to visualize our challenges and come up with some clear ideas for how we could overcome them. “At the beginning my, colleagues were looking at the diseases and not at the root causes by doing situation analysis. Then they realize the problem is with the structure and system.”
- Planning tools: for developing the plan (objectives, indicators, inputs, process, output, outcome and impacts).
Value Of Team Projects

- 87.1% reported outcome of country team project as expected

Key factors affecting project outcomes:
- 67.7% reported ‘feasibility of project design’
- 48.4% reported ‘importance of the project’
- 67.7% reported facing difficulties and challenges in implementing the project
Mentoring of country teams

Did your country team have a mentor/mentoring organization?

<table>
<thead>
<tr>
<th></th>
<th>Answered question</th>
<th>Skipped question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51.6%</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>32.3%</td>
<td>10</td>
</tr>
<tr>
<td>Don't know</td>
<td>16.1%</td>
<td>5</td>
</tr>
</tbody>
</table>

General comments:
• Support from [coordinating organization] was crucial to help us progressing
• We identified our own mentors. We received mentoring support in country, via email and telephone conversation
• Very supportive in guiding the team and providing information related to the project
• With the expertise in HP, the mentor provided suggestions and support which were very useful to develop our project and the project has been very successful
• It was excellent.. it's just that our team did not maximize the gain that could be achieved from our mentor/s
• Mentor able to travel to home country to facilitate and assist in the project.
• Provided us with a report about current HP situation and how we can improve it

Specific comments:
• ThaiHealth: our benchmark and they really did help us much.
• VicHealth: excellent mentoring all the way
• Swiss Health Promotion: very good choice because the consultant participated in advocating to other Ministries and showed experiences of Switzerland. This helped other ministries understand that this is not just MOH responsibility.
• La Trobe: provided a strong support and practical mentoring to obtain funding and develop specific plans to persuade key persons.
• WHO and SPC: more like mentoring organizations to our program which are both very active and supportive in time of wanting
Findings

Impacts of Prolead on Countries
Impact of Prolead on country

“Prolead has made a difference in my country”
Do you:

- Strongly agree - 22.6%
- Agree - 41.9%
- Neither agree nor disagree - 29.0%
- Disagree - 6.5%
- Strongly disagree - 0.0%
Q 33

Impact of Prolead on country

- Increased awareness about health promotion
- Changed the priority given to health promotion
- Increased infrastructure and capacity for health promotion
- Increased health promotion
- Changed which organisations receive support in health promotion
- Other
Why Prolead may not have made a difference in your country, or as much of a difference in your country as you expected

Program factors
- Duration –
- Follow up –

Project concept/design
- Ambitious
- Prolead may not able to solve our financial sustainability

Project implementation factors in country
- Timing –
- Capacity –
- Inaction after Prolead
- Political will
Challenges and issues

- Team composition
- Team stability
- Project workload
- Navigating the context
- Timely and appropriate mentoring
- Getting to ‘tipping point’
Summary

- Prolead generally met or exceeded expectations – for some, expectations different to actual program (eg action-oriented not didactic learning); 64.5% reported that Prolead made a difference to their country.

- **Individual level** – developed new personal, leadership, technical, managerial skills; gained knowledge in HP, other areas.

- **Networks and Partnerships level** – some Fellows formed new networks/partners and expanded existing ones.

- **Public Policy and Health Systems level** – some new financing mechanisms and HP infrastructure (within govt/ between govt and other parties) developed.

- Relational elements (teams, individual/ team or project mentoring, meetings) critical to build HP understanding and know-how, repertoire of problem solving tools and networks/partnerships enabling action.
Issues to consider

• Follow up – technical expertise, collegial support (for what purposes?)
• Resources for continuing/ new work
• National HP capacity
• Changing contexts – political, economic, social
• Unexplored, undocumented lessons
Opportunities for INHPF

I. Jointly develop information and other resources about Health Promotion Foundations with foundations for advocates, emerging foundations/ boards

II. Facilitate sharing of expertise and experiences

III. Enable networking

IV. Fund and provide technical support/guidance and mentoring

V. Undertake advocacy – with/ on behalf of countries/ country teams