





PROBLEMS / ISSUES IN HEALTH PROMOTION





→ Impact of the Healthy Lifestyle Campaign cannot be measured accurately as setting objectives and targets which were realistic, measurable and meaningful for each thematic campaign were difficult due to lack of baseline data.


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- Difficulty in identifying suitable indicators for the purpose of summative evaluation.
 - Currently, healthy education with focus on behaviour change is the main approach used. This approach alone cannot address all the determinants of health.

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- The present focus is on “downstream activities” such as disease prevention and control. “Upstream activities” for creating health and wellness are lacking.
 - Current programmes do not address the total environment in which people live, work, play and study.

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- Community participation is very often minimal or token in nature. Empowerment of the community to take charge of its own health is lacking.
 - Development of healthy public policy involving all sectors-government agencies, private sector, and NGOs - is difficult and not coherent. Lack knowledge and research in policy analysis and impact assessment. Difficulty in putting health on the agenda of other ministries and sectors.

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- Healthy alliances with NGOs and other government agencies still weak. Are we working in isolation? How much support and cooperation are we getting from other sectors? What are the problems associated with working together?
 - Sustenance of programme is a problem - manpower, finance and time. Frequent and different campaigns one after another on different topics is a drain on our resources.


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- Ambiguity in government policies e.g. tobacco indirect advertising and sponsorship of sports and other public events, and promoting tobacco planting by Ministry of Agriculture.
 - Programme support to the educational campaign is still weak e.g. provision of screening facilities, services for fitness assessment and health/medical examination.
 - Co-ordination problems - both intra - and inter-ministry



→ Different agenda and motivation of NGOs and other agencies-different objectives and emphasis e.g. in HIV/AIDS prevention and control. Some can be damaging especially those promoting values which are contrary to our way of life.




SOLUTIONS



→ Reorientation of health services. In order to develop a better system that serves the people more effectively, the MOH has charted 8 health services goals :

- Moving from the illness to the wellness paradigm
- Person - centered care
- Serving and managing the informed person
- Self care and self help


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- Care close to the home, or even at home
 - Seamless, continuous and integrated care
 - Care customized to the needs of the individual and community.
 - Effective, efficient and affordable quality care



→ Telehealth is a vehicle for improving the health services.


- ❖ Teleconsultation
- ❖ Tele-CME
- ❖ MCPHIE
- ❖ Life-time health plan


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- Strengthening of research for evidence-based health promotion and evaluation of programmes.
 - Play an advocacy role to foster healthy public policy in the public and private sector as well as lobbying politicians and pressure groups.



→ Intensify empowerment of individuals and the community through :

- o Public education
- o Skill development
- o Leadership training
- o Provision of resources
- o Providing guidance and facilitation

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- Intensify and strengthen implementation of “settings approach” to address the determinants of health and create supportive environments.
 - Improve cooperation and collaboration with NGOs - working towards common health objectives and a win-win situation.
 - Reorientate health staff towards health promotion. A “New Public Health and Health Promotion” Committee has been set up in the MOH.

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- Harnessing the resources and expertise of the private sector and academia.
 - Setting up a Health Promotion Board for Malaysia.