

Towards self-sufficiency in health learning materials

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Within the context of a global programme launched in 1981, five countries of South-East Asia have established a health learning materials network, the achievements and aspirations of which are outlined below.

Primary health care workers are often poorly trained because of shortages of books, teaching and learning aids, and, indeed, teachers. During the 1970s, WHO's Educational Communications System created a core library of 34 medical textbooks in English and French for use by teachers in some 2000 teaching institutions. A number of years later it was found that the books had all disappeared from certain institutions, while in contrast they were still under lock and key, unused, in others.

Health learning materials programme

In 1981 the United Nations Development Programme and the World Health Organization decided to encourage national production of health teaching and learning materials. An initial attempt to launch a health learning materials programme comprised pilot projects in four countries where Arabic, French or English was spoken: Kenya, Morocco, Nepal, and Sudan. Projects now exist in more than 30 countries and collaborative networks have been formed as follows.

- An English-language network based in Nairobi, with nine member countries:

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Ethiopia, Ghana, Kenya, Mauritius, Sudan, Tanzania, Uganda, Zambia, and Zimbabwe.

- A French-language network based in Cotonou, including Benin, Burundi, Chad, Djibouti, Mauritius, Morocco, Rwanda, Tunisia, and Zaire.
- An Arabic network coordinated by the WHO Regional Office for the Eastern Mediterranean in Alexandria, covering the Arabic-speaking countries in this region; Morocco and Sudan both cooperate with this network.
- A Portuguese-language network consisting of Angola, Cape Verde, Guinea-Bissau, Mozambique, and São Tome and Principe, based at the Ministry of Health in Bissau.

Some of the above countries have the capacity to operate in two language groups, and this facilitates intercountry exchanges of materials and expertise. Among other countries participating in such activities are Fiji, Guyana, and the Philippines, where English is an important medium of communication.

South-East Asia network

In 1990 the first steps were taken to form a South-East Asia network, and the health learning materials centre in Kathmandu was selected as its regional centre, responsible for promoting the exchange of materials and

expertise between the health learning materials centres of Indonesia, Myanmar, Nepal, Sri Lanka, and Thailand. These centres are located in the following institutions connected with or training middle-level health workers for primary health care.

- Centre for Health Manpower Education, Jakarta, Indonesia.
- Health Assistant Training School, Yangon, Myanmar.
- Institute of Medicine, Kathmandu, Nepal.
- National Institute of Health Sciences, Kalutara, Sri Lanka.
- Medical Education Centre, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand.

Some health learning materials published in Nepali

- *Child-to-child*
- *Facts for life*
- *Textbook of medicine*
- *Infectious diseases*
- *Health post administration*
- *Midwifery*
- *An outline of community health education*
- *Helping mothers breast-feed*
- *Where there is no dentist*
- *Where there is no doctor*
- *On being in charge*
- *Nutrition and health*
- *Environmental sanitation*
- *Child health*
- *Lessons in obstetrics*
- *Biochemistry*
- *Haematology*
- *Clinical medicine*

The Thai institution is involved in the production of audiovisual training materials for various grades of health worker and for the community at large. The others are concerned with the education of middle-level health workers. The five countries have different cultures and languages but English provides a link that facilitates collaboration.

The centres are at different stages of development, and the regional centre in Nepal reviews their progress by organizing site visits. A quarterly newsletter is sent to nongovernmental organizations and to other countries in the global health learning materials network; it indicates what has been achieved, focuses on issues related to primary care, and reports on those publications of WHO, nongovernmental organizations and national health learning materials centres which may be of value to various countries.

The network has concentrated on producing books, while also issuing working manuals, booklets, pamphlets, posters, slides and video films. The absence of copyright on the materials produced allows translation, adaptation and cooperation to proceed unfettered and helps to minimize the duplication of effort.

In 1990 a meeting was held in Thailand on techniques of distance education for health staff. Subsequently, surveys were conducted in each of the countries in the network on needs and resources for health learning. In March 1991 an intercountry workshop on writing skills was held in Jakarta, and in July 1991 one was held in Bangkok on audiovisual applications. During 1991 there was a substantial production of teaching and learning materials on health.

There is an outreach function covering, for example, a health learning materials project planned for Mongolia, which should benefit

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from the skills and experience of the five network countries.

A role undoubtedly exists for volunteers from developed countries who have skills, for instance, in microcomputing for design or editing in the field of health learning materials,

and who are capable of training local people. There is also a prospect of transmitting information between the countries in the network via the electronic media.

The first steps have been taken towards achieving self-sufficiency in the production of health learning materials in South-East Asia. It is to be hoped that more countries in the region will eventually join in this endeavour. ■

The case for school health education

The population of school-age children and youth has grown enormously in recent decades. Children are receptive to learning. And, because many attend school, they may be reached readily and cost-effectively. By reaching these school-age children, health education can provide benefits to all levels of society: the individual, the family, the school, the community, and the nation.

- *Comprehensive school health education. Suggested guidelines for action.* Geneva, World Health Organization, 1992 (unpublished document WHO/UNESCO/UNICEF/92.2): 2