# Health Promotion And Health Education

DR NATASHA K (MBBS, MPH, PHD FELLOW)

ASST PROF BUHS

DRNATASHA1976@GMAIL.COM

# content



Dr Natasha K

1. *Definition of Health Education, Objective, Aims, Relation with HP, Content, Activities, Principles, Methods, Implementations, Priorities, Approaches,*
2. *Practice Settings, Evaluation.*

# Definition:





**"Health education is the process by which individuals and group of people learn to ":**

- **Promote**
- **Maintain**
- **Restore health.**

**"Education for health begins with people as they are, with whatever interests they may have in improving their living conditions".**

# *Health Education*
## *Definition - WHO*



- *Process of providing information and advice related to **healthy lifestyle** and encouraging the development of knowledge, attitudes and skills aimed at **behaviour change** of individuals or communities.*

- *Enables and influences controll over own´s health leading to **optimalization** of attitudes and habits related to **lifestyle** and increasing **quality of life**.*

# Objectives





- Informing people
- Motivating people
- Guiding into action

# Health education or Health Promotion?



- **Health education is defined as:**

**"Any combination of learning experiences designed to facilitate voluntary adaptation of behavior conducive to health".**

**<u>This definition imply:</u>**

- *All possible channels of influence on health are appropriately combined and designed to support adaptation of behavior.*
- *The word "**voluntary**" is significant for ethical reasons.*

**(Educators should not force people to do what they don't want to do )**

*i.e. All efforts should be done to help people make decisions and have their own choices.*

- *The word "**designed**" refers to planned, integral, intended activities rather than casual, incident, trivial experiences.*

Dr. Natasha K

# Health education or Health Promotion?



Dr Natasha K

- With rising criticism that traditional H.E. was too narrow, focused on individual's lifestyle and could become "victim blaming", more work was done about wider issues eg. social policy, environmental safety measures

( EMERGENCE of HEALTH PROMOTION )

(Health Education is the primary and dominant measure in Health Promotion ).

# AIMS OF HEALTH EDUCATION:



1. To develop a sense of responsibility for health conditions, as individuals, as members of families & communities.

   (Promotion ,prevention of disease & early diagnosis and management ).

2. To promote and wisely use the available health services.

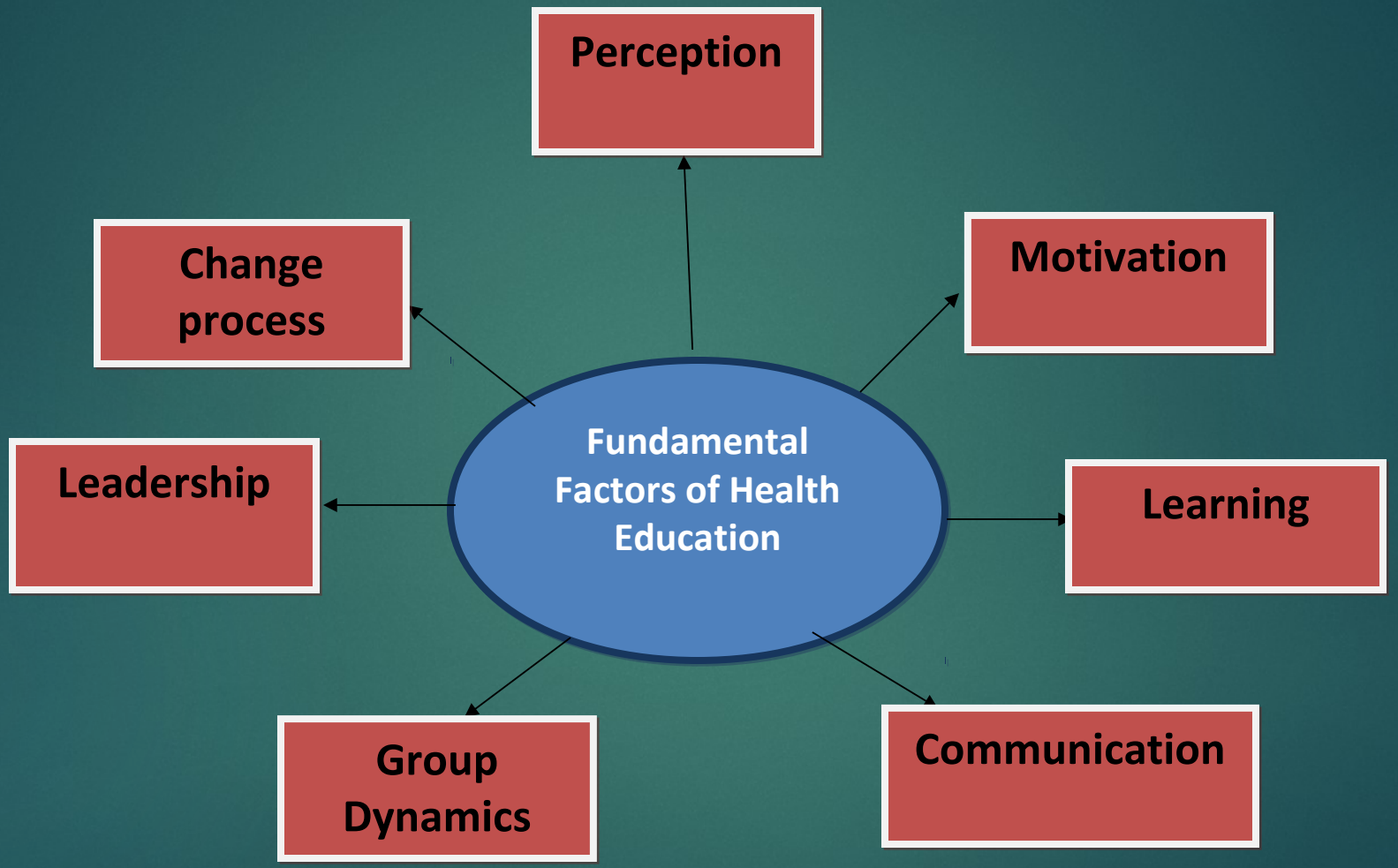
3. To be part of all education, and to continue throughout whole span of life.

Natasha K

# Process of health education:



Dissemination of scientific knowledge (about how to promote and maintain health), leads to changes in KAP related to such changes.


Perception
Change process
Motivation
Leadership
Fundamental Factors of Health Education
Learning
Group Dynamics
Communication

# Approach to public health



Dr Natasha K

- Regulatory approach
- Service approach
- Educational approach

# Steps for adopting new ideas & practices :



Dr Natasha K

- **AWARENESS** (Know about new ideas)
- **INTEREST** (Seeks more details )
- **EVALUATION**

(Advantages versus disadvant.+ testing usefulness )

- **TRIAL** (Decision put into practice)
- **ADOPTION** (person feels new idea is good and adopts it)

# CONTENTS OF HEALTH EDUCATION:



Dr Natasha K

- Nutrition
- Health habits
- Personal hygiene
- Safety rules
- Basic of disease & preventive measures
- Mental health
- Proper use of health services
- Sex education
- Special education for groups( food handlers, occupations, mothers, school health  etc. )
- Principles of healthy life style e.g. sleep, exercise

# Health Education
## *Policy*

Dr Natasha K

- *Is the component of a national health policy covering different sectors (M. of Health, M. of Education, etc).*
- *National Institute of Public Health (NIPH) serves as the methodical centre for public health institutes and other organizations*

# Health Education Activities



Dr Natasha K

- Integrated into local, regional or national programmes implementing the aims of the National Health Programme.
- Education of individuals, communities and the whole population of all age, social and ethnic groups.

# Health Education
# Main principles

1. Supported by the latest knowledge from research (medicine, sociology, psychology).
2. A systematic, comprehensive and consistent activity.
3. Adapted to age, gender, education and particular health, mental or social problems of an individual or community (school, entreprise, city).
4. Encourages personal investment of an individual.
5. Respects environment of an individual.

Dr Natasha K

# Principles of health education:





- Interest
- Participation
- Motivation
- Comprehension
- Proceeding from the known to the unknown
- Reinforcement through repetition
- Good human relations
- People, facts and media:

"knowledgeable, attractive , acceptable ".

# *Principles of health education:*



- **Learning by doing: (next Part)**

**" If I hear, I forget**

**If I see, I remember**

**If I do, I know".**

- **Motivation**, *(next Class)*

*i.e. awakening the desire to know and learn:*

**- Primary motives**, *e.g. inborn desires , hunger, sex.*

**- Secondary motives,**

*i.e. desires created by incentives such as praise, love, recognition, competition.*

Dr Natasha K

# Focal Points





- Interest
- Participation
- Known to unknown
- Comprehension
- Reinforcement
- Motivation
- Learning by doing
- Soil, seed, sower
- Good human relation
- Leaders

# *Health Education Methods*



Dr Natasha K

- **Drawing attention** to a **particular problem** – billboards, TV spots, posters, campaigns (NIPH - ***Quit Smoking***, 3rd Medical Faculty, IFMSA - ***Smoke free party***)
- **Providing basic information** – **warning, recommendation, advice –** leaflets, calendars, articles in ***newspapers***, TV and radio broadcasts
- **Providing more detailed information and guidelines** – **education focused on the attitude change** (brochures, manuals, books, lectures, discussions, internet)
- **Methods and guidelines** focused on **the behaviour change** – **intervention procedures** (sets of guidelines, interactive PC programmes, recipes, manuals, exhibitions, courses and systematic educational plans).

# *Health Education*
# *Implementation*

- **NIPH** – *methodical guidance, producing printed and video educational materials at the national level.*
- **PH Institutes** – *coordinate health education in the regions.*
- *Collaboration with NGOs, schools, TV, radio, media, etc.*

Dr Natasha K

# *Health Education*
# *Priorities*

Dr Natasha K

**Children and Youth**

- *Preschool age – healthy nutrition, physical activity, personal hygiene, daily regimen, basics on prevention of most common diseases, communication with physician*
- *School age – healthy lifestyle, regimen of work and rest, mental hygiene, sexual education, education against smoking and drug abuse, prevention of most common diseases*
- *Adolescent age – healthy lifestyle, sexual education, HIV/AIDS, drugs, smoking, selection of a profession*

# *Health Education*
# *Priorities*

- **Parents** – *education of children, healthy lifestyle,smoking, alkoholism and drug abuse in children and youth, principles of prevention and treatment of most common diseases, orientation in the health care system*
- **Adults** – *healthy life style, impact of working and living environment on health, mental hygiene – stress, principles of prevention and treatment of most common diseases, orientation in the health care system*

Dr Natasha K

# *Health Education*
# *Priorities*

- **Seniors** – *lifestyle, adaptation to a lower physical and mental capacity related to age, principles of prevention and treatment of most common diseases, orientation in the social and health care system*
- **Patients** – *advices related to a disease, diets, recommendations related to compensation of health disorders, health aids*

# *Health Education*
# *Primary Health Care*

Dr Natasha K

- *Principal role of outpatient services and practitioners*
- *Increasing role of nurses in primary prevention – counselling – e.g. prevention of breast cancer, preventive examinations*
- *H.e. is a part of the treatment plan and recommendations*
- *Collaboration with **counselling services** of the PH Institutes on lifestyle – focused on positive behaviour changes and lowering of risk profile*

# Health Education Practice Settings



Dr Natasha K

- *Health education occurs in a variety of places, these include:*
  - *Schools*
  - *Worksites*
  - *Health care organizations*
  - *Health departments*
  - *Voluntary health agencies*
  - *Community settings*

# Comparison of Settings



| Setting | Primary Mission | Who is Served? |
|---|---|---|
| School | Education | Children/adolescents |
| Worksite | Produce goods and services; Make a profit (if applicable) | Consumers of products and services |
| Hospitals | Treat illness and trauma | Patients |
| Community primary care setting | Prevent, detect, and treat illness and trauma | Patients |
| Health Department | Chronic and infectious disease prevention and control | Public |
| Voluntary health agencies | Prevention and control targeted disease/condition | Public |

Dr Natasha K

# Objectives for Educational and Community-Based Programs by Settings



| Setting | Objectives |
| --- | --- |
| School | Increase to at least 75% the proportion of the nation's elementary and secondary schools that provide planned and sequential kindergarten through twelfth-grade quality school health education. |
| Worksite | Increase to at least 50% the proportion of postsecondary institutions with institution-wide health promotion programs for students, faculty and staff. |
| Health care provider | Increase to at least 90% the proportion of hospitals, and health maintenance organizations, that provide patient education programs, and to at least 90% the proportion of community hospitals that offer community health promotion programs addressing the priority health needs of their communities. |
| Community | Increase to at least 50% the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. |

Dr Natasha K

# School Health Education Themes



Dr Natasha K

1. Education and health are interrelated.
2. The biggest threats to health are "social morbidities."
3. A more comprehensive, integrated approach is needed.
4. Health promotion and education efforts should be centered in and around school.
5. Prevention efforts are cost-effective;

# Curriculum



Dr Nandesha K

- *A planned, sequential, curriculum that addresses the physical, mental, emotional and social dimensions of health.*
- *The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors.*
- *It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices.*
- *The comprehensive health education curriculum includes a variety of topics.*

# *Worksite Health Education Programs*



Dr Natasha K

- *Physical activity and fitness*
- *Nutrition and weight control*
- *Stress reduction*
- *Worker safety and health*
- *Blood pressure and/or cholesterol education and control*
- *Alcohol, smoking and drugs*

# Motivations for Employers



Dr Natasha K

- *Reduces medical care costs*
- *Enhances productivity*
- *Enhances the image of the company*

# An Example of a Worksite Health Education Program - Nutrition



Dr Natasha K

| Level | Program Strategy |
|---|---|
| Individual | Nutrition information available through newsletters, books and video; Nutrition behavior-change program. |
| Interpersonal | Healthful food cooking contests; Nutrition classes for families; Buddy programs for weight loss; Competitions for weight loss. |
| Organizational | Cafeteria offers low-fat and low-calorie choices; Labeling of nutritional content of foods in cafeteria; Subsidized healthful foods; Vending machines with healthful foods. |
| Community | Institutional food service vendors offer low-fat and low-calorie foods; Nearby restaurants offer low-fat and low-calorie foods; A community campaign focuses on good nutrition. |

# *Health Education*
# *Communities*

- *Based on knowledge of their demographic and social specificities (gender, age, education, ethnicity, employment)*
- *Messages are more general and comprehensible for all community members*
- *Positive motivation – positive aspects and outcomes are stressed more then negative ones*

Dr Natasha K

# Health Education in Communities
## Strategies



Dr Natasha K

- Building collaborating team (physician, PH officer, health counsellor, NGO, schools, municipality, entreprise)
- Partnership and national networks (Healthy Cities, Healthy Schools), EU projects
- Providing regular information – media, bulletins
- Motivation actions related to days acknowledged by WHO – Health Day, Global Day without Tobacco, Mental Health Week, International Day of Fight against HIV/AIDS, etc.

# *Health Education in Communities*
# *Strategies*



Dr Natasha K

- *Campaigns:*

  ** Quit and Win*

  ** Physical Activity towards Health*

- *Connecting local, regional and national campaigns is more effective*
- *Presentation of positive examples of behaviour in public personalities (models)*

# *Social marketing*



Dr Natasha K

- *Dated back in 1930s, developed in 1970 in USA from marketing of products and services*
- *Effective method of promoting activities related to health and health care*
- *Strategies which address selected groups of population with the aim of influencing and changing attitudes of people related to social values, esp. health related behaviour.*
- *Planning, surveys on attitudes of population groups, collaboration with massmedia, lobbing*

# Health Care/Hospital Settings



Dr Natasha K

- *In the hospital, direct patient education is part of ongoing patient care and is typically delivered by nurses and physicians*
- *Group health education on such topics as diabetes and prenatal care are also provided*

# An Example of Health Education in Health Care/Hospital Settings – Diabetes (DM)



Dr Natasha

| Level | Strategies |
| --- | --- |
| Individual | Educational modules including feature stories, information about the disease process, skills, and self-monitoring. |
| Interpersonal | Interaction with health care team members about patient concerns related to DM and goals for self-management; Family discussion and practice of self-management behaviors and symptom monitoring. |
| Organizational | Primary care physician refers family to program; DM Family Education Program provided by DM Center |
| Community | School nurses and teachers assist child and family in self-management of DM |

# Federal Community Health Settings



Dr Natasha K

- *Public tax-supported health agencies*
  - *Department of Health and Human Services*
    - *The National Institutes of Health*
    - *The Centers for Disease Control and Prevention*
    - *The Food and Drug Administration*
    - *The Alcohol, Drug Abuse and Mental Health Administration*
    - *The Health Care Finance Administration*

# *Local and State Health Departments*



Dr Natasha K

- *Direct health services are offered by the local health departments.*
- *Planning, Consultation, vital statistics, laboratory services, regulation, and coordination functions occur at the state as well as the local levels.*
- *Health educators work in family planning, nutrition, dental health, tobacco control, chronic disease, AIDS, immunizations, and communicable diseases,*

# Example of Local and State Health Department Health Education Strategies



Dr Natasha K

| Level | Program Strategy |
| --- | --- |
| Individual | Mass media campaigns to increase knowledge of the risks of breast cancer, the benefits of screening, and how to obtain screening services. |
| Interpersonal | Use of community volunteers to alert women to the importance of breast cancer screening and how to obtain information; Encourage discussion of breast cancer screening and benefits through small group educational programs and through feature stores in media. |
| Organizational | Provider referral of women already enrolled in health department programs; Outreach activities directed to worksites, senior centers and churches to alert women about the program. |
| Community | Create coalitions of providers to offer coordinated screening, referral, diagnostic, and treatment services. |

# Communication in health education:





- **Education is primarily a matter of communication, the components of which are:**

| CHANNELS | AUDIENCE | MESSAGE | COMMUNICATOR |
|---|---|---|---|
| - Media | - Individual<br>- Group | - Conform with objectives. | - Educator |
| - 2 way | - Public | - understandable | - needs+ interest of audience |
| - 1 way | - Public | - Acceptable | - ? Content of message |

# Evaluation of health education programs:



## There should be continuous evaluation.

- Evaluation should not be left to the end but should be done from time to time for purpose of making modifications to achieve better results.

Dr Natasha K

# EVALUATION CYCLE:





Describe problem → Describe program → State goals → Determine needed information

Establish basis for proof of effectiveness

Determine data collecting method

Develop& test instruments

Organize data base

Analyze &compare results

Modify program

# Health Education Programs in Bangladesh



Dr Natasha K

**Health Population and Nutrition Sector Development Program (HPNSDP),2011-16**

**What HPNSDP is all about?**

*With a view to accelerating progress of the health, population and nutrition (HPN) sector and addressing the challenges, the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh (GOB) has been implementing the Health Population and Nutrition Sector Development Program (HPNSDP) for a period of five years from July 2011 to June 2016. After HPSP (1998-2003) and HNPSP (2003-2011), the HPNSDP is the third sector-wide program for overall improvement of health, population and nutrition sub-sectors. The priority of the program is to stimulate demand and improve access to and utilization of HPN services in order to reduce morbidity and mortality; reduce population growth rate and improve nutritional status, especially of women and children.*

# *Health Education Programs in Bangladesh*



Dr Natasha K

- **HPN Sector Performance**
- *Maternal mortality ratio, infant mortality rate and under-five mortality rate declined.*
- *EPI coverage increased.*
- *Population growth rate and the total fertility rate (TFR) declined.*
- *Percentage of children receiving vitamin-A supplements increased.*
- *Life expectancy at birth rising.*
- *TB case detection and cure rates achieved MDG targets.*
- *Polio and leprosy virtually eliminated.*
- *Malnutrition and micro-nutrient deficiencies reduced.*
- *HIV prevalence very low.*
- *Remarkable countrywide network of health care infrastructure.*

# Health Education Programs in Bangladesh



Dr Natasha K

**The HPNSDP strategies are**

- *Expanding the access and quality of MNCH services.*
- *Strengthening of various family planning interventions to attain replacement level fertility.*
- *Mainstreaming nutrition within the regular services of DGHS and DGFP.*
- *Strengthening preventive approaches as well as control programs to communicable diseases and non communicable diseases.*
- *Strengthening support systems and increasing health workforce at all levels.*
- *Improving MIS with ICT and establishing M&E system.*
- *Strengthening drug management and improving quality drug provision.*
- *Increasing service coverage through public, NGO and private sector coordination.*
- *Pursuing priority institutional and policy reforms.*

## সুনির্দিষ্ট উদ্দেশ্য

**জাতীয় স্বাস্থ্যনীতির সুনির্দিষ্ট উদ্দেশ্যেসমূহ নিম্নরূপ:**

১. সবার জন্য প্রাথমিক স্বাস্থ্য ও জরুরি চিকিৎসা সেবা প্রাপ্যতা নিশ্চিত করা।

২. সমতার ভিত্তিতে সেবা গ্রহীতা কেন্দ্রিক মানসম্মত স্বাস্থ্যসেবার সহজপ্রাপ্যতা বৃদ্ধি ও বিস্তৃত করা।

৩. রোগ প্রতিরোধ ও সীমিতকরণের জন্য অধিকার ও মর্যাদার ভিত্তিতে সেবা গ্রহণে জনগণকে উদ্বুদ্ধ করা।

## জাতীয় স্বাস্থ্যনীতির মূল লক্ষ্য

**প্রথম** : সমাজের সর্বস্তরের মানুষের কাছে সংবিধান অনুযায়ী ও আন্তর্জাতিক সনদসমূহ অনুসারে চিকিৎসাকে অধিকার হিসেবে প্রতিষ্ঠার লক্ষ্যে চিকিৎসার মৌলিক উপকরণ পৌঁছে দেয়া এবং পুষ্টির উন্নয়ন ও জনস্বাস্থ্যের উন্নতি সাধন করা।

**দ্বিতীয়** : জনসাধারণ, বিশেষ করে গ্রাম ও শহরের দরিদ্র এবং পশ্চাৎপদ জনগোষ্ঠীর জন্য মানসম্পন্ন ও সহজলভ্য স্বাস্থ্য সেবা নিশ্চিত করা।

**তৃতীয়** : প্রাথমিক স্বাস্থ্য সেবাকে প্রত্যেক নাগরিকের জন্য নিশ্চিত করার লক্ষ্যে প্রতি ছয় হাজার জনগোষ্ঠীর জন্য একটি করে কমিউনিটি ক্লিনিক স্থাপন নিশ্চিত করা।

**চতুর্থ** : জরুরি চিকিৎসা সেবাকে অগ্রাধিকার দেয়া।

**পঞ্চম** : শিশু ও মাতৃমৃত্যুর হার হ্রাস করা, বিশেষ করে স্বাধীনতার পঞ্চাশ বছর পূর্তিতে আগামী ২০২১ সালের মধ্যে এ হারকে যুক্তিসংগত হারে হ্রাস করা।

**ষষ্ঠ** : আগামী ২০২১ সালের মধ্যে প্রতিস্থাপনযোগ্য জন-উর্বরতা (Replacement level of Fertility) অর্জন করার লক্ষ্যে পরিবার পরিকল্পনা, প্রজনন ও স্বাস্থ্য সেবাকে আরো জোরদার ও গতিশীল করা।

**সপ্তম** : মা ও শিশু স্বাস্থ্যের উন্নতির জন্য সন্তোষজনক ব্যবস্থা গ্রহণ করা ও যথাসম্ভব প্রতিটি গ্রামে নিরাপদ প্রসূতি সেবা নিশ্চিত করা।

**অষ্টম** : অতি দরিদ্র ও অল্প আয়ের জনগোষ্ঠীর মধ্যে পরিবার পরিকল্পনা কর্মসূচিকে গ্রহণযোগ্য করা ও পরিবার পরিকল্পনা সামগ্রীর সহজলভ্যতা নিশ্চিত করা।

**নবম** : স্বাস্থ্যসেবায় লিঙ্গ সমতা নিশ্চিত করা।

**দশম** : চিকিৎসা সেবাসহ স্বাস্থ্য খাতের সামগ্রিক ব্যবস্থাপনায় তথ্য প্রযুক্তির সর্বোচ্চ ও সর্বোত্তম ব্যবহার নিশ্চিত করা।

**একাদশ** : সরকারি স্বাস্থ্য সেবাকেন্দ্র ও হাসপাতালসমূহে চিকিৎসার প্রয়োজনীয় উপকরণ ও লোকবল নিশ্চিত করা এবং ব্যবস্থাপনার উন্নয়ন সাধন পূর্বক সেবার গুণগত মান বৃদ্ধি করা।

**দ্বাদশ** : বেসরকারি মেডিকেল কলেজ, চিকিৎসা শিক্ষা ও প্রশিক্ষণ প্রতিষ্ঠান, হাসপাতাল, ক্লিনিক, ডায়াগনস্টিক সেন্টারসমূহের সেবার মান নিশ্চিত করা এবং সেবা ও শিক্ষার ব্যয় জনসাধারণের নাগালের মধ্যে রাখা।

**ত্রয়োদশ** : সকল চিকিৎসা শিক্ষা, নার্সিং শিক্ষা ও মেডিকেল টেকনোলজি ও স্বাস্থ্যসেবা সহায়কদের শিক্ষা ব্যবস্থাকে আধুনিকায়ন ও দেশের প্রয়োজন অনুযায়ী যুগোপযোগী করা।

**চর্তুদশ** : জনস্বাস্থ্য ও চিকিৎসা সম্পৃক্ত বিভিন্ন মন্ত্রণালয় ও বিভাগ এবং বেসরকারি খাতের সম্মিলিত ও সমন্বিত প্রচেষ্টা নিশ্চিত করা।

**পঞ্চদশ** : রোগ প্রতিরোধ ব্যবস্থা আরো শক্তিশালী করা এবং এ লক্ষ্যে টিকাদান (Immunization) কার্যক্রমকে অব্যাহত রাখা ও শক্তিশালী করা।

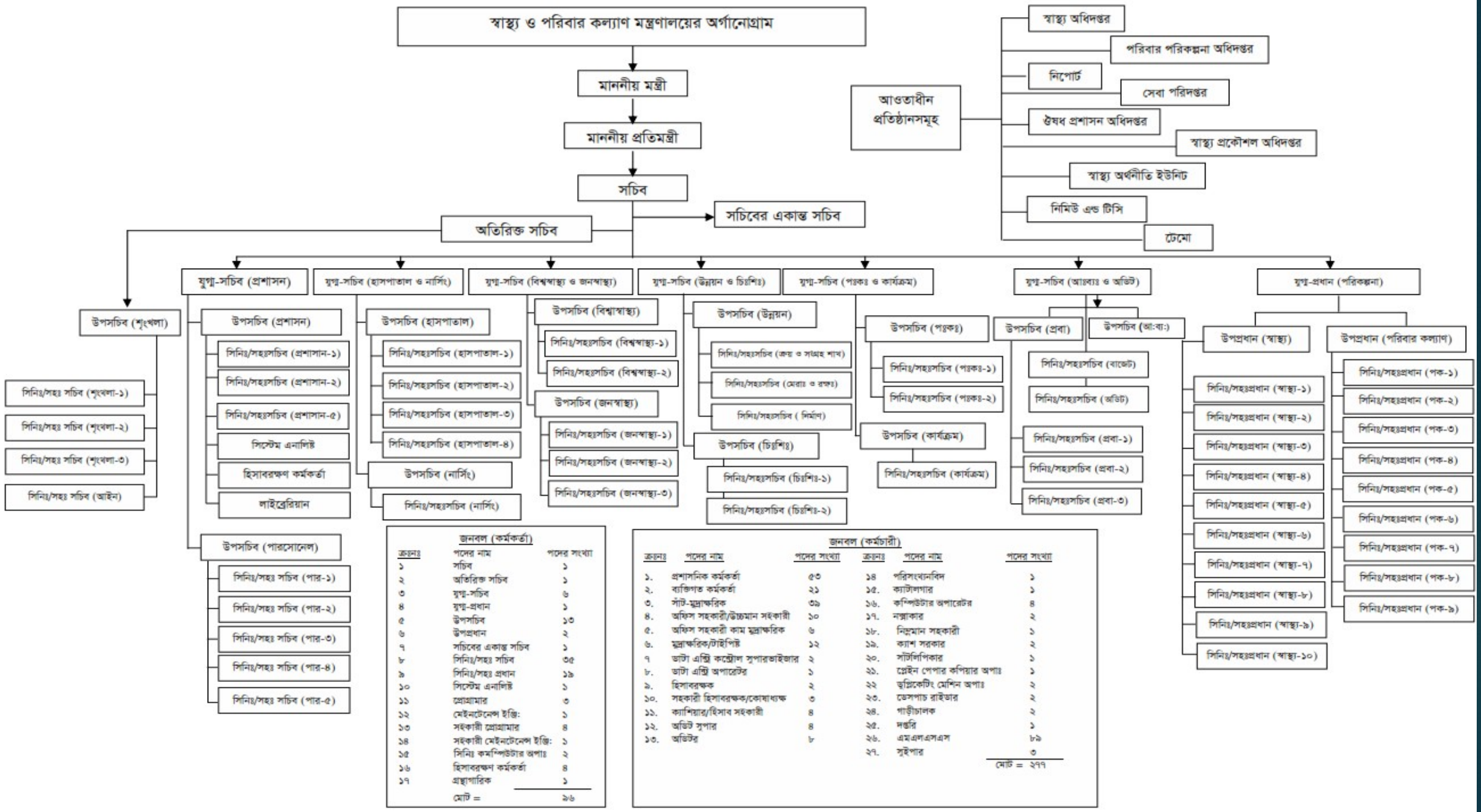
**ষষ্ঠদশ** : স্বাস্থ্য তথ্য প্রাপ্তিতে জনগণের অধিকার নিশ্চিত করা।

**সপ্তদশ** : অত্যাবশ্যকীয় ঔষধের সহজলভ্যতা ও মূল্য নিয়ন্ত্রণ নিশ্চিত করা।

**অষ্টদশ** : জলবায়ু পরিবর্তনজনিত স্বাস্থ্য বিপর্যয় ও রোগ ব্যাধির গতি প্রকৃতি লক্ষ্য রাখা এবং তা থেকে পরিত্রাণ পাওয়ার উপায় উদ্ভাবন করা।

**উনবিংশ** : বিকল্প চিকিৎসা (ইউনানি, আয়ুর্বেদীয় ও হোমিওপ্যাথি) পদ্ধতি ও শিক্ষার মানোন্নয়নের ব্যবস্থা করা।

# স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়ের অর্গানোগ্রাম




## জনবল (কর্মকর্তা)

| ক্রঃনং | পদের নাম | পদের সংখ্যা |
|---|---|---|
| ১ | সচিব | ১ |
| ২ | অতিরিক্ত সচিব | ১ |
| ৩ | যুগ্ম-সচিব | ৬ |
| ৪ | যুগ্ম-প্রধান | ১ |
| ৫ | উপসচিব | ১৩ |
| ৬ | উপপ্রধান | ২ |
| ৭ | সচিবের একান্ত সচিব | ১ |
| ৮ | সিনিঃ/সহঃ সচিব | ৩৫ |
| ৯ | সিনিঃ/সহঃ প্রধান | ১৯ |
| ১০ | সিস্টেম এনালিষ্ট | ১ |
| ১১ | প্রোগ্রামার | ৩ |
| ১২ | মেইনটেনেন্স ইঞ্জি: | ১ |
| ১৩ | সহকারী প্রোগ্রামার | ৪ |
| ১৪ | সহকারী মেইনটেনেন্স ইঞ্জি: | ১ |
| ১৫ | সিনিঃ কমপ্লিউটার অপাঃ | ২ |
| ১৬ | হিসাবরক্ষণ কর্মকর্তা | ৪ |
| ১৭ | গ্রন্থাগারিক | ১ |
| | মোট = | ৯৬ |

## জনবল (কর্মচারী)

| ক্রঃনং | পদের নাম | পদের সংখ্যা |
|---|---|---|
| ১. | প্রশাসনিক কর্মকর্তা | ৫৩ |
| ২. | ব্যক্তিগত কর্মকর্তা | ২১ |
| ৩. | সাট-মুদ্রাক্ষরিক | ৩৯ |
| ৪. | অফিস সহকারী/উচ্চমান সহকারী | ১০ |
| ৫. | অফিস সহকারী কাম মুদ্রাক্ষরিক | ৬ |
| ৬. | মুদ্রাক্ষরিক/টাইপিষ্ট | ১২ |
| ৭ | ডাটা এন্ট্রি কন্ট্রোল সুপারভাইজার | ২ |
| ৮. | ডাটা এন্ট্রি অপারেটর | ১ |
| ৯. | হিসাবরক্ষক | ২ |
| ১০. | সহকারী হিসাবরক্ষক/কোষাধ্যক্ষ | ৩ |
| ১১. | ক্যাশিয়ার/হিসাব সহকারী | ৪ |
| ১২. | অডিট সুপার | ৪ |
| ১৩. | অডিটর | ৮ |
| ১৪ | পরিসংখ্যানবিদ | ১ |
| ১৫. | ক্যাটালগার | ১ |
| ১৬. | কম্পিউটার অপারেটর | ৪ |
| ১৭. | নক্সাকার | ২ |
| ১৮. | নিম্নমান সহকারী | ১ |
| ১৯. | ক্যাশ সরকার | ২ |
| ২০. | সার্টিলিপিকার | ১ |
| ২১. | প্লেইন পেপার কপিয়ার অপাঃ | ১ |
| ২২ | ডুপ্লিকেটিং মেশিন অপাঃ | ২ |
| ২৩. | ভেসপাচ রাইডার | ২ |
| ২৪. | গাড়ীচালক | ২ |
| ২৫. | দপ্তরি | ১ |
| ২৬. | এমএলএসএস | ৮৯ |
| ২৭. | সুইপার | ৩ |
| | মোট = | ২৭৭ |

# Constitutional priorities in Health Policy in Bangladesh



•

The State shall regard the raising of the level of nutrition and the improvement of public health as moving its
primary duties ...

–

Article 18(1); Constitution of the People's Republic of Bangladesh

Dr Natasha K

## Bangladesh expressed agreement on the following declarations

- The Alma Ata Declaration (1978)
- The World Summit for Children (1990)
- International Conference on Population and Development (1994)
- Beijing Women's Conference (1995)

# Objectives related to PH



Dr Natasha K

*1.To develop the public health and nutrition status of the people as per Section 18(A) of the Bangladesh Constitution*

*2. To ensure establishment of Community Clinic for every area of 6000 people*

*3. To ensuring gender equity in health service*

*4. To ensure co - ordination between different ministries & departments related to public health & medical service (One Health approach)*

*5. To strengthen disease prevention ...*

*6. To ensure people's rights for access to health information*

*7. To establish surveillance for adverse health effects of climate change and evolve ways to prevent it*

# *Thank You*