RESOLUTION

HEALTH PROMOTION: STRATEGY FOR THE AFRICAN REGION
(Document AFR/RC62/9)

The Sixty-second session of the Regional Committee,

Having examined the document entitled “Health Promotion: Strategy for the African Region”;

Recalling World Health Assembly resolutions WHA51.12 on health promotion; WHA57.16 on health promotion and healthy lifestyles; the outcomes of the international conferences on health promotion organized by WHO including the 7th Global Conference held in Nairobi, Kenya in 2009; Resolutions AFR/RC51/R4 on the health promotion strategy for the African Region and AFR/RC60/R1 on a strategy for addressing key determinants of health in the African Region and the WHO Progress Report AFR/RC61/PR/4 presented in Yamoussoukro, Côte d’Ivoire in 2011, on the implementation of the regional health promotion strategy;

Noting with satisfaction the active participation of Member States in the UN-High Level Meeting on Noncommunicable Diseases held in New York, in September 2011; the World Conference on Social Determinants of Health held in Rio de Janeiro, Brazil, in October 2011; the Regional Ministerial consultation on noncommunicable diseases held in Brazzaville, Congo, in April, 2011; the Interministerial meeting on health and environment held in Luanda, Angola, in November, 2010;

Recognizing that the burden of disease leading to premature death and disability is due to communicable and noncommunicable diseases, maternal and child ill-health, new and re-emerging threats to health including the effects of climate change on health, natural and man-made disasters, all of which are preventable through health promotion interventions;

Noting with concern that the majority of countries in the Region are not making adequate progress toward the achievement of internationally agreed targets such as the Millennium Development Goals;

Acknowledging that the health risk factors and the determinants of most public health conditions that contribute to the disproportionate disease burden in the Region are driven by social, political, environmental and economic factors and would therefore require a multisectoral and multidisciplinary approach to intervene;
Confirming the utility of health promotion interventions as a cost-effective approach and socially justifiable investment for addressing the health risk factors for priority public health conditions and their key determinants among the populations of the Region;

1. **ENDORSES** Health Promotion: strategy for the African Region as contained in Document AFR/RC62/9 and expresses its appreciation for the work done by the WHO Secretariat;

2. **URGES** all Member States:
   
   (a) to elevate the existing health promotion units to sustainable and functional structures or reinforce already established directorates and to provide adequate resources in order for them to effectively coordinate and manage intrasectoral and intersectoral activities;
   
   (b) to develop and implement health promotion policies, strategies, programmes and action plans and establish sustainable structures at national and subnational levels for health promotion implementation;
   
   (c) to establish, as appropriate, multisectoral and interministerial mechanisms for promoting health through health in all policies, good governance for health, community participation, social dialogue, partnership and leadership/stewardship roles;
   
   (d) to establish/strengthen partnership, networks and alliances in order to harness additional technical and financial resources for health promotion;
   
   (e) to strengthen information, education and communication (IEC) in order to improve health awareness, social mobilization and advocacy in priority public health conditions across population groups;
   
   (f) to build the capacity of health and non-health professionals to plan, implement, monitor, evaluate and document health promotion interventions across public health conditions and population groups;
   
   (g) to increase investment in health promotion from national budgets and consider innovative financing options including legislating the use of earmarked dedicated levies from tobacco, alcohol and other sources;
   
   (h) to monitor progress in the implementation of health promotion priority interventions including documentation and dissemination of lessons learnt through case studies, surveys and research.

3. **REQUESTS** the Regional Director:
   
   (a) to support Member States in reinforcing the stewardship role of government in strengthening health in all policies, community participation, social dialogue and partnership;
   
   (b) to support Member States to strengthen the capacity of health and non-health professionals to develop and implement policies, strategies, programmes and action plans on health promotion at national and subnational levels;
   
   (c) to support Member States in adopting innovative communication approaches specifically the use of social media to reach the youth;
   
   (d) to facilitate the establishment of partnership, networks and alliances in order to harness additional technical and financial resources for health promotion;
(e) to develop monitoring tools including indicators to measure progress in the implementation of the proposed priority interventions and to facilitate research on health promotion;

(f) to report to the Sixty-fifth session of the Regional Committee on the progress made in the implementation of this resolution and every three years thereafter.