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**INTERSECTORAL ACTION FOR HEALTH PROMOTION
AND DISEASE PREVENTION**

Round Table

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BACKGROUND

1. *The world health report 2002*¹ sets forth several physical, social, economic, behavioural and organizational factors that influence people's health. These factors are usually known as the broad determinants of health. Inadequate income exposes people to unhealthy practices that contribute significantly to morbidity and mortality. Certain physical environments facilitate the transmission of diseases such as malaria, gastroenteritis and tuberculosis. Lifestyle-related behaviours such as unhealthy diet, inadequate physical activity, tobacco use, excessive alcohol consumption, substance abuse, and unsafe sex in the Region contribute to cardiovascular and lung diseases, mental disorders, cancer, diabetes, injuries and HIV/AIDS.

2. The broad determinants of health are complex and closely interrelated. In the Region, the most prevalent determinants are poverty, low literacy levels, unplanned urbanization, rapid economic changes, globalization and peer pressure. The nature of these factors necessitates comprehensive responses directed at the underlying causes. Unfortunately, health systems in the Region are designed primarily for the management of disease, rather than the promotion of health.

3. Health promotion provides opportunities for fostering health and preventing disease. It is the process of enabling people to increase control over, and to improve, their health.² It is a means of increasing individual and collective participation in health action.³ Its implementation involves combining approaches like health education; communication for behaviour change; social mobilization; and information, education and communication.

4. Involving youth and children in health promotion increases drastically the impact of health promotion on society.⁴ This is so because young people easily acquire and share positive health knowledge, attitudes and skills whose influence extends to communities.

5. Major health promotion interventions include knowledge and skills development, mediation in competing interests and advocacy, leading to outcomes such as empowerment for health action, creation of conditions that support health, and increased resources and political support for health.⁵

6. Application of health promotion is increasing in the Region largely because of renewed interest in primary health care and efforts to achieve health targets, especially MDGs. Use of health promotion has been most common in communicable disease control, with only modest progress reported for noncommunicable disease programmes, especially tobacco control.

FRAMEWORK FOR INTERSECTORAL ACTION

7. Implementation of health promotion in most countries of the Region currently seems to be dominated by the health sector. To reap maximum benefits, countries need to scale up implementation of proven, effective health promotion strategies in all sectors. To ensure acceleration of disease prevention and promotion of health, all sectors must act now:

- to advocate that health is a human right and an investment, and not merely a social service;

¹ WHO, *The world health report 2002: Reducing risks, promoting healthy life*, Geneva, World Health Organization, 2002.

² WHO, *Ottawa Charter for Health Promotion, 1986* (WHO/HPR/HEP/95.1), Geneva, World Health Organization, 1986.

³ WHO, *Health promotion: A strategy for the African Region*, Brazzaville, World Health Organization, Regional Office for Africa (AFR/RC51/12 Rev. 1) 2001.

⁴ UNESCO, UNICEF, WHO and The World Bank, *Focusing resources on effective school health: a fresh start to enhancing the quality and equity of education*, Washington, D.C., 2000.

⁵ WHO, *Health promotion: A strategy for the African Region*, Brazzaville, World Health Organization, Regional Office for Africa (AFR/RC51/12 Rev. 1) 2001.

- to protect people from harm and provide opportunities for health, especially through regulations and legislation;
- to invest in sustainable intersectoral policies and infrastructure⁶ that address broad determinants of health;
- to foster partnerships and alliances for promoting health;
- to strengthen capacity for policy development, leadership, practice, and research in health promotion;
- to monitor systematically health promotion policies, programmes, infrastructure and investments and evaluate progress (health promotion infrastructure includes policy, strategy, structures, staff, plans and budgets).

8. Implementation of health promotion yields benefits such as savings from diseases prevented; improved productivity resulting from fostering lifestyles and conditions conducive to physical, social and emotional well-being; effective use of existing health services and stimulating demand for others; and reduction of risk factors for various diseases and conditions.⁷

9. In spite of continuing investments in health promotion, the incidence of health problems such as cholera, diarrhoea, malnutrition, and HIV is increasing in some countries. While the slow improvement in health may be partly due to piecemeal implementation of health promotion, it also results from the existence of social determinants of health. These determinants require comprehensive physical, social and organizational changes, in addition to health promotion which, alone, is not adequate for improving health and must be linked to other socioeconomic processes.

10. Health promotion is most effective when its strategies are applied intersectorally. In Uganda for example, advocacy, health education, community mobilization, civil society involvement, partnerships and alliances, and intersectoral coordination, under strong political leadership, have resulted in a dramatic reduction in HIV infection and improved care provision.

11. Similarly, in South Africa, coordinated intersectoral action resulted in comprehensive tobacco legislation. The legislation is supported by regulations on tobacco marketing, sale and use. Schools, workplaces and other settings have taken action to protect pupils and employees from tobacco smoke. Education on the dangers of tobacco is provided by government, in partnership with professional bodies. Interest groups conduct cessation clinics. Consequently, tobacco consumption has declined.

CHALLENGES

12. The regional strategy for health promotion and the Bangkok charter for health promotion underscore the critical role of intersectoral action in health promotion. The WHO Executive Board affirms this position through its resolution EB117.R9 on health promotion in a globalized world. While implementation of health promotion has steadily increased since the adoption of the regional strategy, not all countries are implementing it intersectorally.

13. To broaden the opportunities for the implementation of intersectoral health promotion, the following challenges need to be addressed:

⁶ Adapted from the *Bangkok charter for health promotion in a globalized world*.

⁷ WHO, Health promotion: A strategy for the African Region, Brazzaville, World Health Organization, Regional Office for Africa (AFR/RC51/12 Rev. 1) 2001.

- insufficient incorporation of mechanisms for addressing the health component of development programmes;
- lack of effective coordination of health promotion in various government sectors with health sector policies;
- inadequate involvement of communities and civil society in health programmes;
- limited attention paid to the private sector's contribution to health promotion;
- weak institutional capacity for implementing health promotion.

POINTS FOR DISCUSSION

14. Discussion should focus on what countries need to do:

- to intensify and coordinate comprehensive health promotion in all public sectors and development programmes;
- to increase sustainable involvement of communities and civil society in health promotion;
- to engage the private sector constructively for promoting health;
- to ensure that the basic infrastructure for health promotion exists at all levels of society.

EXPECTED OUTCOMES

15. The expected outcomes of the discussion are:

- consensus that health promotion needs to be streamlined and coordinated in health and other sectors;
- affirmation of the critical role of communities and civil society in promoting health;
- recognition of the role of the private sector in promoting health;
- renewed commitment to strengthen infrastructure for health promotion and implement the Regional strategy for health promotion with reference to the Bangkok charter for health promotion and relevant WHO resolutions.