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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE  
REGIONAL HEALTH PROMOTION STRATEGY**

**Progress Report**

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## BACKGROUND

1. Health promotion is considered a cost-effective approach and a socially justifiable investment that can significantly help improve the health and well-being of individuals, families and communities. It advocates for integration of activities across sectors and encourages multisectoral collaboration. Therefore, health promotion is a core function of public health which reduces the disease burden and mitigates the social and economic impact.
2. With the increase in disease burden and premature deaths from preventable causes, Member States of the WHO African Region recognized the need to invest in health promotion. Consequently, in 2001, the Fifty-first Session of the WHO Regional Committee deliberated on and endorsed the Regional Health Promotion Strategy and adopted a related Resolution AFR/RC51/R4.<sup>1</sup>
3. The aims of the Strategy are: (a) to advocate for increased awareness of and support for the use of health promotion across sectors; (b) to develop national strategies incorporating policy frameworks and actions plans; (c) to plan, implement and evaluate health promotion actions for intervening in disease-specific issues, population groups or settings; and (d) to mobilize resources by engaging new players such as civil society and public and private sectors.
4. World Health Assembly Resolutions<sup>2</sup> WHA42.44, WHA51.12 and WHA57.16 called on Member States and WHO to give priority to strengthening health promotion actions. The required actions include health education and the promotion of healthy lifestyles among individuals and communities.
5. The 7th Global Conference on Health Promotion was held in Nairobi, Kenya from 29 to 31 October, 2009. The Conference adopted the Nairobi Call to Action that identifies key strategies and commitments urgently required for closing the implementation gap in health and development through health promotion.
6. The WHO Commission on Social Determinants of Health (2008) made three key recommendations aimed at reducing the health equity gap through action on social determinants of health. In 2010, during the Sixtieth Session of the Regional Committee in Malabo, Equatorial Guinea, Member States from the African Region deliberated on the key recommendations and endorsed a *Strategy for addressing key social and economic determinants of health in the African Region*.
7. This report summarizes the progress made in the implementation of the Regional Health Promotion Strategy and proposes the next steps.

## PROGRESS MADE

8. Between 2007 and 2010, 10 countries<sup>3</sup> developed national health promotion strategic action plan and 16 countries<sup>4</sup> received technical support in developing national health promotion policies.

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<sup>1</sup> Resolution AFR/RC51/R4: Health Promotion: A Strategy for the African Region.

<sup>2</sup> WHA42.44: Health promotion, public information and education for health; WHA51.12: Health promotion; WHA57.16: Health promotion and healthy lifestyles.

<sup>3</sup> Benin, Ethiopia, Kenya, Lesotho, Liberia, Madagascar, Nigeria, Senegal, Sierra Leone and South Africa.

<sup>4</sup> Cape Verde, Ghana, Guinea-Bissau, Lesotho, Madagascar, Namibia, Nigeria, Senegal, Sierra Leone and South Africa.

These policies and strategies are available for use by both health and non-health professionals including civil society groups.

9. Implementation of health promotion activities in various settings was strengthened through the development of tools and guidelines. Several generic implementation guidelines for application in school health promotion and other community settings were developed in collaboration with regional experts. The main guidelines include those focusing on health promotion planning, implementation and capacity building.<sup>5</sup> Tools containing key strategies, principles and values for integrating health promotion actions were developed for maternal and child health and HIV/AIDS prevention and control.<sup>6</sup>

10. Capacity building workshops on the use of health promotion strategies and tools for noncommunicable diseases (NCDs) prevention and control were held in Ouidah, Benin, in 2007 and 2008 for 40 participants from 15 countries;<sup>7</sup> in Entebbe, Uganda, in 2008 for 31 participants from eight countries<sup>8</sup> and in Harare, Zimbabwe, for 32 participants from 12 countries in 2010.<sup>9</sup> The workshops imparted content and skills on the application of health promotion strategies and tools to address health risk factors and key determinants of NCDs. Furthermore, the capacity of three academic institutions<sup>10</sup> offering health promotion courses was enhanced through joint curriculum reviews. A generic health promotion course was developed with technical support from regional experts.

11. Partnership, alliances and networks for health promotion advocacy, resource mobilization and evidence gathering were enhanced at regional and country levels. Education International (EI) provided funding for five years to secondary school teachers to advocate for HIV/AIDS prevention and control in 25 countries. UNICEF, UNFPA, Japan International Cooperation Agency (JICA), Ford Foundation and USAID provided resources to support health promotion activities in ten countries.<sup>11</sup>

12. To effectively support Member States to address disease risk factors and their determinants, the Regional Office established the Health Promotion Cluster in 2010 in line with the Strategic Directions for WHO 2010–2015 on *Achieving Sustainable Health Development in the African Region* to effectively support Member States.

13. The implementation of the regional health promotion strategy revealed several gaps and challenges. These are (a) weak leadership and stewardship role of ministries of health to coordinate health promotion activities across sectors; (b) low level of involvement of various players including civil society and communities in advocacy actions to regulate and legislate for good health governance; (c) inadequate evidence regarding the effectiveness of health promotion; (d) lack of a

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<sup>5</sup> Guidelines for development of health promotion in countries of the WHO African Region. Guidelines for the implementation of the health promoting schools initiative (HPSI), Facilitator guides for Regional orientation meetings for health promotion national focal persons and AFRO HIPs.

<sup>6</sup> HIV and AIDS Life skills Tool Kit for prevention and control.

<sup>7</sup> Angola, Benin, Burkina Faso, Cote d'Ivoire, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, Togo, Cameroon, Cape Verde, Chad, Democratic Republic of Congo and Rwanda.

<sup>8</sup> Eritrea, Kenya, Tanzania, Uganda, Ethiopia, Liberia, Ghana and Sierra Leone.

<sup>9</sup> Eritrea, Ethiopia, Gambia, Kenya, Lesotho, Malawi, Namibia, Nigeria, Rwanda, Swaziland, Zambia and Zimbabwe.

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<sup>11</sup> Benin, Madagascar, Mozambique, Namibia, Rwanda, Sao Tome, Swaziland, Uganda, Zambia and Zimbabwe.

sustainable financing mechanism to support health promotion activities; and (e) the need to build a critical mass of health promotion practitioners including at the community level.

## **NEXT STEPS**

14. To effectively apply health promotion actions in response to the identified priority public health challenges facing countries of the WHO African Region, it is proposed to update the current regional strategy. Member States jointly with partners should:

- (a) Strengthen the leadership and stewardship role of the MOH to coordinate multisectoral actions within the primary health care context in order to address public health conditions existing outside the health sector;
- (b) Involve various players including civil society, private sector and communities to advocate for regulatory and legislative actions that seek to promote good health governance;
- (c) Monitor progress through evidence-based information and apply the findings to policies and programmes;
- (d) Establish innovative health promotion financing mechanisms e.g., dedicated taxes or special levy on tobacco or alcohol;
- (e) Build a critical mass of health promotion practitioners at all levels through pre-service and in-service training, and continuing education.

15. The Regional Committee took note of this Progress Report and endorsed the proposed next steps.