



**World Health  
Organization**

REGIONAL OFFICE FOR **Africa**

**AFR/RC65/INF.DOC/4**

27 November 2015

**REGIONAL COMMITTEE FOR AFRICA**

**ORIGINAL: ENGLISH**

Sixty-fifth session

N'Djamena, Republic of Chad, 23–27 November 2015

Agenda item 17.4

**PROGRESS REPORT ON THE IMPLEMENTATION OF THE  
HEALTH PROMOTION STRATEGY FOR THE AFRICAN REGION**

**Information Document**

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## BACKGROUND

1. Member States of the WHO African Region recognize the need to invest in health promotion. In 2012, the Sixty-second session of the WHO Regional Committee for Africa endorsed the document entitled *Health Promotion: Strategy for the African Region* and adopted Resolution AFR/RC62/R4.<sup>1</sup> The goal of the strategy is to support Member States in the implementation of multisectoral actions such as community participation, partnership and innovative financing.

2. The strategy proposes eight priority interventions to address the preventable causes of disease, disability and premature death, namely: (a) strengthening the stewardship role of the ministry of health; (b) strengthening national technical capacity; (c) sustaining institutional capacity; (d) communication, social mobilization and advocacy; (e) gathering and disseminating evidence and best practices; (f) establishing sustainable mechanisms for innovative financing of health promotion; (g) strengthening functional partnership, alliances and networks; and (h) strengthening community capacity for health promotion.

3. Resolution AFR/RC62/R4 requests the Regional Director to support Member States to (a) strengthen the leadership and stewardship roles of government; (b) build the capacity of health and non-health professionals; (c) adopt innovative communication approaches such as social media; (d) establish partnership, networks and alliances for additional technical and financial resources for health promotion; and (e) develop monitoring tools including indicators to measure progress.

4. This report summarizes the progress made between December 2012 and December 2014 in the implementation of Resolution AFR/RC62/R4 and proposes the next steps.

## PROGRESS MADE

5. Technical support was provided to thirteen countries<sup>2</sup> to develop national health promotion plans. Furthermore, seven<sup>3</sup> of the thirteen countries also developed national health promotion policies. The Gambia established a Directorate for Health Promotion to coordinate and manage health activities at national and sub-national levels, while Benin and Eritrea conducted short health promotion courses for health and non-health professionals.

6. Focal points from 47 Member States, representing ministries of health and WHO country offices, were reoriented on the health promotion strategy. At the end of the consultation, participants identified a list of common interventions requiring WHO technical support at country level.

7. Botswana and South Africa expressed interest in learning more about innovative health promotion financing options and were supported to learn from the Thai Health Promotion Foundation (Thailand) model.<sup>4</sup> Botswana undertook a study tour to Thailand to learn about regulation, structure and administration of the Thai Health Promotion Foundation. The experiences were shared with parliamentarians and the minister of health. In South Africa, the Health Promotion Directorate held a

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<sup>1</sup> Resolution AFR/RC62/R4, Health Promotion: Strategy for the African Region, In: *Sixty-second session of the WHO Regional Committee for Africa, Luanda, Republic of Angola, 19–23 November 2012, Final Report*, Brazzaville, Congo, World Health Organization, Regional Office for Africa, 2012 (AFR/RC62/21), pp. 12–13.

<sup>2</sup> Botswana, Burkina Faso, Congo, Côte d'Ivoire, Eritrea, Gambia, Ghana, Liberia, Lesotho, Niger, Rwanda, Senegal and South Africa.

<sup>3</sup> Eritrea, Ghana, Liberia, Lesotho, Rwanda, South Africa and Zimbabwe.

<sup>4</sup> Thai Health Promotion Foundation, Thailand <http://en.thaihealth.or.th> last accessed 1 April 2015.

consultative meeting on using tobacco and alcohol special tax to fund health promotion activities. A senior Thai Health Promotion Foundation staff and WHO were invited to facilitate the discussions.

8. Ministries of health and of education focal persons from Cabo Verde, Ethiopia, Namibia, Rwanda and Swaziland were trained to plan and implement the *Health Promoting School* concept. The training covered competence skills on programme planning, behaviour change communication and decision-making processes. The content topics included water, sanitation and hygiene; psychosocial support; physical activities; and substance abuse prevention and control in schools.

9. Community participation in the Ebola Virus Disease (EVD) outbreak response was supported in Guinea, Liberia and Sierra Leone. Community health volunteers, school teachers and nongovernmental organizations were trained in community engagement and empowerment in order to create individual and public awareness of the beneficial and harmful practices related to the EVD outbreak.

10. A website-based tool for monitoring and evaluation of EVD outbreak response through community engagement was developed jointly between the University of Kansas (USA), a WHO Collaborating Centre for Health Promotion, and WHO. The tool is being used to assess and document the effectiveness of community-based interventions in EVD outbreak response.

11. Despite the progress made, challenges remain in most Member States, namely: (a) inadequate financial and human resources allocation at regional and national levels; (b) transforming the current Health Education Units into Health Promotion Departments or Directorates in order to provide policy-level leadership for coordination and management of health promotion activities at national and sub-national levels; and (c) lack of a monitoring and evaluation framework to assess progress and effectiveness of health promotion activities in countries.

## **NEXT STEPS**

12. To effectively implement health promotion activities that address priority public health challenges, Member States of the African Region should:

- (a) Consider introducing legislation to institute a special levy (surtax) on tobacco, alcohol and other products, and allocate the proceeds to health promotion activities; and to also reflect expenditure on health promotion in the National Health Accounts.
- (b) Build health promotion leadership and capacity by placing the Health Promotion Unit at the policy and decision-making levels with a view to coordinating and managing health promotion activities across sectors.
- (c) Ensure that monitoring and evaluation (M&E) of health promotion activities is an integral part of the National Health Strategic Plans and the National Health Accounts Monitoring and Evaluation Framework, and incorporate M&E findings into national policies and programmes.
- (d) Foster multisectoral actions to address health risk factors and the determinants of health across priority public health conditions and population groups through the development of healthy public policies, legislation, partnership, alliances and networks.

13. WHO and partners should support Member States in addressing the above challenges in order to attain the desired outcomes.

14. The Regional Committee is invited to take note of this progress report and endorse the proposed next steps.