

USE OF HEALTH PROMOTION IN NCD PREVENTION AND CONTROL

Presentation notes by
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Presentation outline

- Why we need HP in health development
- Definitions
- Outcomes of implementing HP
- Key strategies
- Guiding principles
- Conclusion

Why Health promotion

- Broad determinant of health underlie the double burden of both communicable and non-communicable diseases in (Physical environment, biological, behavioural, socioeconomic (local/national), global)
- Some of these determinants are closely interlinked- poverty, low education, poor diet, inequitable access to health services--
- To address the determinants, (e.g. shared risk factors) effectively, integrated/comprehensive approaches are required
- Health promotion is effective in facilitating tackling of underlying determinants of NCDs (+)

Some definitions of Health promotion

- ‘The process of enabling people to increase control over the determinants of health and thereby improve their health’
- ‘a comprehensive social and political process’
- ‘A set of tools for health action’
- ‘Means of increasing individual and collective participation/involvement in health action.’

Distinguishing features of health promotion in Africa

- Focus on the community
- Emphasis on constituent methods (esp. health education/BCC/IEC) rather than the broader process
- Consideration for cultural/spiritual factors
- Professionalization has been slow

Results of HPR application in NCD work

- **Reduction of risk factors (specific diseases): life skills education--youth can stop smoking uptake--reduction in risk for lung cancer**
- **Adoption of healthy life styles: Individuals/communities can adopt exercise, environmental preservation and proper nutritional practices**
- **Enhancement of conditions conducive to NCDS-Policies+ legislation regulation on green spaces in urban areas**
- **Increased use of available services**
- **Increased political support for NCD work (advocacy)**

HP Guiding principles

- Health is a basic human right,
- Equity, justice, peace, shelter, stable environment, income etc, are major prerequisites for health,
- Health promotion is primarily a process used to address the broad, underlying determinants of health,
- Co-ordination and regulatory role of the state is central to health action,
- Multi-sectoral collaboration accelerates health action.
- Partnerships, networks, alliances are important avenues for enhancing collaboration in health,
- Health promotion interventions focus on improvement of people's health, prevention of disease as well as appropriate treatment.

Major Health promotion strategies and their end results

1. Knowledge and skills
development

2. Mitigation of competing
interests in society

3. Advocacy for health

1. Enabling/empowerment for
healthy behaviour

2. Creation of conditions that
support healthy behaviour
including re-orientation of
health services, healthy
policies, legislation, regulations

3. Increased resources and
political support for health
services and development

Conclusion

Health promotion is:

- Action to ensure peoples' involvement in health action
- A process, not an event
- A composite tool for health action
- It is an integral component of public health

Levels of health promotion action

A presentation prepared by David Houeto and
David Nyamwaya

THE FIVE LEVELS OF ACTION IN HP

- ❖ BUILDING HEALTHY PUBLIC POLICIES
- ❖ CREATING SUPPORTIVE ENVIRONMENTS FOR HEALTH
- ❖ STRENGTHENING COMMUNITY ACTIONS
- ❖ DEVELOPING PERSONAL SKILLS
- ❖ REORIENTING HEALTH SERVICES TO RESPOND TO PEOPLE'S NEEDS
- ❖ ADDRESSING GLOBAL DIMENSIONS

1. BUILDING HEALTHY PUBLIC POLICIES

- Health must be put on the agenda of policy making in all sectors and at all levels-healthy outcomes
 - Policy makers need to be aware of the health consequences of their decisions
 - Policies should contribute to safer and healthier goods and services, and cleaner, more enjoyable environments
 - Examples: Nutrition: Food fortification, (Iodine, Vitamin A), Road safety, Tobacco control
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2. CREATING SUPPORTIVE ENVIRONMENTS FOR HEALTH

Examples:

- Creating national/regional partnerships for NCD control
 - Developing national NCD policies, strategies and plans of action
 - Passing of tobacco legislation
 - Increasing tax on tobacco and alcohol
 - Supporting patient associations for diabetes, cancer, stroke----
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3. STRENGTHENING COMMUNITY ACTIONS

- HP supports relevant knowledge, skills and attitudes development/improvement on causes and prevention (e.g. diabetes)
 - HP facilitates problem identification priority setting, selecting strategies and implementing activities (diet, physical activity, treatment, screening)
 - HP enables a sense of ownership over health actions
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3. STRENGTHENING COMMUNITY ACTIONS

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- Community actions draw on existing human and material resources in the community to enhance self-help and social support
 - This requires full and continuous access to information, learning opportunities for health, as well as necessary technical and or funding support.
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4. DEVELOPING PERSONAL SKILLS

- HP supports personal development through providing information, education for health, and enhancing life skills
 - HP increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health ((medical check up, accessing health services, self-care and treatment)
 - HP enables people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries (diet, activity in youth and their effects in middle and old age).
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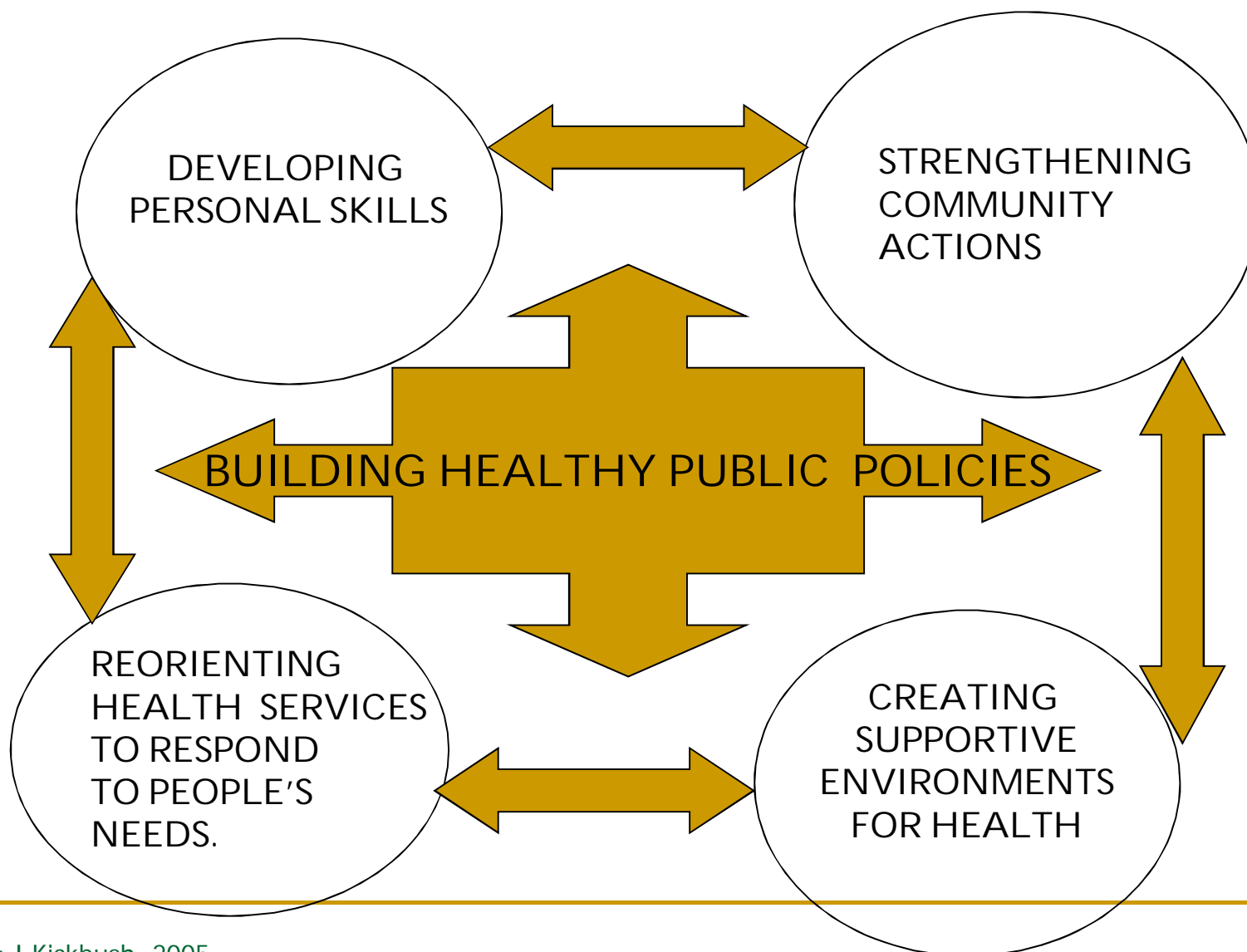
5. REORIENTING HEALTH SERVICES TO RESPOND TO PEOPLE'S NEEDS

- The role of the health sector must move increasingly in a HP direction, besides its responsibility for providing clinical and curative services
 - Health services need to embrace an expanded mandate which is sensitive to and respects socioeconomic needs
 - The health sector should be in partnership with communities and the society as a whole
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5. REORIENTING HEALTH SERVICES TO RESPOND TO PEOPLE'S NEEDS ctnd

- Stronger attention to health research as well as changes in professional education and training are essential
 - This must lead to a change of attitude and organization of health services which focus on the needs of the individual as a whole person
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Levels of action in HP



GLOBAL DIMENSIONS OF NCD ACTIONS

- MARKETS
 - WWW
 - TECHNICAL COLLABORATION
 - CAPITALISATION
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Health promotion approaches and methods

A presentation by Dr.
D. Nyamwaya



Common HP approaches-1

A HP approach is a combination of a method, a target audience/beneficiary and or a place (setting).

Examples:-

- **Individual approaches:** May involve counselling, patient education, health risk assessment, and dietary assessments.
- **Group approaches:** May involve lectures, seminars, skills training, peer education, role play and simulation.
- **Population approaches:** may involve mass media campaigns, social marketing, advertising. etc



Common HP approaches-2

- **Settings approaches:** places such as schools, islands, markets and workplaces offer unique opportunities for health promotion
- **Issue approaches:** Diseases (NCDs in general, diabetes--) or risk factors such as physical inactivity require specific sets of interventions.



Common HP methods-1

- **Health Education:** a process of assisting individuals acting separately or collectively to make informed decisions on matters affecting their health as individuals, families or communities
- **Behaviour Change Communication (BCC):** strategic communication designed to achieve specific behaviour changes
- **Social Marketing: is a component of BCC.** It is a consumer oriented approach of defining, promoting and making accessible practices or products that are *socially* beneficial.



Common HP methods-2

- **Social Mobilization:** an operational strategy that enlists the support & active involvement of many sectors within a society that can play a role in achieving an agreed objective.
- **Advocacy:** to speak up, to plead the case of another, or to champion a cause
- **Lobbying:** is the communication of one's interests to a carefully chosen person, with the aim of influencing decision-making.



HP methods-IEC

- **Information, Education and Communication (IEC)** is not a method but a comprehensive programming of interventions that aim at reaching designated audiences with messages using a combination of communication technologies

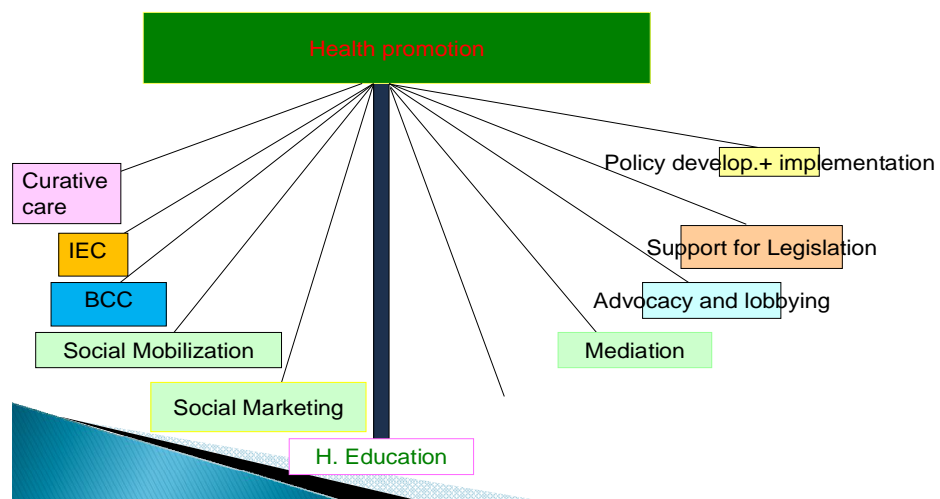


Points to note

- Use of a single method does not constitute health promotion action
- The methods are most effective when combined
- Health promotion is not a method but a process that incorporates diverse methods



Summary of HP methods



Functions and competencies of a HP practitioner

A presentation by D. Nyamwaya

Functions of Health Promotion practitioner-1

- The health promotion practitioner/professional executes the following functions:
 - Describes/articulates meaning of health promotion as a field in public health in terms of concepts, methods and strategies
 - Designs and implements health promotion interventions and programs
 - Initiates and or facilitates development of healthy public policies
 - Facilitates resource mobilisation for HP

Functions of Health Promotion practitioner-2

- Designs, motivates and coordinates actions for health,
- Advocates for health as an essential element of development
- Establishes/facilitates creation/management of partnerships/networks/alliances for health action

Functions of a Health promotion practitioner-3

- Facilitates documentation and sharing of HP best practice
- Supports/coordinates health communication interventions
- Undertake advocacy in support of healthy development
- Coordinates/supports HP capacity building

Functions of a health promotion practitioner-4

- Supports assurance systems for HP practice
- Supports generation for evidence on HP effectiveness-research and publication, dissemination

Key competencies of a HP practitioner

The HP practitioner possesses knowledge and skills relating to:

1. Concepts and methods of HP
2. Designing and evaluating HP interventions
3. Management of programs
4. Policy development and application

Competencies of HP practitioner cont.

- Resource mobilization
- Health communication and public relations
- Research and publishing
- Advocacy and lobbying

Health Promotion in the AFRO Region, Progress and Challenges

**A presentation by
David Nyamwaya,
HPR, DNC Division, WHO/AFRO**

Conceptual issues

- The notion of underlying determinants generally accepted
- Health promotion as a comprehensive response to these determinants emerging
- Differential implementation of three key health promotion strategies-empowerment, mitigation and advocacy
- Over-emphasis of communication methods and techniques, at the expense of healthy policy, partnerships, legislation and advocacy

Interface with the global arena

- PHC 1978
- Ottawa Charter 1986
- Adelaide 1988 + WHA Resolution in 1989
- Jakarta, 1997, Mexico 2000
- Regional Health Promotion Strategy and Resolution, 2001
- Bangkok, 2005
- Nairobi, 2009

Capacity for HP

- Capacity mapping exercise
- WHO training of national teams-2002-2007
- Policy development
- Curricula review/development
- Implementations structures and funding
- Coordination mechanisms

Examples of successful use of HP approaches

- Initiatives-Settings (HP Schools, HP Hospitals, HP Cities)
- Populations-Youth
- Issues-HIV/AIDS, NCD prevention-tobacco, diet and physical activity

Major challenges in HP development and implementation

- Inadequate technical leadership for HP at various levels-regional, national, institutional, local
- Limited integration and collaboration (scattered interventions/programmes)
- Narrow perception of HP
- Weak structures-staffing, funding, skills
- Documentation/publishing/sharing

What are the priority responses?

- Mechanisms for coordination/partnership
- Policy development
- Academic education and on-the-job skills development
- Research and publishing
- Sharing on best practice-global engagement