

National Policy and Strategic Plan on Health Promotion

Monrovia, Liberia

2016-2021



**World Health
Organization**

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behaviour Change Communication
BPHS	Basic Package of Health Services
CBO	Community Based Organization
CHAs	Community Health Assistants
CHC	Community Health Committee
CHDC	Community Health Development Committee
CHOs	County Health Officers
CHVs	Community Health Volunteers
CSOs	Civil Society Organizations
eDEWs	Electronic Diseases Surveillance System
EVD	Ebola Virus Disease
GDP	Gross Domestic Product
HC3	Health Communication Capacity Collaborative
HIA	Health Impact Assessment
HiAP	Health in All Policies
HP	Health Promoter
HPO	Health Promotion Officer
HIV	Human Immuno-deficiency Virus
HPSI	Health Promoting Schools Initiative
IDSR	Integrated Disease Surveillance and Response
IMR	Infant Mortality Rate
INGOs	International Non-Governmental Organizations
MGDs	Millennium Development Goals
MOH	Ministry of Health
NHPD	National Health Promotion Division
NPSPHP	National Policy and Strategic Plan on Health Promotion
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organisation
PACS	Partnership for Advancing Community-based Services
PHC	Primary Health Care
PSI	Populations Services International
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
WHO	World Health Organization

GLOSSARY

Capacity Building:	Capacity building and strengthening is the process of equipping individuals and communities with knowledge, skills, competencies and abilities that enable them perform effectively.
Community Participation:	Community participation (increasingly referred to as Community Engagement) is a process through which people are enabled to become actively involved in defining issues of concern to them, in making decisions about factors affecting their lives, in formulating and implementing policies, in planning, developing, and delivering services and in taking action to achieve change.
Determinants of Health:	The range of personal, social, physical economic and environmental factors that determine the health status of individuals or groups of people.
Evidence-based Health Promotion:	The use of information from formal research and systematic investigations that contributes to identifying causes of health needs and provides evidence for the most effective health promotion actions to address causes in the given context and populations.
Health Outputs and Outcomes:	Health outputs are the actual goods or services produced by health programmes or organisations (e.g., support group for people affected by chronic diseases). Health outcomes measure the impact or consequence of the output in the longer term (e.g., longer and healthier lives).
Health Promotion Intervention:	A health promotion intervention is an effort or activity aimed at enabling people to take control of their health and develop skills to practice healthy behaviours like physical activity to prevent unhealthy behaviours (e.g., smoking, illicit drug use or excessive alcohol use).
Primary Health Care Approach:	The Alma-Ata Declaration of 1978 identified primary health care as the key to the attainment of the goal of “Health for All”. The Primary Health Care approach focuses on health equity, including all areas that play a role in health, such as access to health services, environment and healthy lifestyle.
Social and Behaviour Change Communication:	SBCC for health is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes.
Risk Communication:	Risk Communication is the process for actively engaging all affected stakeholders in identification and characterization of the risk before, during and after disease outbreaks or health crisis.
mHealth:	mHealth (also written as m-health) is an abbreviation for mobile health, a term used for the practice of medicine and public health supported by mobile devices.

Information Education Communication:	This is the practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. The purpose of disseminating health information is to influence personal health choices by improving health literacy.
Behaviour Change Communication (BCC):	BCC is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behaviour change. BCC employs a systematic process beginning with formative research and behaviour analysis, followed by communication planning, implementation, and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested, and both mass media and interpersonal channels are used to achieve defined behavioural objectives.
Advocacy:	Advocacy is an activity by an individual or group which aims to influence decisions within political, economic, and social systems and institutions. It can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research.
Social Mobilization:	Social Mobilization is a broad scale movement to engage people's participation in achieving a specific development goal through self-reliant efforts, taking into account the felt needs of the people. Social Mobilization embraces the principle of community involvement, and seeks to empower individuals and groups for action.
Health promotion:	Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable disease and other threats to health.
Health Education:	Health education is a profession of educating people about health. Areas within this profession encompass environmental health, physical health, social health, emotional health, intellectual health, and spiritual health. It can be defined as the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance, or restoration of health.
eDEWs:	eDEWS is the Electronic Disease Early Warning System (eDEWS) is an initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, provincial and district levels.
eHealth:	eHealth is the use of information and communication technologies (ICT) for health. Examples include treating patients, conducting research, educating the health workforce, tracking diseases and monitoring public health



FOREWORD

The Ebola Virus (EVD) outbreak in 2014 has grossly affected the social and economic status of the people of Liberia. Our people have been affected by this epidemic, either directly through illness (over 9000 cases) or deaths (4,408, including 184 health workers) of family or friends or indirectly through the inability to access health services and the social economic losses resulting from a slowdown of our economy. The country is also experiencing a double burden of communicable, non-communicable and neglected tropical diseases and conditions mainly due to social determinants of health.

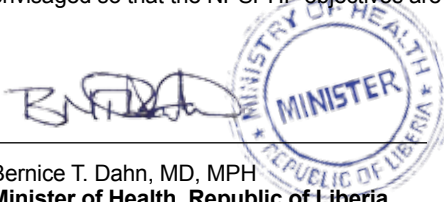
In collaboration with our partners, we developed the Post Ebola Investment Plan aimed at building a resilient health system which endeavours to restore the gains lost due to EVD crisis and provides health security for the people of Liberia. The plan prioritized three investment areas: build a fit-for-purpose productive and motivated health workforce that equitably and optimally delivers quality services, reengineer the health infrastructure to conform to the population's needs for health services, and strengthen epidemic preparedness, surveillance and response, including the expansion of the established surveillance and early warning and response system to ensure it is comprehensive enough to detect and respond to future health threats. These objectives will be achieved by forging strong partnership with our people to increase trust in the health system, improving demand for health services, reducing risks due to epidemics and other health threats; accelerating progress towards universal health coverage and improving access to safe and quality health services. Health promotion evidently is a central pillar of health services that creates a mutually beneficial interface between communities and services by facilitating comprehensive integrated responses to the broad determinants of health.

The National Health Promotion Policy of 2011 lacked a national plan and strategic intervention approaches to appropriately respond to EVD and other large scale public health emergencies. Within the context of on-going reforms being carried out in the health and

other sectors, the policy review is a first step in an effort to refocus and intensify health promotion activities in the country.

This 2016-2021 National Policy and Strategic Plan on Health Promotion (NPSPHP) developed through a broad participation of key stakeholders builds on the broad aims and orientations of the National Health and Social Welfare Policy and Plan 2011-2021 and the Investment plan for building a resilient health system in Liberia 2015-2021. It is also aligned to the Health Promotion Strategy for the African Region 2013 of which the Government of Liberia is a signatory and has demonstrated commitment to the promotion of health. The NPSPHP provides the necessary conditions and support to enable the promotion and protection of health throughout Liberia.

The policy Participation and cooperation among all relevant partners and stakeholders is envisaged so that the NPSPHP objectives are fully realized.

The image shows a handwritten signature in blue ink, which appears to be "Bernice T. Dahn". To the right of the signature is a circular official seal. The seal has a double border. The outer border contains the text "MINISTRY OF HEALTH" at the top and "REPUBLIC OF LIBERIA" at the bottom, separated by two small stars. The inner circle contains the word "MINISTER" in the center.

Bernice T. Dahn, MD, MPH

Minister of Health, Republic of Liberia.



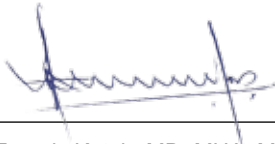
ACKNOWLEDGEMENT

The National Policy and Strategic Plan on Health Promotion (NPSPHP) review and finalization would not have been possible without the contributions of MOH and various health partners. The National Health Promotion Division (NHPD) of the MOH is very grateful to health partners, organizations and individuals in the preparation and finalization of the document. The MOH through the NHPD appreciates the involvement and the overall attainment and goals of health partners by contributing to the accomplishment of the NPSPHP. We acknowledge the valuable inputs and guidance of these individuals for their immense contributions: Dr. Bernice T. Dahn, Minister of Health; Mrs. Yah Zolia, Deputy Minister of Health-Planning, Research and Development; Mr. Tolbert Nyenswah, Deputy Minister of Health- Disease Surveillance and Epidemic Control; and Dr. Sampson Arzoaquoi, Assistant Minister for Preventive Services.

Recognition also goes to WHO-AFRO and WHO Liberia in providing technical and financial support to facilitate the development process, paying attention to the details and commitment to excellence which enhanced the content and quality of the National Policy and Strategic Plan on Health Promotion. Similar gratitude in appreciation is extended to Partnership for Advancing Community- based Services (PACS), Health Communication, Capacity, and Collaborative (HC-3)/Johns Hopkins Center for Communication Programs (CCP), United Nations Children's Fund (UNICEF), Centers for Disease Control and Prevention (CDC), Mercy Corps, United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), Inter-Faith-Religious Council and Liberia Crusaders for Peace (LCP). Special gratitude goes to the late Siadeyo Torgbenu (RIP) from PACS who devoted herself as Technical Assistant to the Health Promotion Division for the development of this document. Special recognition goes to Rev. John B. Sumo, Health Promotion Director, and the entire staff of the National Health Promotion Division for their valuable services. We are grateful to Policy and Planning Unit (PPU), Community

Health Services Division (CHSD), Family Health Division (FHD), Expanded Program on Immunization (EPI), County Health Officers (CHOs), National AIDS Commission (NAC), Ministry of Education (MOE), Environmental Protection Agency (EPA), Ministry of Youth and Sports (MYS), Ministry of Planning, Finance and Development, and Ministry of Information, Cultural Affairs and Tourism (MICAT) for their valuable contributions.

We anticipate the fullest cooperation and continued support from our health partners, County Health Teams, and stakeholders including ministries and agencies for the implementation of the document. It is our ardent hope that the NPSPHP will significantly improve the functions of the NHPD and a healthier Liberia.



Dr. Francis Kateh, MD, MHA, MPS/HSL, FLCP
Deputy Minister for Health Services & Chief Medical Officer R.L

EXECUTIVE SUMMARY

Health promotion seeks to enable individuals, families and communities to take control of their health and thereby improve and maintain health outcomes. The focus goes beyond the traditional primary and secondary preventive programs. The Government of Liberia is a signatory to the Health Promotion Strategy for the African Region 2013 and has demonstrated commitment to the promotion of health. Significant gains in improving the health status of its people, specifically maternal and child health (LDHS, 2013) have been registered since the end of civil war. Unfortunately, these gains were reversed by the outbreak of the EVD of 2014 and 2015. The use of multiple health promotion strategies largely contributed to the break in transmission of the EVD outbreak.

The country is still threatened by communicable, non-communicable diseases (NCD), Neglected Tropical Diseases (NTDs) and other emerging and re-emerging diseases. Another major setback is the limited number of skilled and non-skilled health professionals engaged in health service delivery, specifically health promotion. Furthermore, there has been significant reliance on information dissemination to create awareness instead of strategies, sociocultural and behavioral change interventions. Such challenges are compounded by inadequate resources for health promotion activities across the spectrum of health interventions.

This National Policy and Strategic Plan on Health Promotion (NPSHP) 2016 has therefore been revised to guide effective health promotion implementation. The NPSHP is aligned with existing key strategic documents produced by the government that clearly articulates its position in building a resilient health system. The NPSHP recognises health as a fundamental human right and sound social investment. It has seven thematic areas namely: 1. Strengthening the leadership/stewardship for coordination and management of health promotion; 2. Strengthening Human Resources Capacity for health promotion; 3. Creating supportive environments conducive to health; 4. Strengthening community actions for health; 5. Fortifying research and evidence-based health promotion interventions; 6. Establishing risk communication strategies for epidemics and priority public health conditions and 7. Instituting health promotion financing.

The strategic plan highlights key strategic actions for implementing the NPSHP and addressing current public health conditions as well as future emergencies. The Government/MOH shall identify and secure funding from both local and international partners for priority health promotion programs. The NPSHP/MOH will collaborate with health partners implementing health promotion interventions to ensure alignment with the health promotion strategic plan.

The policy emphasises the need for multi-sectorial and multi-stakeholder collaboration in promotion of health in Liberia. The NPSHP/MOH is the coordination body and roles and responsibilities of other sectors are well defined.

The strategic plan will be operationalized and monitored through the annual operational plans. Regular supportive supervision, monitoring and evaluation of health promotion

activities at different levels will be provided throughout the implementation phase of the policy. A mid-term review of the strategic plan will be conducted in 2018 to assess progress towards achieving the set goals and objectives. Data generated from monitoring and evaluation efforts will provide evidence for tracking progress towards achievement of the policy objectives. In 2020, a final evaluation of the strategic plan will be conducted, and a new one developed within the context of the country plan strategic direction.



1. INTRODUCTION

1.1 Historical Background

Health is regarded by the World Health Organisation (WHO) as a fundamental human right and health promotion as a comprehensive social and political process of enabling people to increase control over and improve their health and well-being (WHO, 1986). The foundations for health promotion are premised in the Alma Ata Declaration (1978), Ottawa Charter for Health Promotion (1986) and subsequent WHO charters (WHO, 1986). Health Promotion recognizes that, the bulk of the global burden of disease and the major causes of health inequities arise from the conditions in which people are born, grow, live, work and age. These social determinants of health are therefore significant and must be addressed to promote good health through the life course, taking into account health equity, human rights and a focus on gender equality. WHO has convened several conferences at both the regional and international levels of which member states, including Liberia, endorsed declarations for the implementation of recommendations calling for collective efforts to improve health of population (WHO 2009).

As a commitment, the government of Liberia through the Ministry of Health expanded the scope and functions of the then unit. The unit was renamed HP Division. Subsequently, on December 12, 2005 the division was renamed the National Health Promotion Division (NHPD). In 2011, the National Policy on Health Promotion was formulated and operationalized to further strengthen the mandate of the NHPD for the implementation of health promotion strategies and actions in the country.

1.2 The Rationale for Revising the National Policy on Health Promotion (NPHP)

Globally, populations and economies are grappling with Communicable diseases e.g. measles, haemorrhagic fever, hepatitis, Non-Communicable Diseases (NCDs) e.g. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, mental health disorders, disabilities and Neglected Tropical Diseases (NTDs) e.g. Onchocerciasis, Leprosy, Buruli ulcer, etc. (WHO, 2008). However, the burden of disease, disability and premature deaths in developing countries is disproportionately high; yet most of the causes are preventable through health promotion interventions (WHO 2008).

The African Region continues to experience new and re-emerging threats to public health. These threats, related to social, economic, environmental, demographic and political factors, include viral haemorrhagic fevers, influenza pandemics, drug-resistant pathogens, natural and man-made disasters as well as effects of climate change on health (HP strategy 2013). The disease burden has also started to shift rapidly towards lifestyle and environmental related NCDs.

Liberia's health services were decimated by a civil war that lasted more than a decade. During the recovery phase, the country further suffered a major Ebola Virus Disease (EVD) outbreak from March 2014 to May 2015 with three resurgences thereafter that were quickly controlled (Investment Plan 2015/21). In addition, many people including health workers died and this devastated the entire economy, thereby increasing mistrust amongst citizens on accessing health services (WHO 2015). Health promotion played a crucial role through advocacy, public education, social mobilization, community engagement and stakeholder coordination to fight the EVD outbreak (R. Gladston, 2015). The Government of Liberia in an effort to restore the health system developed an Investment Plan for Building a Resilient Health System (2015-2021) and health promotion is well articulated. Based on the proven cost effectiveness of health promotion, the MOH deemed it necessary to review and update the current National Health Promotion Policy 2011. This is to realign and make it more responsive to address the social determinants of the current and emerging disease burden as well as readiness for any future outbreaks.

1.3 The Policy Development Process and Linkages with Existing Policies and Strategies

In preparation for the development of the NPSPHP, a desk review on health promotion status in Liberia was conducted to begin the process. Additionally, a series of consultative meetings and working sessions were held with key stakeholders including policy makers, program managers, County Health Teams (CHTs), District Health Teams (DHTs), community, line ministries and development partners. This policy builds on the 2011 National Health Promotion Policy, and supports the goals set forth in the National Health and Social Welfare Policy and Plan (2011-2021) as well as the Investment Plan for Building a Resilient Health System in Liberia (2015-2021). The Policy is also developed within the context of other relevant strategic documents, including the MOH Recovery Plan (2014-2015), the Community Health Services Policy (2016-2021), the WHO Health Promotion Strategy for the African Region (2013), and the Integrated Disease Surveillance and Response (IDSR)/ International Health Regulations (IHR) Strategic Plan (2016-2020).

The strategic health priorities addressed in this Policy and Strategic Plan include reproductive, maternal, new born and child health; mental health; disabilities; communicable diseases, with focus on the priority diseases and events outlined by the IDSR in Liberia (2015); non-communicable diseases, and neglected tropical diseases.

2. SITUATION ANALYSIS

2.1 Country Profile

Located in West Africa, Liberia borders Sierra Leone to the west, Guinea to the north, Côte d'Ivoire to the east, and the Atlantic Ocean to the south. It covers an area of 111,369 square kilometers, with a population of 4.4 million (World Bank, 2014). The country is geographically divided into five regions and 15 counties. The county population ranges from the least populated - Grand Kru County to the highest populated - Montserrado County i.e. 57,913 to 1.1 million respectively (Lib National Pop and Housing Census 2008). Liberia continues to rank low on the Human Development Index at 177 out of 188 countries and is considered a low-income country with an estimated 2013 GDP per capita of US \$454 (UNDP 2015). Although the real GDP growth in 2014 had been projected at 5.8%, it is estimated to have declined to 2.5% or less by the end of 2014 due to the EVD crisis (Investment Plan for Building a Resilient Health System in Liberia, 2015).

2.2 Overview of the health situation

Continuing its recovery after 14 years of civil conflict, Liberia was making health gains, with improvements in a number of indicators within the 2013 Liberia Demographic and Health Survey (LDHS) as compared to those in 2005. The country had made efforts to rebuild the health system, first through the introduction of the Basic Package of Health Services (BPHS) and then the Essential Package of Health Services (EPHS), both defining the types of services including health promotion to be delivered at all levels. Subsequently, significant gains were registered in improving the population's health status as outlined in the table below (LDHS, 2013)

Indicators	LDHS 2007	LDHS 2013
Total fertility rate 15-49	5.2	4.7
Unmet need for family planning	35.7	31.1
Infant mortality rate	71	54
Under-five mortality rate	110	94
Facility Deliveries	36.9	55.8
Children fully Immunized	39.0	54.8

The maternal mortality ratio continues to be one of the highest in the world, but gains had also been made in decreasing maternal deaths. The LDHS 2013 indicated Liberia's maternal mortality ratio decreased from 1,100/100,000 in 2005 to 994/100,000 in 2012, and then increased to 1,072/100,000 in 2013.

As a result of the EVD outbreak in 2014 and 2015, many of these gains in the years since the civil strife have been reversed (Investment plan). Consequently,

utilization of maternal and child health services declined due to disruption of the delivery of routine health services, health worker fears and community distrust. Communicable, Non-Communicable Diseases (NCDs) and Neglected Tropical diseases continue to impact negatively on the health of the population (Investment plan).

Therefore, the government is focusing on building a more resilient health system that is able to respond effectively to future threats and to provide quality routine health services for all (Investment Plan 2015-2021). Currently, special attention is to strengthen health promotion and surveillance of the priority diseases and other public health events to reduce morbidity, disability and mortality.

The importance of health promotion was demonstrated through the Ebola response in Liberia, from strengthening community engagement and advocacy for formulation of supportive policies to developing and disseminating appropriate and relevant messaging to promote positive behaviour change (Oxfam, 2015). Health Promotion, as outlined in this Policy, is poised to continue a crucial role in supporting the country's efforts to restore health services and strengthen health systems including emergency readiness and response.

2.3 Current Health Promotion Implementation Status

The NHPD continues to coordinate the implementation of health promotion in collaboration with partners in Liberia to enable individuals, families and communities to adopt healthy behaviours. The division is headed by a Director and supported by an Assistant Director. There are also five technical officers and six support staff. At the county level, there is no dedicated staff to lead health promotion interventions. As a result, staff of the County Health Teams interested in health promotion were given refresher training in health promotion and communication and were assigned an additional role as Health Promotion Focal Persons (HPFPs) in all the counties. In an effort to enhance temporary support to social mobilisation activities during the EVD outbreak, UNICEF deployed County Mobilization Coordinators (CMCs) and District Mobilization Coordinators (DMCs) to assist NHPD. The CMCs and DMCs play a key role in undertaking social mobilization activities in their assigned counties and districts. At the community level,

Community Health Volunteers (CHVs) are selected by the community and trained by MOH, CHTs and Partners to serve as frontline workers in health promotion activities. The HPFPs, CMCs, DMCs and partners play a very significant role in providing supervision and monitoring of CHVs' activities for effective health promotion delivery. There is increasingly a good working collaboration between HPFP and the Community Health Focal Persons with close interaction of their roles and responsibilities at community level.

There are, however, challenges that are affecting health promotion implementation across the country. Nevertheless, there are opportunities that can be explored to improve health promotion implementation in Liberia.

2.4. Challenges and Opportunities for Health Promotion

2.4.1 Challenges

The key challenges to health promotion in Liberia have been categorized as follows:

2.4.1.1 Institutional - Health promotion has not been fully integrated into all the relevant divisions and programs that are providing services within the MOH, other government institutions and the private sector. This is due to limited knowledge and appreciation of health promotion among key stakeholders both within MOH and in other sectors in order to give NHPD full support.

2.4.1.2 Capacity - Generally, there is a paucity of qualified health promotion professionals in the country. This has affected the capacity to plan, implement, monitor and evaluate health promotion interventions at all levels. Specifically, capacity gaps exist in advocacy, risk communication, knowledge management, formative research and data analysis.

County and district health teams also experience the shortage of staff, particularly full time staff that are dedicated to health promotion activities at both the county and district levels. This makes it difficult to build sustainable capacity and manpower for effective health promotion. At the community level, the cadre of community health workers including Community Health Volunteers (CHVs) have been instrumental in promoting health. However, they have inadequate competencies in communication skills and being volunteers makes it difficult to build a sustainable structure.

2.4.1.3 Planning for health promotion activities – Planning for health promotion activities is mostly based on budget considerations or priorities. The selected activities are communicated by top leadership and not guided by local health priorities and situational analysis. The focus mostly is development of health education materials and distribution without proper planning and assessment. Messages designed are sometimes not evidence-based or meeting regional specific communication needs.

2.4.1.4 Funding - Government budgetary allocation for health promotion interventions is inadequate at all levels to support logistics and operations. The support for some of the health promotion interventions being carried out is from bilateral agencies, INGOs and other partners and is tagged along projects which is not sustainable after the projects end. Another major challenge is the ability to identify and access funding for health promotion and related activities embedded within various divisions and programs at the MOH.

2.4.1.5 Accessibility – There have been intensive community mobilization and advocacy initiatives especially during and after the Ebola outbreak, particularly to encourage people to access appropriate health care services and to adopt positive health practices at home. Unfortunately, poor physical access to health care facilities

especially in less endowed communities constrains timely and appropriate health seeking behavior. Other issues affecting accessibility include poor attitude and inadequate communication skills of health workers, drug stock outs, preference for alternative medicine, and poverty. As a result, health promotion interventions may increase motivation for behavior change, but limited access to products and services remains a barrier.

2.4.2 Opportunities

Government of Liberia and development partners commitment to supporting and prioritizing health promotion as one of the key programs within the national health strategic plan

- Supportive structures existing to protect and promote health in public and private sectors
- Strong partnerships existing within MOH and between other line ministries, organizations and partners
- Strong linkages and cooperation existing between Ministry of Health, local authorities, religious and traditional leaders
- Growing improvement in access to information communication tools including e-DEWS, eHealth and mHealth in Liberia

This policy provides a framework which will help address the challenges, utilize existing opportunities and build capacity to improve health promotion delivery in Liberia.



3. THE POLICY

3.1 Mission

To create an enabling environment to foster adoption and maintenance of healthy behaviours/ practices among individuals, families and communities through information, education, advocacy, mobilization and empowerment.

3.2 Vision

Individuals, families and communities are empowered to make informed decisions and choices to improve their health and well-being.

3.3 Goal

To create a sustainable framework that will guide all stakeholders in the provision of accurate, relevant and appropriate health information that will help individuals, families and communities make informed decisions to improve their health and wellbeing.

3.4 Objectives

1. To provide a legal framework to strengthen leadership for the development and implementation of health promotion in Liberia
2. To establish a mechanism for planning, monitoring and evaluating health promotion interventions on both processes and outcomes.
3. To empower individuals, families, communities and civil society ' for their active involvement and participation in health promotion interventions
4. To promote evidence-based research as a prerequisite for the development of health promotion interventions
5. To promote multi-sectorial and multi-disciplinary approaches to health promotion development and implementation

3.5 Guiding Principles

The National Policy on Health Promotion is guided by the following:

- Health as a fundamental human right and sound social investment.
- Equity in health to ensure access, availability and affordability of health promotion services for all.
- Intra and inter-sectoral collaboration and coordination of various players to advance health outcomes.

- Empowerment of individuals, families and communities to fully participate in promoting their health.
- Building healthy public policy.
- Mutual accountability and shared responsibility among national governments, service providers, funding agencies and intended beneficiaries in order to monitor implementation and progress, including financial management and agreed commitments.
- Professional ethics and standards.
- Delivery of evidence-based, gender and culturally sensitive and people-centred health promotion interventions.

4. KEY POLICY THEMATIC AREAS

In order to achieve the policy objectives, the thematic areas of focus are as follows:

1. Strengthening the Leadership for coordination and management of health promotion
2. Strengthening Human Resources capacity for Health Promotion
3. Creating supportive environment conducive to health
4. Strengthening community actions for health
5. Fortifying research and evidence-based Health Promotion interventions
6. Establishing risk communication strategies for epidemics and priority public health conditions
7. Instituting health promotion financing

4.1 Strengthening the Leadership for Coordination and Management of health promotion

The National Health Promotion Division's role is to provide leadership, oversight, coordination, guidance, research, monitoring and evaluation of health promotion interventions across levels i.e. national, county and district. It will collaborate with the departments, Community Health Services Division structures and other stakeholders i.e. line ministries and government departments, the private sector, Civil Society Organizations (CSOs), CHVs and communities. The division will work closely with the Ministry of Information Culture Affairs & Tourism (MICAT) and other media outlets in order to reach a wide audience. An Advisory Committee comprising of multi-sectoral stakeholders shall be established to provide guidance to the NHPD.

The National Policy on Health Promotion will:

- Develop norms and standards and collaborate with relevant bodies to regulate the practice of health promotion in Liberia.
- Support the establishment of a Professional body/National Health Promotion Association that will provide a forum for advocacy, consultation

- and improved level of governance for Health Promotion practice.
- Develop, implement and oversee National Health Promotion Strategic and Operational Plans in collaboration with other stakeholders and programs.
- Review and strengthen health promotion management and implementation structures to respond to new developments and policy changes; including emergencies and other challenges that affect health and health systems.
- Provide policy direction and technical guidance for effective implementation of health promotion programs.
- Advocate for the establishment of a multi sectoral advisory committee to provide technical guidance to the NHPD.

4.2 Strengthening Human Resources Capacity for Health Promotion

Effective implementation of the health promotion policy relies heavily on the availability of adequate skilled human resource at all levels. Training in health promotion should be provided to people from health and non-health backgrounds through pre-service, in-service, continuing education and post- graduate training. Health promotion training programs should provide trainees with a wide range of competencies including content and practical skills to address social, cultural and behavioral aspects of health. Government of Liberia should support the establishment of health promotion training in institutions of higher learning.

The National Policy on Health Promotion will:

- Ensure leadership for human resources development for health promotion.
- Continually forecast and deploy skilled health promotion human resources in line with prevailing needs.
- Encourage and provide opportunities for Health Promotion practitioners to improve their knowledge and skills through continuing education and networking.
- Collaborate with training and regulatory institutions to establish pre-service and in-service training in health promotion for Government and Private Institutions in line with current national health promotion needs and standards.
- Standardize the categorization, titles, terms of reference/job descriptions and deployment of different providers of health promotion services.
- Advocate for adequate motivational packages such as but not limited to career development, scholarships, transport and accommodation for health promotion practitioners especially in the counties.

4.3 Creating supportive environment conducive to health

Creating a supportive environment consists of advocacy for supportive policies and adapting or altering social, political, economic or physical surroundings in

ways that will help to maintain and enhance health and wellbeing. Usually this requires behaviour change at individual, family, organisational and community levels. Health promotion interventions should also take into account a settings approach to address the crucial factors affecting health within the contexts in which people live, work, play and thrive.

The National Policy on Health Promotion will:

- Engage communities to harness traditional/cultural, religious norms, values and practices and related resources for the collective good. Communities will be further engaged and involved in decision-making, planning, mobilizing resources and delivery of health promotion interventions.
- Develop and maintain initiatives that promote safe and healthy environments in different settings, personal hygiene practices, healthy lifestyles, healthy eating options and personal safety to reduce risks.
- Advocate for Health Promoting Schools that empower learners and educators to adopt healthy lifestyle practices including healthy eating habits, prevention of substance abuse (including tobacco, alcohol and drugs), increased physical activity, and effective life skills and safer sexual practices.
- Advocate and lobby for Health in All Policies (HiAP) that focus on creating environments that are conducive to health such as smoke free, disability friendly, safe housing, clean water, sanitation and safe work places.
- Work with the private sector and labour/trade unions to promote healthy lifestyle practices within the workplace. This may include promoting occupational health and safety practices, physical activity, smoking cessation, providing HIV and maternal and child health programmes.

4.4 Strengthening Community Actions for Health

The National Policy on Health Promotion will promote concrete and effective community actions to enable individuals and communities to assume power over their personal, socio-economic and environmental factors that affect their health. It will aim to identify existing community resources that enhance self-help and social support. It will further encourage development of flexible systems for strengthening public participation in health matters. Promotion of community participation improves and enables communities to take responsibilities of their own health.

The National Policy on Health Promotion will:

- Collaborate with Community Health Services Division to strengthen community structures to ensure responsibility and ownership for health promotion programs.
- Promote equity and gender balance and incorporate specific needs of key populations, especially youth, vulnerable and marginalised communities in the planning and implementation of health promotion interventions.
- Establish a participatory approach involving all stakeholders in planning,

implementation, monitoring and evaluation of health promotion interventions at all levels.

- Develop and implement evidence-based Social and Behaviour Change Communication (SBCC) programs using appropriate channels of communication including community radio, folk media to increase health literacy to promote health and well-being.
- Develop partnerships and strengthen collaboration between the health sector, communities, private sector, other government departments, and stakeholders that will influence the health and well-being of the people.
- Ensure that health providers (public and private) develop and embrace an expanded mandate that is responsive to the needs of the particular community in which they are working.

4.5 Fortifying Research and Evidence-based Health Promotion Interventions.

The National Health Promotion Policy recognizes that health promotion programs are multi-faceted and have both a direct and indirect impact on health outcomes. Health promotion interventions shall be planned based on evidence to make the desired impact (WHO, 1998). Operational research shall be central to informing health promotion programs. Both qualitative and quantitative information should be gathered and analysed in order to document the efficacy and effectiveness of health promotion interventions.

The National Policy on Health Promotion will:

- Promote the utilisation of formative research that involves the audience in the design of messages, materials and the identification of the most appropriate communication channels to influence social and behavioural change outcomes.
- Monitor the implementation of health promotion interventions using current planning systems (e.g. strategic plans, annual performance plans and operational plans with specific health promotion indicators and routine program evaluations).
- Document impact of health promotion interventions and scale up evidence-based best practices.

4.6 Establishing risk communication strategies for emergencies and priority Public Health conditions

The National Policy on Health Promotion recognised that Liberia is threatened by emerging and re-emerging diseases of epidemic potential. These require exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. This involves use of varying health promotion approaches/strategies including social media, interpersonal communications and community engagement to enable people at risk to take informed decisions to protect themselves and their loved ones.

The National Policy on Health Promotion will:

- Promote risk communication based on sound understanding of people's perceptions, concerns, rumours and beliefs as well as their knowledge and practices.
- Promote the use of both the traditional communication mediums (television, radio, posters, pamphlets, billboards, and video) and new communication mechanisms (mobile text messaging, internet and social media) to enable effective communication of health information and messages essential to effect behavioural and structural change.
- Strengthen community engagement and advocacy with key stakeholders to promote ownership and sustainability of the community based response or interventions.

4.7 Instituting Health Promotion Financing

Adequate financing is essential for sustainable health promotion interventions. Currently, there is inadequate resource allocation for health promotion programs to adequately address the challenges due to the growing burden of disease. MOH shall ensure development of sustainable health promotion financing system for sustainability of health promotion development and implementation in the country.

The National Policy on Health Promotion will:

- Ensure that MOH increases budget allocation for health promotion implementation across programs at national, county, district and community levels.
- Advocate for a mechanism to pool resources from development partners, private sectors and other funding agencies for implementation of priorities as stipulated in the health promotion strategic plan.
- Advocate for innovative ways of additional funding for health promotion. Specifically, sin taxation by government on products that is harmful to health including alcohol, tobacco and soft drinks to be dedicated for health promotion development and implementation.
- Promote self-funding for health promotion activities or interventions by individuals or group of people to ensure that they take actions to improve their health and well-being.

5. INSTITUTIONAL ARRANGEMENT FOR IMPLEMENTATION

This policy embraces the Health in All Policies (HiAP) and seeks to define different roles and responsibilities of all stakeholders within government, across all sectors and levels. They will collaborate to address the social determinants and underlying causes of poor health for improved health outcomes.

5.1 National Level

At the national level, the NHPD shall:

- Be the leading coordinating body for all health promotion programs and activities in the country. (Annex 1)
- Work closely with Community Health Services Division (CHSD) and other partners to develop the capacity of the community health cadres, Community Health Assistants (CHA)/Community Health Volunteers (CHVs) and other community structures in health promotion strategy and skills especially strategic communication
- Provide leadership on the implementation, monitoring and evaluation of the National Policy on Health Promotion and Strategic Plan
- Develop and disseminate policies, strategies, operational guidelines and standards for health promotion practice including advocacy, social mobilisation, risk communication, message and material development
- Advocate for adoption of healthy public policies in non-health sectors (both public and private)
- Provide supportive and technical leadership in health promotion and related research and set priorities for the research agenda. This will include establishing and maintaining a resource centre
- Establish and support multi-sectorial and multi-disciplinary collaboration or partnerships amongst all relevant stakeholders for the purposes of developing integrated and comprehensive health promotion programmes (Annex 2)
- Serve as a clearing house for all developed health messages and materials in the country
- Facilitate and support general and specialist training in health promotion with higher educational institutions and other relevant organizations.
- Establish a joint monitoring and evaluation mechanism for health promotion implementation at all levels to ensure standardization and efficiency

5.2 County Level

At the county level, a Health Promotion Unit (HPU) shall be established, with a County Health Promotion Coordinator for effective implementation of health

promotion interventions. The County Health Promotion Coordinator will oversee and supervise the implementation and monitoring of the National Policy and Strategic Plan on Health Promotion at county, district and community levels.

The NHPD shall collaborate with the County Community Health Services Department, other departments and programs as well as both international and local NGOs for improved delivery of health promotions activities.

5.3 District Level

The CHT will support the District Health Team (DHT) to ensure that a District Health Promotion Officer is deployed in each District. The District Health Promotion Officer (DHPO) under the supervision of the District Health Officer (DHO) and the County Health Promotion Officer will be responsible for planning, implementing and monitoring of health promotion programs in the district and community levels. He/she will also support and collaborate with partners and other stakeholders in the implementation of health promotion activities.

5.4 Community Level

At the community, health promotion activities will be coordinated in collaboration with the community health services structure and within the framework outlined in the Community Health Services Policy 2016-2021. The Health Promotion Officers shall work with the CHFP, CH supervisors at facility level and CHAs/CHVs for health promotion activities program specific for community level. Health Promotion is part of the integrated package and so the HPFP will support the monitoring of these activities. Other activities for communities situated more than five kilometres from the nearest health facility the HPFP will work with the CHC/CHDC cadres which include CHAs, Community Health Volunteers (CHVs), Trained Traditional Midwives (TTMs) and Community Health Support Groups, Community Leaders, Faith-based organizations, Women and Youth Groups among others. Through these community structures community health promotion needs will be identified, prioritized and action plans developed. The County HPFP and the District Health Promotion Officer shall, in collaboration with the community health team, build the capacity of the community structures to facilitate effective strategic communication for improved health in line with the policy.

5.5 Roles and Responsibilities of Key Stakeholders

The importance of multi-stakeholder collaboration for effective health promotion implementation cannot be overemphasized. As mentioned earlier, this policy will promote the HiAP approach that will incorporate health considerations into decision making and policies by both the public and private sectors. The following are some of the roles and responsibilities of key stakeholders to promote health and well-being of all people in Liberia.

Sector / Body / Stakeholder	Roles and Responsibilities
MOH	Will allocate adequate resources and recruit qualified professionals to spearhead the implementation of the National Policy and Strategic Plan on Health Promotion. It will also mainstream health promotion across priority health programs in various divisions/units.
Ministry of Finance and Development Planning	Timely disbursal of approved funding for Health promotion through the MOH.
Ministry of National Defence	Provide security for the population to protect their safety to enhance their health and well-being.
Ministry of Justice	Ensure timely adjudication of cases that threaten lives and property. Enforce health regulations to protect lives and property and to promote public safety.
Ministry of Agriculture	Ensure food security and collaborate with MOH to prevent animal-human transmission of diseases.
Ministry of Internal Affairs	Empower the local government and traditional leaders to engage and promote community ownership of health promotion programs.
Ministry of Education	Empower teachers, students, parents, guardians and other stakeholders with a set of principles and actions to promote and maintain health. Collaborate in strengthening and expanding the school health programme.
Ministry of Lands, Mines and Energy/National Housing Authority	Ensures development of patterns, designs and planning decisions have a positive effect on accessibility, promotion of physical activity and good health. Collaborate on environment friendly land use and housing to prevent diseases related to overcrowding, poor sanitation, water reticulation and air quality.
Ministry of Post and Telecommunications/ Liberia Telecommunications Authority	Ensure that appropriate technological infrastructure and applications are in place to support mHealth and eHealth interventions
Ministry of Information, Cultural Affairs and Tourism/ Press Union of Liberia	Regulate, promote and provide timely information for the promotion and protection of public health
Ministry of Labour	Promote occupational health, employment and job security.

Ministry of Transport	Collaborate with MOH and other line ministries and agencies on road safety and protection of environment from traffic and transport related harm (e.g. accident prevention, emissions and pollution).
Ministry of Commerce and Industry	Regulate industry and protection of health from vested interests through licencing, taxation, pricing, advertising etc.
Ministry of Foreign Affairs	Negotiate and facilitate cross-border, regional and international collaboration and support for health
Training Institutions	Train and institute certification of health promotion professionals; and mainstream health promotion (core module) into all health and allied programs
WHO, UN agencies and other Development Partners.	Provide technical support and partner coordination
Civil Society Organizations (CSOs) including INGOs, NGOs and CBOs	Advocate for societal rights and hold government accountable in ensuring the health and well-being of all. Complement the work of government within stipulated parameters and standards
Communities	Promote ownership, leadership, support and execution of community based and community focused interventions, partnerships with govern- ment and other stakeholders.

6. HUMAN RESOURCE FOR HEALTH PROMOTION

6.1 WHO DOES HEALTH PROMOTION

Health promotion has been effectively applied in addressing the social and broad determinants of health and calls on the involvement of other players beyond the health sector. These include environmental health officers, school teachers, agricultural extension workers, community development officers, social workers, political and civil leaders (including religious and traditional leaders) nutrition educators, CSOs and the private sector. This indicates that, everyone involved in Health Promotion may not have the professional training. In this regard, the policy shall recognise such individuals and groups involved in Health Promotion activities. However, the health promotion activities will be harmonized through professional guidance by the NHPD and the advisory committee in order to promote the health of the population.

6.2 CATEGORIES OF HEALTH PROMOTION PROFESSIONALS

The Policy recognizes the following categories:

1. **Health Promotion Specialists (HPS)**
These are individuals with a health related educational background and have received specialized training in Health Promotion at Masters/PhD level from a credible institution.
2. **Health Promotion Officers (HPO)**
These constitute individuals who have had minimum training in Social Behavior Change Communication and a minimum of Bachelor's Degree in Health Promotion.
3. **Health Promoters (HP)**
These are individuals with a minimum of High school certificate with basic training in Social Behavior Change Communication and Health Promotion.

NB: The policy is cognizant of the fact the currently Liberia does not offer training in health pro- motion. However plans are underway to establish suitable training programs to address this need as well as updating existing curriculum with health promotion module especially for mid-level professionals.

7. THE STRATEGIC PLAN

The strategic plan will identify strategic actions for health promotion implementation in line with the policy above. The effective implementation of this strategic plan is on the assumption that adequate human and financial resources will be available. Annually, operational plans will be drawn from the National Strategic Plan Matrix (Appendix 3).

7.1 Objectives

The objectives of the Strategic Plan are:

1. To strengthen leadership / stewardship roles of the NHPD at the national, county and districts and community levels.
2. To build the capacity of adequate manpower for delivering of health promotion at all levels.
3. To empower individuals, families and communities to adopt and practice healthy behaviors.
4. To advocate for supportive environment for adapting or altering social, political, economic or physical surroundings to maintain and enhance health.
5. To establish sustainable mechanisms for gathering information on effectiveness of health promotion to inform policy and programing.
6. To strengthen multi-sectoral and multi-disciplinary health promotion interventions to address priority public health conditions and disease outbreaks.
7. To mobilize adequate resources for implementation of agreed health promotion activities at all levels.

7.2 Financing and Costing the Strategic Plan

The Government of Liberia through the MOH shall make available adequate budgetary allocation and prompt disbursement of funds to the NHPD for the implementation of the strategic plan. The Government/MOH shall identify and secure funding from government allocations, local and international partners and the private sector for priority health promotion programs. The NHPD/ MOH will collaborate with health partners implementing health promotion in Liberia to ensure they are aligned with the health promotion strategic plan. This will help to avoid duplication of resources and effort for improved health outcomes at all levels.

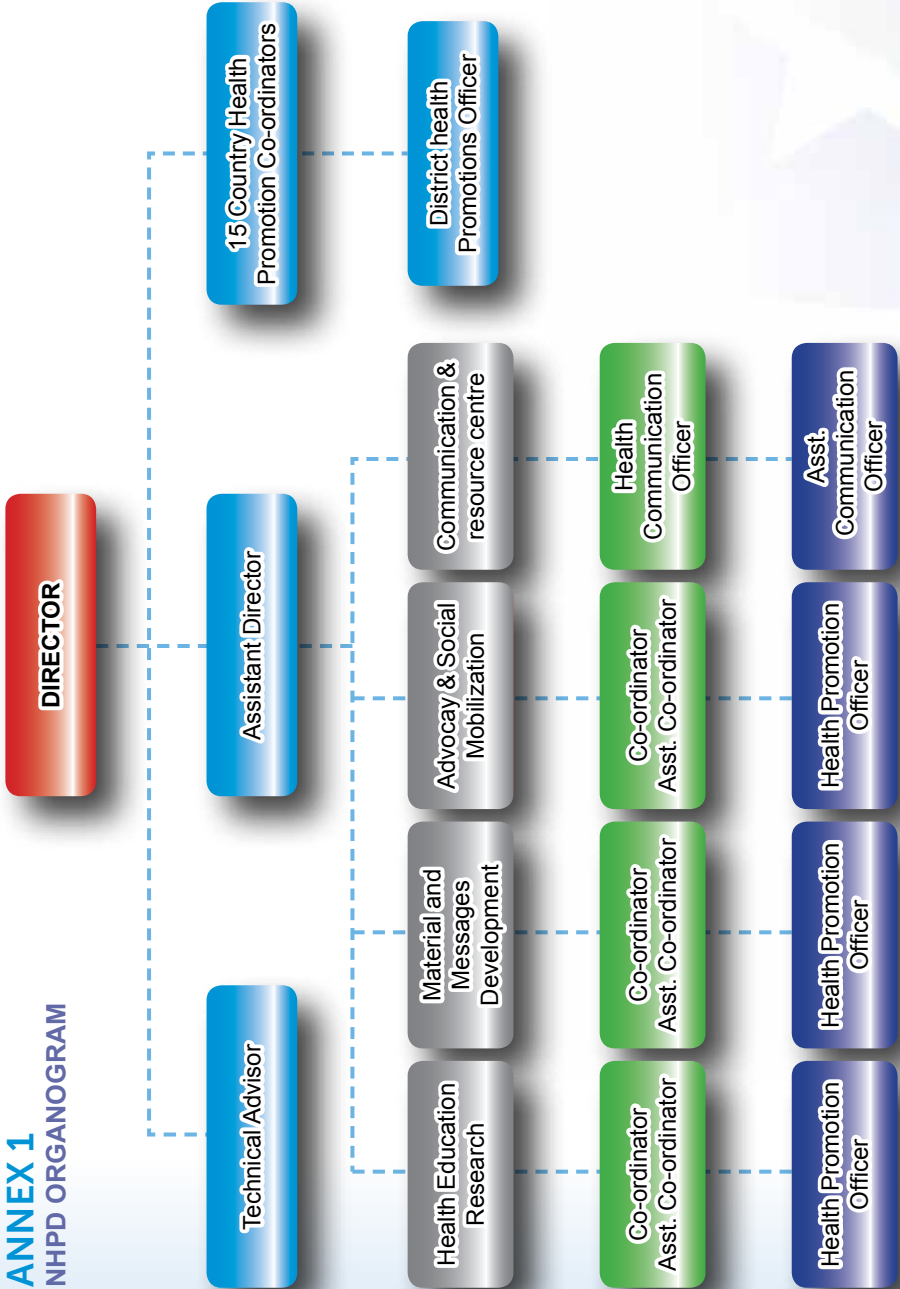
The estimated budget for the implementation of the strategic plan is based on estimates. The budget of the annual plans may be subject to the actual market prices and prevailing economic conditions in the country, region and across the world.

7.3 Monitoring and Evaluation

Monitoring and evaluation (M & E) is essential to provide evidence-based information to guide the planning, coordination and implementation of the NPSPHP. The Policy will be monitored through the Strategic Plan which will be operationalized and evaluated through the annual operational plans. Regular supportive supervision at different levels will be provided throughout the phase of the policy implementation. A mid-term review of the strategic plan will be conducted in 2018 to assess progress towards achieving the set goals and objectives. In 2020, the strategic plan will undergo a final review, and lessons learnt will inform the updating of a revised policy. Data generated from M & E will provide evidence for tracking progress towards achievement of the policy objectives. The services of external evaluator within or outside the country will be employed.

Implementation of the M & E plan will be coordinated by MOH through the NHPD in collaboration with the M & E and Research Units; County Health Teams and stakeholders under the Health Promotion Technical Working Group (HPTWG) and the advisory group. The joint monitoring team will ensure development of standardized data collection tools to deliver a cost-effective, multidimensional monitoring and evaluation system that supports continuous improvement of health promotion in Liberia. Additionally, information technology and software such as magpi, eDEWS will be harnessed to improve efficiency of M&E and promote triangulation of data from different sources/systems to enable a comprehensive evidence-based approach to M&E. Health Promotion indicators will be collected through the HMIS to monitor progress against targets. Building capacity for M & E will be a prerequisite for better data management and use to improve health promotion implementation in Liberia.

ANNEX 1
NHPD ORGANOGRAM



ANNEX 2

TERMS OF REFERENCE FOR HEALTH PROMOTION TECHNICAL WORKING GROUP AND SUB COMMITTEES

In order to ensure that all sectors such as NGOs, and other partners participate fully in the development and implementation of health promotion, a Health Promotion Technical Committee shall comprise of membership from multi-sectoral and multi-disciplinary bodies. The composition will include but not limited to; National AIDS Commission, Ministry of Commerce, Ministry of Labour, Ministry of Justice, National Legislature, Ministry of Agriculture, Ministry Information, Culture and Tourism; Ministry of Education, Environmental Protection Agency, Ministry of Gender, Children & Social Protection; Institutions of learning, NGOs, CBOs and development partners including UN agencies and Faith-based organizations. The Technical Working group will have two sub-committees namely:

- Advocacy and community engagement
- Messages and Materials Development

The TORs of the Technical working group are:

- Facilitate the coordination of partners and Health promotion networks
- Facilitate sharing of information and experiences
- Advise NHPD/MoH on developments in health promotion policy and practice
- Periodically review and update communication strategies
- Through the MMD subcommittee provide technical support to messages and materials development as well as serve as a clearing house for all health and health related messages and materials.
- Undertake advocacy for health promotion and garner support from policy makers, media, religious and opinion leaders
- Hold meetings on a regular basis chaired by the Director Health Promotion and co-chaired by a nominated agency

The sub-committees will develop their TORs and meet on a regular basis and report to the working group.

ANNEX 3: NATIONAL STRATEGIC PLAN MATRIX – 2016 - 2021

Strategic Areas	Required Actions	Results/Outcome	Responsible Body	Indicators	Time - Frame
Objective 1: To strengthen the leadership roles of the NHPD at the National, County and District levels					
Strengthening the leadership for coordination and Management	Develop Annual National Health Promotion operational plans in collaboration with other stakeholders	Annual national health promotion plans developed at all levels – national, county and district	NHPD/MOH	Annual operational plans developed	Year 1-5
	Implement Annual National Health Promotion Operational plans at all levels	Annual National Health Promotion Operational plans implemented		Activities implemented under the Annual National Health Promotion Operational plans	Year 1 - 5
	Conduct assessment to establish capacity needs for leadership for national health promotion coordination and management	National, county and district health promotion capacity needs identified.	"	Assessment report completed	Year 1, 3 & -5
	Strengthen the capacity of health promotion and implementation structures based on capacity assessment to provide leadership, oversight, coordination, monitoring and evaluation of health promotion including emergencies and other challenges that affect health.	Capacity of health promotion management strengthened at all levels		Annual training plan available % of persons trained Training report indicating pre and post-test assessment results available	Year 1-5

Strengthening the leadership for coordination and Management	Develop norms and standards and collaborate with relevant bodies to regulate the practice of health promotion in Liberia.	Regulatory framework for health promotion practice established	"	Health Promotion Framework document available	Year 1
	Spearhead the establishment of a professional association that will provide a forum for advocacy, consultation and governance	Health Promotion Association established	"	Registration certificate available	Year 1-2
	Develop technical guidance for effective implementation of health promotion services	Technical guidelines for effective implementation of health promotion developed	"	National Health Promotion Communication Strategy available National Emergency Risk Communication Strategy available County specific guidelines/SOPs for communication during emergencies available Synthesized health promotion M & E tools available	Year 1-2
Objective 2: To build the capacity of adequate manpower for delivering of health promotion interventions at all levels					
2. Strengthening Human Resource Capacity for Health Promotion Outcome	Forecast and deploy skilled health promotion human resources in line with prevailing needs	Skilled human resource for health promotion deployed	"	# of skilled human resource for health promotion deployed	Year 1-5

Strategic Areas	Required Actions	Results/Outcome	Responsible Body	Indicators	Time - Frame
2. Strengthening Human Resource Capacity for Health Promotion Outcome	Identify and provide capacity strengthening opportunities for health promotion practitioners to improve their knowledge and skill.	Training opportunity and fellowship/scholarships scheme for health promotion at Diploma, Bachelors level, or Masters level established	"	# of health promotion practitioners obtaining Diploma, Bachelors and degrees within and outside Liberia	Year 1-5
	Collaborate with training and regulatory institutions to establish pre-service and in-service training in health promotion for Government and Private Institutions in line with current national health promotion needs and standards.	Health promotion training program in selected institution(s) of higher learning in Liberia established		# of institutions of higher learning offering pre service and in service training programs in health promotion in Liberia	Year 1- 5
3. Strengthening community Actions for health	Develop framework for standardization and, categorization, titles, terms of reference/ job descriptions and deployment of health promotion services	Framework for standardization and categorization of health promotion professionals in Liberia developed	NHPD/ MOH/ Civil Services	Organogram and job descriptions for NHPD available Framework for categorization of Health Promotion Professionals in Liberia available.	Year 1
	Objective 3: To empower individuals, families and communities to adopt and practice healthy behaviors.				
3. Strengthening community Actions for health	Strengthen community structures to ensure responsibility and ownership for health promotion programs	Community ownership of health promotion interventions at all levels strengthened	CHSD/ NHPD/ MOH	# of community structures at all levels strengthened	Year 1-5

3. Strengthening community Actions for health	Promote equity and gender balance and incorporate specific needs of key populations and marginalized communities in the planning and implementation of health promotion interventions	Equal participation of both males and females in planning, implementation, monitoring and evaluation of health promotion interventions at all levels increased	CHSD/ NHPD/ MOH	% of males and females participation in planning, implementation, monitoring and evaluation of health promotion interventions at all levels
Establish a participatory approach involving all stakeholders in planning, implementation, monitoring and evaluation of health promotion interventions at all levels.	Involvement of identifiable groups and key stakeholders in planning, implementation, monitoring and evaluation of health promotion interventions at all levels increased.	CHSD/ NHPD/ MOH/ Partners	# and categories of key stakeholders involved in the planning, implementation, monitoring and evaluation of health promotion interventions at all levels.	
Develop and implement evidence-based social and behaviour change communication (SBCC) programs using appropriate channels of communication including community radio, folk media to increase health literacy to promote health and well-being	Evidence-based SBCC programs to influence positive behaviors by individuals, families and communities to take ownership of their own health and well-being developed and implemented.	CHSD/ NHPD/ MOH/ Partners	% of individuals, households and communities who have received health information and adopting to healthy behaviours	
Develop partnerships and strengthen collaboration between the health sector, communities, private sector, other government departments, and CSOs that will influence the health and well-being of the people	Partnership between the health sector, communities, private sector, other government departments and CSOs for health promotion developed and/ strengthened	MOH/ NHPD	% of multi-sectoral and multi-disciplinary partnerships and collaboration to promote health and well-being of all people developed and strengthened	

Strategic Areas	Required Actions	Results/Outcome	Responsible Body	Indicators	Time - Frame
3. Strengthening community Actions for health	Develop an expanded mandate for health providers (public and private) that is responsive to the needs of the particular community in which they are working;	Expanded mandate for health providers (public and private) relevant to the needs of their operational areas developed	MOH/ NHPD	% of health providers (public and private) with skills provide services responsive to the needs of their operational areas developed and/ expanded	
Objective 4: To advocate for supportive environment for adapting or altering social, political, economic or physical surroundings to maintain and enhance health.					
4. Creating supportive environments conducive to health	Engage communities to harness traditional/cultural, religious norms, values and practices and related resources for the promotion of health and well-being.	Communities empowered to change harmful traditional/ cultural and religious practices to reduce the health risks. Communities effectively utilizing local resources to enhance health		# of communities empowered and have changed harmful traditional/ cultural and religious practices to promote health and well-being # of communities utilizing local resources to enhance health	
	Identify and maintain initiatives that promote safe and healthy environments in different settings, personal hygiene practices, healthy eating options and personal safety to reduce risks;	Health promotion interventions that promote safe and healthy environments implemented and sustained at all levels	NHPD/ DEOH/MOH	# of health promotion interventions that promote safe and healthy environments implemented and sustained	

4. Creating supportive environments conducive to health	Advocate for Health Promoting Schools that empower learners and educators to undertake healthy lifestyle practices	Schools (public and private) where both learners and educators are empowered and adopting healthy behaviours	Ministry of Education, NHPD/ CHSD/ MOH,	% of Health Promoting Schools
	Advocate and lobby with relevant authorities for health in all policies (HIP) that focus on creating environments that are conducive to health such as smoke free, disability friendly, safe housing, clean water and sanitation;	All policies by both government and private organizations are health promoting	NHPD/MOH/ Ministry of Justice	% of policies (government and other sectors) conducive to health that have been developed and / reviewed
	Collaborate with the private sector and labour/ trade unions to promote occupational health and safety practices within the workplace	Partnership with the private sector and labour/ trade unions to promote occupational health and safety practices developed and/sustained and sustained	NHPD/ DEOH/MOH	No. of Multi-sectoral partnership to promote occupational health and safety practices within the workplace developed and/ strengthened and sustained
Objective 5: To establish sustainable mechanisms for gathering information on effectiveness of health promotion to inform policy and programming				
5. Fortifying research and evidence-based Health Promotion interventions	Require the utilization of formative research that involves the audience in the design of messages, materials and the identification of the most appropriate communication channels to influence social and behavioural change outcomes.	Health promotion messages and materials are effective in persuading audiences to adopt healthy behaviors	MOH/NHPD	Number of messages and materials approved by MMD, and archived at the MOH. Year 1-5

Strategic Areas	Required Actions	Results/Outcome	Responsible Body	Indicators	Time - Frame
5. Fortifying research and evidence-based Health Promotion interventions	<p>Monitor the implementation of health promotion interventions</p> <p>Document impact of health promotion interventions and scale up evidence-based best practices.</p>	<p>Progress of health promotion interventions measured against targets and action taken as required</p> <p>Best practises to guide future health promotion interventions document.</p>	<p>MOH/NHPD, M&E Unit and partners</p> <p>MOH/NHPD</p>	<p># of monitoring report available</p> <p>No. of documented success stories and lesson learnt available.</p>	
Objective 6: To strengthen multi-sectoral and multi-disciplinary health promotion interventions to address priority public health conditions and disease outbreaks					
6. Establishing risk communication strategies for epidemics and priority public health conditions	<p>Develop and operationalize a Risk Communication plan based on sound understanding of people's perceptions, concerns and beliefs as well as their knowledge and practices.</p> <p>Strengthen mechanisms for multi- sectoral participation including influential citizens (champions) for purposes of advocacy and resource mobilization for emergency preparedness and response</p>	<p>Mechanism for a well-coordinated timely provision of information for pre, during and after disease outbreak developed and operationalized.</p> <p>Multi-sectoral participation and involvement of stakeholders in risk communication strengthened</p>	<p>NHPD and partners</p> <p>MOH, CHT</p>	<p>Framework for risk communication at all levels available. Implementation reports available.</p> <p>Reports of multi-sectoral participation in risk communication and community engagement programs available.</p>	<p>Year 1</p> <p>Year 1- 5</p>

Objective 7: To ensure availability of adequate resources for implementation of agreed health promotion activities at all levels

7. Instituting Health Promotion financing	Advocate for dedicated budget allocation for NHPD across programs at national, county, district and community levels from the national government through MOH.	Dedicated financial support from government for NHPD for implementation of health promotion available	% of dedicated government budget allocation for health promotion increased	Year 1-5
	Develop mechanism to pool resources from development partners, private sectors and other funding agencies for implementation of priorities as stipulated in the health promotion strategic plan	Resources pool dedicated to health promotion established.	% resource pool with funds dedicated to health promotion available	Year 1 – 5
	Lobby for innovate ways of securing additional funding eg. sin tax for health promotion. Develop financial resource monitoring framework for health promotion implementation.	Sin tax dedicated for the development and promotion of health promotion interventions established. National health promotion financial resource framework developed.	% of revenue from Sin tax dedicated to health promotion available National health promotion Financial Resource Framework available.	

GOAL: The goal of the National Health Promotion Strategic Plan (NHPSP) is to guide planning, implementation, monitoring and evaluation of agreed health promotion actions across public health programs and sectors.

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