



REGIONAL COMMITTEE

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**FOLLOW-UP ACTION ON SELECTED RESOLUTIONS/DECISIONS
OF THE LAST THREE YEARS: REGIONAL STRATEGY FOR
HEALTH PROMOTION**

The WHO Regional Committee for South-East Asia (SEA), through its resolution SEA/RC59/R4 on Regional Strategy for Health Promotion (Annex 1), had urged Member States to strengthen capacity for planning, coordination, management and implementation of comprehensive and multisectoral health promotion policies and programmes. It also urged Member States to document evidence of effective health promotion interventions at national and local levels in order to facilitate development of effective policies; and to adopt alternative, innovative and sustainable sources of financing for health promotion activities with a firm institutional base for management. The Regional Committee also requested the Regional Director to strengthen the capacity for health promotion across the Organization in the Region to provide better support to Member States; to facilitate the establishment of innovative and sustainable financing mechanisms with a firm institutional base for systematic and effective health promotion efforts. It also envisaged a report to be presented on the progress of implementation of the Regional Strategy to the Sixty-first Session of the Regional Committee in 2008. This document reports on action undertaken and the progress made on implementation of the resolution.

The Meeting of Advisory Committee (ACM) held at WHO/SEARO from 30 June–3 July 2008, reviewed the technical paper, discussed it thoroughly and made the following recommendations:

Action by Member States

- (1) To collect, analyse and disseminate the evidence-based effective health promotion interventions to influence healthy public policies and intervention programmes; and
- (2) To identify sustainable mechanisms for financing health promotion activities.

Action by WHO/SEARO

- (1) To support Member States to conduct health promotion programme planning, monitoring and evaluation, and operational research, including research on the social and behavioural factors that influence health outcomes; and
- (2) To report regularly on the progress of implementation of the Regional Strategy for Health Promotion at the appropriate forum.

The paper is now submitted to the Sixty-first Session of the Regional Committee for its consideration.

1. The Fifty-ninth session of the WHO Regional Committee for South-East Asia (SEA) had reviewed and endorsed the Regional Strategy for Health Promotion (Document SEA/RC59/5 and SEA/RC59/5/Inf.2), which consisted of eight strategic directions: (1) infrastructure for coordination and management; (2) capacity building; (3) regulation and legislation; (4) partnerships, alliances and networks; (5) evidence for health promotion; (6) policy advocacy and social mobilization; (7) health promotion financing; and (8) management of change. The Regional Committee, through with by its resolution, SEA/RC59/R4, on Regional Strategy for Health Promotion (Annex 1), requested the Regional Director to report on the progress of the implementation of the Regional Strategy to the Sixty-first Session of the Regional Committee in 2008. The present report outlines the overall achievements of Member Countries and WHO with regard to each strategic direction of the Regional Strategy.

Infrastructure for coordination and management

2. All Member Countries of the WHO SEA Region have designated national focal points in each Ministry of Health (MoH), who are directly responsible for planning, implementation, coordination and monitoring of health promotion programmes. While several countries have established a division or section headed by a senior person at the level of Directorate with specific assignments on health promotion, some have converted their health education units within the ministry to work as health promotion focal points.

3. In each WHO country office, an International Professional Staff or a National Programme Officer or National Consultant is assigned for areas of work related to health promotion. In many instances, these focal points are also responsible for programmes relating to prevention and control of noncommunicable diseases (NCDs).

4. Several countries have established national working groups on health promotion and/or NCDs and in some instances these include tobacco control within their purview. Member Countries also assign their own designated focal points within the MoH for specialized areas such as school health promotion, nutrition and mental health promotion. There is a clear structure for coordination of all health promotion activities at national, regional (provincial) or district levels that facilitates implementation and follow-up.

Capacity building

5. Training at various levels has been the major focus both nationally and regionally. There is a greater effort to move away from traditional training on information, education and communication (IEC) to a broad approach that incorporates principles for health promotion such as social determinants, behaviour change, policy and advocacy, and social and community mobilization, among others. Several countries have organized national and subnational workshops on health promotion capacity strengthening, with specific focus on the settings-based approaches for communicable and noncommunicable diseases, and new threats to health such as avian influenza. Behaviour change interventions and communication have been conducted across sectors for dengue, malnutrition and HIV/AIDS, among others.

6. Re-orientation of academic faculty from institutions responsible for training health promotion professionals was conducted so that the curriculum is aligned with the latest concepts and strategies in health promotion delivery. In addition, exchange visits and study tours in the forum of fellowships were used by most countries in order to give programme managers exposure to experiences from other countries.

7. Several educational materials on communication strategies and techniques were developed and also widely disseminated. At the regional level, a guide for developing behaviour change interventions in the context of avian influenza was published in 2007 and disseminated widely. The Regional Strategy for Health Promotion was published in early 2008 and disseminated widely.

Regulations and legislations

8. All countries of our Region except one have ratified the WHO Framework Convention for Tobacco Control (FCTC) and national legislations have either been adopted or drafted for effective implementation of the FCTC. All Member countries have also adopted various types of legislative measures for injury prevention, control of harmful use of alcohol and other substance abuse.

9. In Sri Lanka, the Alcohol and Tobacco Authority Act was passed in late 2006 for enforcing measures on control of alcohol and tobacco use. Thailand has recently promulgated the Alcohol Consumption Control Act, which aims to reduce harm from alcohol use. A draft strategic plan for health promotion, called "Thailand Healthy Lifestyle Strategic Plan for 2007–2016", has been debated upon and reviewed for endorsement, and will soon be implemented. Health promotion programmes in Member Countries facilitated the community-based initiatives for effective implementation of these legislations.

10. A Regional Conference of Parliamentarians on the legislative and policy action for promoting health was organized at Bali, Indonesia, on 8–9 October 2007. The Conference adopted a Call for Action for Control of Tobacco and Alcohol Use through strengthening health promotion and improving financing for health promotion. The conference highlighted the need for parliamentarians to consider promulgating legislation for allocating financial and technical resources for health promotion.

Partnerships, alliances and networks

11. Concerted efforts at the country level focused on engaging other ministries and nongovernmental organizations in health promotion through the "all-of-government" approach. There also has been marked progress in intersectoral action, particularly in working with the Ministry of Education in the promotion of health in schools. Other government sectors, such as health planning, agriculture, environment and social welfare, have also shown keen interest in addressing health inequities and other social determinants of health.

12. A regional consultation on addressing social and economic determinants of health was held in Colombo, Sri Lanka, from 4-6 October 2007. Health equity analysis was conducted by six

countries in the SEA Region and findings were presented during the Colombo meeting. Indonesia and Maldives held national conferences on health promotion involving players from various disciplines and organizations. Countries in the Region, namely, Sri Lanka, Thailand and India participated in the Global Technical Meeting on School Health held in Vancouver, Canada, from 3–5 June 2007. The meeting called for stronger working ties between the Ministries of Health and Ministries of Education in the area of school health promotion.

13. The WHO SEA Regional Office is also working closely with the WHO Centre for Health Development at Kobe, Japan (WKC), in matters of capacity strengthening of NCD prevention and control, health of the elderly (healthy aging), health promotion leadership training (PROLEAD I and II), and the Bangalore Healthy Urbanization Project (BHUP). The BHUP also forms a part of the collaborative work of the WKC for the Commission on Social Determinants of Health (CSDH). The Bangalore project is one of the six global sites for health urbanization project that is totally supported by the WKC with full technical cooperation of WHO at global, regional and country levels. The interim report of this project is already available and a video film on the Bangalore project is under way in order to enable it to be used as advocacy and training material.

Evidence for health promotion

14. Nine countries in the SEA Region participated in the Global School Health Survey (GSHS) training in 2007 and proceeded with data collection in 2008. A regional consultation on promoting health schools was held in Bangkok, Thailand, from 12–14 December 2006, which was attended by experts from 10 Member countries of the SEA Region. As a follow-up of the recommendations of this consultation, eight countries of the SEA Region have completed case studies on the successes with and challenges in implementing school health promotion. The regional compilation of these case studies will be published in 2008. A few countries have also attempted to assess the effectiveness of the health promotion interventions that have been implemented.

Policy advocacy and social mobilization

15. A Regional Conference of Parliamentarians on the Legislative and Policy Action for Promoting Health was organized at Bali, Indonesia, on 8–9 October 2007. The conference also discussed policy options for financing health promotion, especially the option of levying dedicated taxes on tobacco and alcohol. The annual events of World Health Day and World No Tobacco Day remain important calendar fixtures for advocacy and social mobilization on the subject at the country level. Several IEC materials on the subject have been developed and disseminated. India, Maldives and Sri Lanka have developed national health promotion policies including a school health policy. Maldives also conducted national training for promoting health using the mass media this involved nongovernmental organizations (NGOs) and mass media groups. Those involved included radio, television, newspaper and internet service providers and government policy-makers.

Health promotion financing

16. Case studies were concluded in late 2007 in five Member Countries on health promotion financing using a common framework. The results were discussed during the Bali Conference of Parliamentarians in October 2007. The need for improving investment in health promotion with the help of a dedicated tax on alcohol and tobacco was discussed as an option. India and Thailand represented member countries of the SEA Region at a meeting on financing health promotion using health promotion foundations, which was held in Manila, Philippines, in July 2007. The SEA Regional Office is due to organize a regional consultation on innovative financing of health promotion in November 2008.

Management of change

17. Efforts continue to fully establish mechanisms for implementing and sustaining intersectoral action, particularly to integrate health promotion activities across all sectors in order to address social determinants of health associated with risk factors for communicable and noncommunicable diseases, new threats to health such as avian influenza, and also neglected diseases such as dengue. There is need to focus on settings-based approaches and at the same time, not to ignore specific disease threats such as avian influenza, TB, HIV/AIDS and malaria.

Challenges

18. While there has been significant progress in the implementation of the Regional Strategy for Health Promotion among countries of the SEA Region including the involvement of other sectors, several challenges that require a multifaceted approach remain. There is a need to continue building capacity of both health and non-health professionals to deliver health promotion activities in various sectors. The focus should be on enhancing the capacity of training institutions engaged in health promotion training including diploma courses.

19. There is need to strengthen the capabilities of countries in the Region to collect, analyse and disseminate the evidence associated with the effectiveness of health promotion interventions in order to apply such evidence in influencing healthy public policies and intervention programmes. The evidence should be gathered from health promotion interventions focusing on specific diseases or population groups or settings. Furthermore, the evidence-base should also include social and behavioural research.

20. There is need to identify sustainable mechanisms for financing health promotion activities including the allocation of sufficient funds from the government budget as well as the provision of dedicated taxes from alcohol and tobacco.

21. The Regional Committee is requested to take note of the progress.

Annex 1

SEA/RC59/R4 REGIONAL STRATEGY FOR HEALTH PROMOTION

The Regional Committee,

Recalling World Health Assembly and Executive Board resolutions WHA57.16 and EB117.R9 respectively, and its own resolutions SEA/RC32/R6 and SEA/RC40/R3, as well as the outcomes of the five international conferences on health promotion, all of which called for strengthening of health promotion through policies, strategies, legislation, partnership and allocation of resources, and by engaging communities,

Noting with satisfaction the active involvement of Member States of the Region during the Sixth Global Conference on Health Promotion held in Bangkok in August 2005, and having considered the follow-up on policy actions and commitments agreed to in the Bangkok Charter for Health Promotion in a Globalized World, and

Confirming the priority need to address social and other determinants of health and the major common risk factors associated with preventable causes of premature death and illness due to communicable and noncommunicable diseases among the people of the Region through health promotion,

1. URGES Member States:
 - (a) to consider health promotion as a core responsibility, central to the national and global development agendas; recognize the need for increasing investments in health promotion; establish mechanisms for concerted efforts and foster active engagement of civil society, professional bodies, the private sector and nongovernmental organizations;
 - (b) to strengthen capability for planning, coordination, management and implementation of comprehensive and multisectoral health promotion policies and programmes and to document evidence of effective health promotion interventions at national and local levels, in order to facilitate development of effective policies, and
 - (c) to adopt alternative, innovative and sustainable sources of financing for health promotion activities, with a firm institutional base for management, and
2. REQUESTS the Regional Director:
 - (a) to strengthen the capacity for health promotion across the Organization in the Region to provide better support to Member States;
 - (b) to facilitate the establishment of innovative and sustainable financing mechanisms with a firm institutional base for systematic and effective health promotion efforts;
 - (c) to support Member States with adequate human and financial resources to build capacity for developing policies, programmes, plans of action, guidelines and documentation of evidence, and
 - (d) to report on the progress of the implementation of the Regional Strategy to the sixty-first session of the Regional Committee in 2008.