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*Directorate of Health Promotion & Education
Ministry of Health & Social Welfare
Bertil Herding Highway*



THE GOVERNMENT OF THE GAMBIA

NATIONAL HEALTH PROMOTION AND EDUCATION POLICY FOR THE GAMBIA

**Health Promotion
“Promoting health for socio-economic development”**

2013-2020

MINISTRY OF HEALTH AND SOCIAL WELFARE

September 2013



FOREWORD

The Government of The Gambia is committed to improving the health status of all the people living in The Gambia. The Government is also aware that Health Promotion is a rapidly emerging approach to health development. There is great evidence, which shows that Health Promotion and Education makes a positive contribution to the improvement of human health.

This Policy document marks a new beginning for Health Promotion and Education in The Gambia. It is a statement of the commitment by the government of The Gambia to set clear directions for the coordination and implementation of health promotion and education activities in the country. This policy will help the Ministry of Health and Social Welfare to address the risk factors and the determinants of health that contribute to preventable ill-health, disability and premature deaths.

The policy clearly sets out the vision, mission, objectives and guiding principles of health promotion and education in The Gambia. The health promotion and education policy is linked to the National Health Policy and Strategic Plan and all other health related policies within the Ministry of Health and Social Welfare and is developed within broader context of the Gambia's development framework, Vision 2020 and the Programme for Accelerated Growth and Employment (PAGE).

The policy was developed through a consultative process involving diverse stakeholders guided and supported by the Directorate of Health Promotion and Education. This new establishment houses Health Communication, Non- Communicable Disease, Mental Health, School Health and Nutrition, Water Sanitation and Hygiene Programmes.

The Health Promotion and Education Policy (HPEP) is expected to address major health problems and their determinants including the double burden of communicable and non-communicable diseases, HIV/AIDS epidemic and overcoming a weak health information dissemination system. It is also envisage that this policy increase and strengthen ownership for



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Ministry of Health & Social Welfare
Bertil Herding Highway



health by creating a new window of opportunity for the health sector to engage all the relevant stakeholders that have great influence on health creation and health development in general, in a more strategic and sustainable manner. This is in line with the Vision 2020, (PAGE), and within the context of health related Millennium Development Goals (MDGs). The implementation of policy measures will certainly impact on reducing morbidity and mortality of major diseases, promote healthy lifestyle, and reduce health risks and exposures associated with negative social and environmental consequences.

The Health Promotion and Education Policy document will be a key driver for the effective revitalization of the Primary Health Care (PHC) an idea that emanated from the Alma-Ata Declaration on PHC in 1978. This policy provides additional framework for the planning, programming and evaluation of national and sectoral programmes within the framework of health promotion and the new public health crusade.

With the authority vested in me and on behalf of the government of The Gambia, I hereby endorse the Health Promotion and Education Policy 2013-2020 for The Gambia.

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Hon. Fatim Badjie

Minister of Health and Social Welfare & National Assembly Matters



TABLE OF CONTENTS

Contents

| | |
|--|-----|
| FOREWORD | i |
| TABLE OF CONTENTS..... | iii |
| BACKGROUND AND COUNTRY CONTEXT..... | 2 |
| 1.1 Setting the Concept for Health Promotion and Education Policy..... | 3 |
| 1.2 Current health promotion practices..... | 5 |
| 1.3 Opportunities..... | 6 |
| 1.4 Rationale/ Justification for a National Health Promotion and Education Policy..... | 6 |
| CHAPTER TWO | 8 |
| 2.0 GUIDING PRINCIPLES AND PHILOSOPHY | 8 |
| 2.1. POLICY FOR HEALTHY SETTINGS..... | 9 |
| CHAPTER THREE | 1 |
| 3.0 VISION, MISSION AND OBJECTIVES: | 1 |
| CHAPTER FOUR..... | 3 |
| 4.0 PRIORITY AREAS AND METHODS OF IMPLEMENTATION | 3 |
| CHAPTER FIVE | 12 |
| 5.0 MONITORING AND EVALUATION | 12 |
| References..... | 13 |
| ANNEX 1: HEALTH PROMOTION AND EDUCATION DIRECTORATE ORGANOGRAM | 14 |



ACKNOWLEDGEMENT

On behalf of the Government of The Gambia, I would like to thank all those institutions and individuals who contributed towards the development of the National Health Promotion and Education Policy document (2013-2020). The implementation of this policy is essential for achieving health for all, the Vision 2020, the “PAGE” and health related Millennium Development Goals. Health Promotion is currently the new vision of the Ministry of Health and Social Welfare and this policy will serve as a catalyst for engaging stakeholders within and outside the government sector in addressing the broad determinants of health, which are beyond the purview of the Ministry of Health and Social Welfare.

The development and drafting of this policy was done in a consultative manner. Thus, the Ministry of Health and Social Welfare wishes to acknowledge the invaluable contributions of all actors involved in the formulation of this policy document.

The Ministry of Health and Social Welfare is particularly grateful to the WHO Country Office and UNICEF for the financial and technical support towards the policy development process. We are grateful to staff of the Ministry of Health and Social Welfare and all the stakeholders for their invaluable contribution during the whole process.

The contributions and the leadership role of the Directorate of Health Promotion and Education as well as key stakeholders in the formulation and drafting of this policy are very much appreciated.

.....
Mr. Modou Njai
Director of Health Promotion and Education
Ministry of Health and Social Welfare



BACKGROUND AND COUNTRY CONTEXT

The development of a National Health Promotion and Education (NHPE) Policy in The Gambia translates commitments and actions from WHO conferences namely: the Ottawa Charter (1986); Jakarta Declaration (1997), Bangkok Charter (2005); the Nairobi Call to Action (2009) and the World Health Assembly (WHA60.24) Resolution on “Health promotion in a globalized world” and Helsinki Declaration on Health Promotion “Health in All Policies” (2013). The policy is also informed by the Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems in Africa: ‘Achieving better health for Africa in the New Millennium’ (2008) to promote health across sectors and population groups within the PHC context.

The Programme for Accelerated Growth and Employment (PAGE) 2012-2015 and Vision 2020 identified health as one of the strategic priorities for the country. The National Health Policy document (2012-2020) “Health is Wealth” reiterates the government’s political commitment to health promotion and education and has pushed the agenda for the establishment of the Directorate of Health Promotion and Education.

Over the years the country has made laws that seek to protect the population from the effects of smoking. The Gambia passed a law in 1998 prohibiting smoking in public places and also banned the advertisement of tobacco products effective 2003. The country ratified the Framework Convention on Tobacco Control (FCTC) in 2007. In addition, an Integrated Non-Communicable Disease Control Policy and Action Plan (2012-2016) was also developed in 2011.

Despite the achievements registered in the area of health promotion and education, there still remains key challenges among which include: weak stewardship role of the Ministry of Health and Social Welfare in the planning, implementation, coordination, monitoring and evaluation of health promotion and education interventions. The health sector is weak in developing, standardizing, disseminating and coordinating health information and messages. Furthermore,



there is an inadequate institutional, human resource and community capacity for planning, designing, implementation, monitoring and evaluation of health promotion interventions. Lack of a sustainable health promotion financing system coupled with inadequate inter-sectoral collaboration for health promotion and education continues to be a barrier. Communication, social mobilization and advocacy opportunities have not been maximally exploited to support health promotion and education interventions.

In addressing the challenges mentioned above, the Ministry of Health and Social Welfare initiated the establishment of the Directorate of Health Promotion and Education in July 2012. The Directorate is mandated to coordinate School Health Promotion and Nutrition Education; Water, Sanitation and Hygiene Promotion; Mental Health Promotion; Health Communication and Non-Communicable Disease Prevention and Control Programmes within the Ministry of Health and Social Welfare. In order to provide a legal framework for the operation of the Directorate, the need for the development of the National Health Promotion and Education Policy was deemed critical.

1.1 Setting the Concept for Health Promotion and Education Policy

1.1.1 Title and Interpretation

This Policy shall be referred to as the **National Health Promotion and Education (NHPE) Policy** for The Gambia.

1.1. 2 Definition of Terms or Concepts

In this document unless otherwise stipulated the following definitions are accepted:

“**Health**” is defined in the WHO Constitution of 1948 as, “A state of complete, physical, social and mental well-being, and not merely the absence of disease or infirmity”.



“Health Promotion” is a process of enabling people to increase control over and to improve their health”. It creates opportunities for individuals, communities and populations to understand the determinants (influences) of their health and wellbeing and what they can do to improve them. Health Promotion helps to build on new types of health programmes in the developed world that moved beyond a focus on individual risk behaviour towards “making the healthy choice the easier choice” through a wide range of environmental and social interventions. It is a core and the most effective strategy to improve the health and quality of life, and reduce health inequities and poverty.

“Health Education” is a process comprising of consciously constructed opportunities for learning and communication designed to improve health information, health literacy, and health knowledge and developing life skills which are conducive to the promotion of an individual and community’s health including that of the environment. The term health education may be considered as an umbrella which encompasses a number of communication activities concerned with promoting the health of both the well and the sick.

“Social responsibility for health” is translated in the decisions and actions of the decision-makers in both public and private sector to pursue policies and practices which promote and protect health. Social responsibilities for health is lacking when policies and practices pursued by the private and public sectors are of the kind that harm the individuals, families, communities and the environment.

“Empowerment of individuals, families and communities” is a process through which people gain greater control over decisions and actions affecting their health.

“Enabling individuals, families and communities” is to take action in partnership with individual groups, families or communities to empower them. It fosters sustainability of health promotion in the community.



1.1.3 Ottawa Charter for Health Promotion

The Ottawa Charter is the main framework used in health promotion to guide programs and interventions. It supports the view that effective health promotion includes a range of strategies and a focus on the following five priority action areas:

- ✓ Building healthy public policy
- ✓ Creating supportive environments for health
- ✓ Strengthening community action for health
- ✓ Developing personal skills
- ✓ Re-orienting health services.

Used collectively in any population setting, the action areas can achieve positive health outcomes.

1.2 Current health promotion practices

Health promotion and education interventions are currently being undertaken on an ad-hoc basis. These activities are not properly organized, implemented, coordinated and evaluated. Other key interventions include:

- Health communication, centering more on information, education and communication (IEC) are disseminated through the use of various media channels including the mass and traditional media.
- In collaboration with some partners, the Ministry of Health and Social Welfare periodically develops and disseminates IEC materials on various health issues.
- The Ministry of Health and Social Welfare collaborates with Gambia Radio and Television Services (GRTS) and other media outlets runs weekly health programmes to sensitize the public on priority health issues. Non-health sectors, including the civil society organizations and communities, are involved in the organization of health advocacy events.



- As part of the community empowerment process, the Ministry of Health and Social Welfare periodically organizes open health discussion forums, commonly known as *Open Field Days and Community ‘Bantaba’ Sessions*.

1.3 Opportunities

- Massive political commitment towards health promotion and education in the country;
- The new strategy adopted by the Government of the Gambia in support of Vision2020 - PAGE -recognizes health as a key pillar for economic growth.
- Health promotion infrastructure is growing with the participation and involvement of new players and expansion of tools and processes that enhance health promotion action. The formation of the Association of Health Journalist (AOHJ), proliferation of community radios, internet services, mobile phones, GRTS and other social media provide opportunities for access to health information.
- Tertiary institutions including the University of The Gambia (UTG), the Gambia College-School of Public Health offer courses in Health Promotion and Education.
- The National Health Policy “Health is Wealth” articulates health promotion as key to attaining national health and development goals. Other sectoral policies such as the education, youth, employment and nutrition recognize key health promotion principles and values.
- Primary Health Care (PHC) and Bamako Initiative (BI) approaches enhanced community participation in the organization and delivery of health services.

1.4 Rationale/ Justification for a National Health Promotion and Education Policy

- Health Promotion is a crosscutting specialty and an essential component of all social-economic programs and its application is necessary in addressing the broad determinants



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Ministry of Health & Social Welfare
Bertil Herding Highway



of health. The successful implementation of the policy will help contribute significantly to the achievement of the National health goals through increasing individual knowledge and skills, strengthen community action, creating supportive environments, advocacy for developing healthy public policies and reorienting health services.

- Health promotion empowers people to make healthy choices in order to close health disparities.
- A great deal of the health problems (diseases and their determinants) in The Gambia can be prevented through organized and well-coordinated prevention and promotion interventions.
- The establishment of Health promotion interventions in settings such as schools, workplaces and communities presents an opportunity to disseminate health information and develop life skills to people in order to promote healthy behaviors.
- The Health Promotion and Education Policy provide direction for strategic planning and implementation of health promotion and education programmes in the country.
- The policy provides a framework for coordination and partnership among key actors involve in health promotion, thereby minimizing duplication of efforts and enhancing efficiency.
- The policy sets values and standards that will inform and guide health promotion and education planning, implementation, monitoring and evaluation. This way, quality assurance and control will be ensured.

Availability of policy will lend credibility to the Health Promotion and Education Directorate and generate donor confidence.



CHAPTER TWO

2.0 GUIDING PRINCIPLES AND PHILOSOPHY

The National Health Promotion and Education Policy is guided by the following Health Promotion values and principles to promote health:

- Health promotion practice emphasizes “inclusion” by working with members of marginalized groups in the community who face barriers to good health. This ensures that everyone has access to the resources needed to maintain good health as well as a voice in the decisions affecting their health;
- “Ownership” of programmes by individuals and communities through their participation in all activities;
- “Empowerment” is a process through which people gain greater control over the decisions and actions that affect their health;
- “Social justice and equity” in society implies that rules are just and fair and resources are shared equitably within the community while “equity” is concerned with creating equal opportunities for health and with bringing differences in health status down to the lowest level as possible and must be applied throughout the promotion of health to achieve social justice;
- Health is a “human right” and access to quality and affordable health care is a basic human need;
- Health promotion embodies and “respects” a diverse range of cultures and perspectives on health and wellness;
- Health promotion policy creates an “enabling environment” for accessing culturally appropriate health information and services, and voluntary behavior change;
- Health promotion involves partnership, networking and alliance building comprising of communities, civil society, public and private sectors, and development partners;
- Intrasectoral and intersectoral collaboration and coordination of various players to promote health;



- The public and private sectors have a social responsibility to promote, support and protect health;
- Participation of individuals, families, communities and civil society organizations (CSO) in all programme activities is a pre-requisite to success and helps to foster commitment;
- Sustainable infrastructure for coordination and management including innovative financing for health promotion;
- Evidence gathering and dissemination is an integral part of health promotion programmes and policies;
- The practice of health promotion is based on Professional Standards and Ethics.

2.1. POLICY FOR HEALTHY SETTINGS

Human behavior and health outcomes are produced through interaction between the individual and the environment in which they exist. The individual is inseparable from their environment or setting and the relationship between the two is regarded as continuous or interrelated. Therefore, the setting or environmental context is a critical entity in the promotion of health of individuals and communities. The National Health Promotion Policy identifies various settings where health promotion integration is essential. The Policy calls for priority needs of communities to be addressed by involving the intended beneficiaries throughout the programme cycle within each setting.

Health Care Settings

The policy calls for:

- All health care settings shall integrate health promotion activities in their daily functions;
- All health care settings shall provide health promotion activities in the communities where they are located as part of social responsibility.



Educational Settings

The Policy calls for:

- All schools (public and private) at all levels shall implement the essential components of the Health Promoting School Concept or Child Friendly Schools in order to address health needs of learners, teachers and the community.
- The engagement of health and education officials, teachers, students, parents, and community leaders in efforts to promote health with families and community groups involved in the school;
- Strive to provide a safe, healthy environment, including sufficient sanitation and water; freedom from abuse and violence; social support and mental health promotion; safe school grounds and opportunities for physical education and recreation.
- Provide effective skills-based health education, with curricula that improve student's understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviors throughout their life; curricula that include critical health and life skills, a focus on promoting health and well-being as well as preventing important health problems, training and education of teachers and parents.
- Schools shall formulate policies to promote health and well-being e.g., policies that enable healthy food practices to occur at school; policies which will be promoting alternative discipline rather than bullying and child protection from sexual abuse and harassment in schools.
- All schools in The Gambia shall provide conducive learning environment which includes appropriate building design and location, provision of natural light and adequate shade, creation of space for physical activity and facilities for extracurricular learning and healthy eating.



Directorate of Health Promotion & Education
Ministry of Health & Social Welfare
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- The policy shall focus on strengthening the relationship between schools and parents, wider communities and other stakeholders which will promote quality connections among and between all the key stakeholders in a school community.
- The policy shall focus on seeking and maintaining recognition for health promotion actions both within and outside the schools where students would gain knowledge, understandings, skills and experiences, which will enable them to build competencies in taking action to improve the health and well-being of themselves and others in their community.
- The policy shall focus on promoting the use of school base services which have a responsibility for child and adolescent health care through the provision of direct services to students including those with special needs.
- The Directorate of Health Promotion and Education shall be embarking on periodic monitoring and supervision of school health and nutrition activities in order to propagate the concept of health promoting schools initiative and the drive towards achieving Education for All in The Gambia.

The Family Setting

The Policy encourages that:

- Parents be educated on positive, harmful and harmless health practices and equipped with health knowledge and skills conducive to a healthy life style including hygiene and sanitation.
- Parents are the main link between the school and the community in order to have continuity between what is taught and practiced at school and at home.
- Dietary practices and other lifestyle related practices that contribute to non-communicable diseases such as diabetes hypertension and heart diseases shall form the family health promotion package as well as the maternal and child health issues.
- Population ageing is a major concern as the population of those above 60 years continues to rise. Strengthening the health care services for the elderly is critical and the policy



recognizes that there will be a huge burden in terms of care and financial resources due to population ageing.

The Recreational Settings

The involvement of the Youth and Sport Sector as a setting for health promotion is a new strategy implemented by the health policy makers and strategic planners. Strategies to promote and sustain adolescent youth friendly health promotion activities are important in recreational settings. The engagement of sport and recreation organizations has potential to facilitate health promotion and public health. In other to enhance organizational capacity and achieve program sustainability, it is important that organizational processes, structures that support long-term health promotion practice are effectively and efficiently planned and managed.

The Policy calls for:

- a) Sports and leisure settings offer excellent opportunities for youths and adults to build self-confidence, positive attitude and healthy life styles;
- b) Advertisement of all harmful products shall be prohibited from the setting;
- c) Health promotion concepts and practices shall be integrated in all recreational and sporting programmes;
- d) Policies and legislations to keep harmful products out of school premises such as tobacco, guns or junk foods shall be advocated and enforced;
- e) The creation of smoke-free environments in recreational settings shall be instituted;

Workplace Settings

The concept of the Health Promoting Workplace (HPW) is becoming increasingly relevant as more private and public organizations recognize that future success in a globalizing marketplace can only be achieved with a healthy, qualified and motivated workforce. A HPW can ensure a flexible and dynamic balance between customer expectations and organizational targets on the



one hand and employee's skills and health needs on the other, which can assist organizations to compete in the marketplace. The workplace, along with the school, hospital, city, island, and marketplace, has been established as one of the priority settings for health promotion into the 21st century.

The workplace directly influences the physical, mental, economic and social well-being of workers and in turn the health of their families, communities and society. It offers an ideal setting and infrastructure to support the promotion of health of a large audience.

The Policy calls for:

- a) The workplace to address employment conditions that impact negatively on the well-being of the workers such as pollution, safety promotion or stress.
- b) The workplace to implement education programmes on accident prevention and other health hazards for the workers and their families;
- c) Policies, regulations and legislations to safe guard the health and welfare of workers.

Urban Settings

The Policy calls for:

- a) Interventions that seek to address health and urbanization e. g., Healthy Cities Initiative to be implemented in order to address the negative impact of rapid urbanization on health outcomes due to urban inequities associated with globalization, commercialization, trade, environmental hazards, road safety, social relations, housing and other health related issues.
- b) Implementation of multi-sectoral and multi-disciplinary actions to address health and urbanization concerns for vulnerable populations.

Rural Setting

The majority of the vulnerable population is in rural areas. These are women, children and the elderly and are often health illiterate and the economically marginalized groups.



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Ministry of Health & Social Welfare
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The Policy calls for:

- a) Community empowerment through dialogue, participation and listening to concerns of rural communities including women, young people and the elderly;
- b) Health service providers including civil society and nongovernmental organizations to strengthen community health education initiatives, advocacy, capacity building and health information dissemination;



CHAPTER THREE

3.0 VISION, MISSION AND OBJECTIVES:

3.1 VISION

An empowered population that exercises control over their health and its determinants

3.2 MISSION

To empower individuals and communities to take greater control of their health and its determinants, through accurate and relevant information and foster actions that enhance physical, social and emotional well-being of the people and contribute to the prevention of ill-health, disability and premature deaths.

3.3 OBJECTIVE

The overall objective of this policy is to develop and or strengthen multi-sectoral health promotion interventions in order to contribute to reducing causes of preventable deaths, disabilities and major illnesses from communicable and non-communicable diseases, violence and injuries, maternal and child health conditions.

3.4. STRATEGIC OBJECTIVES

The objectives of the National Health Promotion and Education Policy are:

- a) To provide policy framework and strengthen the stewardship role of the Ministry of Health and Social Welfare for coordination and management of health promotion



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Ministry of Health & Social Welfare
Bertel Herding Highway



activities addressing risk factors and social determinants of health across programmes, disease-specific issues and population groups;

- b) To support mainstreaming of health promotion across health and non-health sectors, priority public health programmes and population groups to reduce the disease burden and premature deaths from preventable causes including social determinants of health;
- c) Strengthen health promotion capacity at individual, family, community and institutional levels as well as national and regional levels.
- d) Support and strengthen communication, social mobilization and advocacy interventions in support of health within and outside the Ministry of Health and Social Welfare.
- e) Establish sustainable mechanisms for innovative financing of health promotion to ensure adequate funding of interventions across programmes
- f) Promote health promotion research through gathering and disseminating evidence on best practice and effective health promotion approaches.
- g) To strengthen multi-sectoral actions such as community participation, social dialogue and partnerships to promote and protect health across population groups; and
- h) To promote and strengthen implementation of sectoral policies and existing legislative mechanisms/frameworks or fiscal measures in support of health such as the public health act, national anti-tobacco laws, the food act, environment act, disability policy, education policy, agricultural policy etc



CHAPTER FOUR

4.0 PRIORITY AREAS AND METHODS OF IMPLEMENTATION

In working towards accelerating response to risk factors of public health priorities and identification of their determinants through health promotion and education, the method of implementation will focus on the following priority areas;

- I. Coordination
- II. Capacity building
- III. Communication,
- IV. Social mobilization and advocacy
- V. Resource mobilization
- VI. Building partnership
- VII. Mainstreaming health promotion and education in other policy documents
- VIII. Community participation and empowerment
- IX. Legislative and Regulatory Framework
- X. Health promotion research

4.1. METHODS OF IMPLEMENTATION

4.1.1 COORDINATION

The effective implementation of the policy requires the active participation of many stakeholders in the public, private and civil sectors. For these various stakeholders to play their roles effectively there is a need to put in place a proper framework to facilitate joint planning for better implementation.

However, the fact that many stakeholders are already doing health promotion and education may seem good, but can also lead to some conflicts. In this light, it is important that the health promotion activities of different stakeholders do not conflict but reinforce one another. Therefore, the policy



shall recognize the need to coordinate the efforts of stakeholders through the Directorate of Health Promotion and Education of the Ministry of Health and Social Welfare.

4.1.1.1 Creating a coordination mechanism

- Strengthening existing Health Promotion and Education Directorate with the requisite human, financial and logistical support
- Establish a National- Multi-Sectoral Technical Committee coordinated by the Directorate of Health Promotion and Education with clearly define Terms of Reference (TORs)
- Creating a Multi-Sectoral Health Promotion Platform “Health Promotion Forum” at National, Regional and Community levels to foster collaboration and coordination of stakeholders. For such a forum, clear Terms of Reference will be put in place.
- Considering the fact that Regional Health Management Teams are established structures of the Ministry of Health and Social Welfare, they shall coordinate health promotion interventions at regional level in consultation with the Health Promotion Forum
- Establish focal points in key stakeholder institutions to support the coordination of health promotion and education activities

4.1.2 CAPACITY BUILDING

The effective implementation of health promotion and education policy requires the availability of a competent work force at all levels. Therefore, it is important that the capacity gaps are identified and addressed at central, sectoral and community levels. This capacity development will focus on and not limited to the following:

- Mainstream capacity building for the development of policies
- Human resource development plan
- Advice and guide stakeholders in building their capacity
- Provision of technical support to stakeholders



- Resources mobilization
- Assessment of the internal capacity of the directorate of health promotion and education

In addition to these broad areas the policy will lay emphasis on pre and in-service training, and continuous education. Arrangements will be made for the conduct of certificates and degree courses on health promotion in the country to creating a critical mass of competent technicians over the policy implementation period.

4.1.3 HEALTH COMMUNICATION, SOCIAL MOBILIZATION AND ADVOCACY

Communication is an integral component of health promotion. It is the vehicle that conveys the health messages and skills. It is the vehicle that conveys the health messages and skills. Interpersonal and mass media communication are the two main categories of communication that are applied in health promotion alongside advocacy and social mobilization. Communication processes will be used to promote positive health behaviors in communities. Health promotion and education activities will be monitored and evaluated within the framework of this policy. There are good communication practices in the country which will be adopted for planning and implementation.

The use of various communication channels and processes is a prerequisite for increasing awareness, interest and positive behaviour change among individuals, families, households and community. Both the traditional communication (television, radio, posters, leaflets, billboards, and video) and new information media (mobile text messaging, internet social media) should be harnessed to empower individuals, households and communities with knowledge and skills essential to effect behavioural and structural change.

The participation of other stakeholders including high profile citizens (health promotion champions) for purposes of lobbying government officials and private sector is highly encouraged. Individuals, families, households and communities should participate in the production and distribution of information aimed at promoting health. Communication, social mobilization and advocacy should aim to increase health literacy, promote positive health



Directorate of Health Promotion & Education
Ministry of Health & Social Welfare
Bertil Herding Highway



behaviours and adoption of appropriate coping strategies. Partners and stakeholders in health promotion will be identified and mobilized towards the promotion of health.

The policy:

- a) Ensures that both public and private mass media is engaged in community awareness campaigns on a regular basis;
- b) Regulate health information dissemination within the health sector and across sectors;
- c) Ensures that community structures such as VDCs, religious leaders, community leaders, traditional communicators, youth groups, organized women groups and district authorities are engaged, mobilized and actively participate in the dissemination of health and nutrition messages to the communities;
- d) Ensure that communities are mobilized to participation in health awareness campaigns and information dissemination at all levels;
- e) Engage influential leaders and decision makers to fully support the effective implementation of the health promotion and education activities at all levels
- f) Promotes the use of radio to disseminate health information and messages due to its potential to reach a wide audience in faraway places;
- g) Encourages the use of interpersonal communication such as drama, traditional communication, role plays, theatre or songs to compliment mass media because they are socially popular and inexpensive;
- h) Requires that locally produced IEC/BCC support materials be used during information dissemination including any public health awareness campaigns;
- i) Demands that intended beneficiaries participate in developing or adaptation of the IEC/BCC materials in order to guarantee relevancy of health information. All IEC/BCC materials including videos and posters brought into the country from outside shall be screened before they are disseminated.
- j) Requires that indicators / benchmarks be established for purposes of monitoring and evaluating the effectiveness of health communication before, during and after implementation of health promotion activities.



- k) Establish a participatory approach in planning, implementation, monitoring and evaluation of health promotion initiatives and activities at all levels (joint planning)
- l) Develop, pre-test, produce and disseminate health promotion and education IEC/BCC materials and messages to local communities on health, nutrition and WASH;
- m) Develop operational guidelines for health promotion and education implementation in the country;

4.1.4 RESOURCE MOBILIZATION

Effective implementation of priority areas highlighted in the policy will require mobilization of human, financial and material resources. A resource mobilization plan will be developed and implemented in ensuring the availability of adequate resources for the implementation of programme activities and other interventions at all levels. This will require mobilization of resources from government, international agencies, donors, and the private sector and through community support.

4.1.5 BUILDING PARTNERSHIP

Health promotion and education does not fall within the purview of the health sector alone and as such requires a strong coalition of partners for effective implementation of the policy. Some of the key partners in building coalition with the Directorate of Health Promotion are and not limited to the following:

Public sectors and institutions (ministries, government departments and parastatals)

- Academic and training institutions
- Non-Governmental Organizations
- Civil Society
- The Private Sector
- Donor community
- Communities



Each of these categories of stakeholders offers services and opportunities that are relevant to health promotion. The Health Promotion directorate shall establish strong linkages with and among stakeholders. Furthermore, a civil society network will be established. Such networks will play a key role in health promotion in the country.

4.1.6 MAINSTREAMING HEALTH PROMOTION IN EXISTING POLICIES

Policy development and support is a major component of health promotion. Existing policies will be reviewed to mainstreaming health promotion. It aims to achieve greater equity in health and overall living conditions.

The key factors that influence health outcomes in The Gambia include increasing urbanization, globalization, changes in the environment and lifestyles. In that regard, it is imperative that the National Health Promotion Policy establishes a set of required actions to create a supportive environment through healthy public policies.

The Policy

- a) Ensure that stakeholders are engaged to put Health in All Policies (HiAPs);
- b) Establish structures at national and regional levels for the effective implementation, monitoring and supervision of Health in All Policies approach;
- c) Engage civil society organizations to support the effective implementation of Health in All Policies

4.1.7 COMMUNITY PARTICIPATION AND EMPOWERMENT

Community participation has long been recognized as an effective means of helping rural and urban people focus energy and mobilize resources to solve their health, environmental, and economic problems (Mildred, F.H. and Trevor, B.L., 2009). Community participation is an essential part of the process of good local governance, and empowerment remains at the heart of effective health promotion (Heritage, Z. and Dooris, M. 2009).



It is widely recognized that community participation can play an important role in promoting primary education and it also has the potential to increase awareness levels and to bring about improvements in health and living conditions (Govinda, R. and Diwan, R. 2003). Understanding community participation involves understanding power: the ability of the different interests to achieve what they want. Power will depend on who has the information and money and also depend on people's confidence and skills (Wilcox, D. 2001).

Health Promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities- their ownership and control of their own endeavors and destinies.

Health Promotion initiatives shall therefore enable individuals and communities to assume power over the personal, socio-economic and environmental factors that affect their health. Furthermore, Health Promotion initiatives shall involve all stakeholders at community level at every stage of the planning, implementation and evaluation processes.

4.1.8 LEGISLATIVE AND REGULATORY FRAMEWORK

Promoting health and its determinants is complex and will require the existence of an effective legislative and regulatory framework. The policy will advocate for the effective enforcement of relevant laws in the country. Existing regulations will be reviewed. The right to access accurate and timely information on health is a fundamental right for every Gambian as is the right to enjoy privacy and confidentiality in matters that concern the individual's health. In order to achieve the optimum balance between protecting these rights and the general public good intended in this policy and other health policies as they relate to health promotion, the Ministry of Health and Social Welfare shall facilitate (Adelaide Recommendation):

- The enactment of the supportive legislations



Directorate of Health Promotion & Education
Ministry of Health & Social Welfare
Bertil Herding Highway



- The enforcement of legislation that is health related and is beneficial to health development and environmental protection
- Development and enforcement of codes of conduct as well as institutionalization of professional bodies on Health Promotion
- The development and implementation of any required policies and strategies;
- Mobilization of other Ministries, the community, civil society organizations, and the private sector in support of Health Promotion and positive behaviour change.
- The ratification and implementation of appropriate international conventions on health promotion.
- Monitor the process indicators for the policy and identify need for review after every five years and in line with the five year health promotion and education plan

4.1.9 HEALTH PROMOTION RESEARCH

Health promotion activities shall be planned and conducted in a scientific manner to make the desired impact. Operational research shall be viewed as a crosscutting intervention to inform programming including monitoring and evaluation, and promotion of best practices. Findings and results of evaluations of health promotion interventions shall be well documented and widely disseminated to all relevant stakeholders.

4.1.10 IMPLEMENTATION PLAN/ARRANGEMENT

This policy shall be operationalized through the development of a comprehensive strategic plan. The policy will be implemented over a period of eight years. The technical committee will serve as an overseer while the directorate of health promotion will provide technical support and guidance to partners. Individual partners and stakeholders will plan and implement activities relevant to health promotion and education under the direct supervision of the Directorate of Health Promotion and Education.



Directorate of Health Promotion & Education
Ministry of Health & Social Welfare
Bertil Herding Highway



The Regional Health Management Teams (RHMT) will continue to coordinate and supervise health promotion and education activities in consultation with the health promotion forums. Furthermore, the civil society networks will play a key role in the implementation of health promotion activities at community levels. The mid-term review of the policy will be conducted and the outcome use for planning and decision making.



CHAPTER FIVE

5.0 MONITORING AND EVALUATION

Monitoring and Evaluation is a cross cutting issue in health promotion and education. To determine whether the strategic objectives of the policy are achieved, continuous monitoring and periodic assessments will be conducted.

An integrated monitoring and evaluation framework shall be developed to enhance the continuous monitoring of the strategic objectives of the policy. Routine monitoring through regional, district and community structures will be conducted and be complemented with joint monitoring field trips. The Technical Committee will play key role in this.

A midterm evaluation of the policy shall be conducted after four years of implementation for decision making and programming. A comprehensive independent evaluation will be conducted by the end of policy implementation period.



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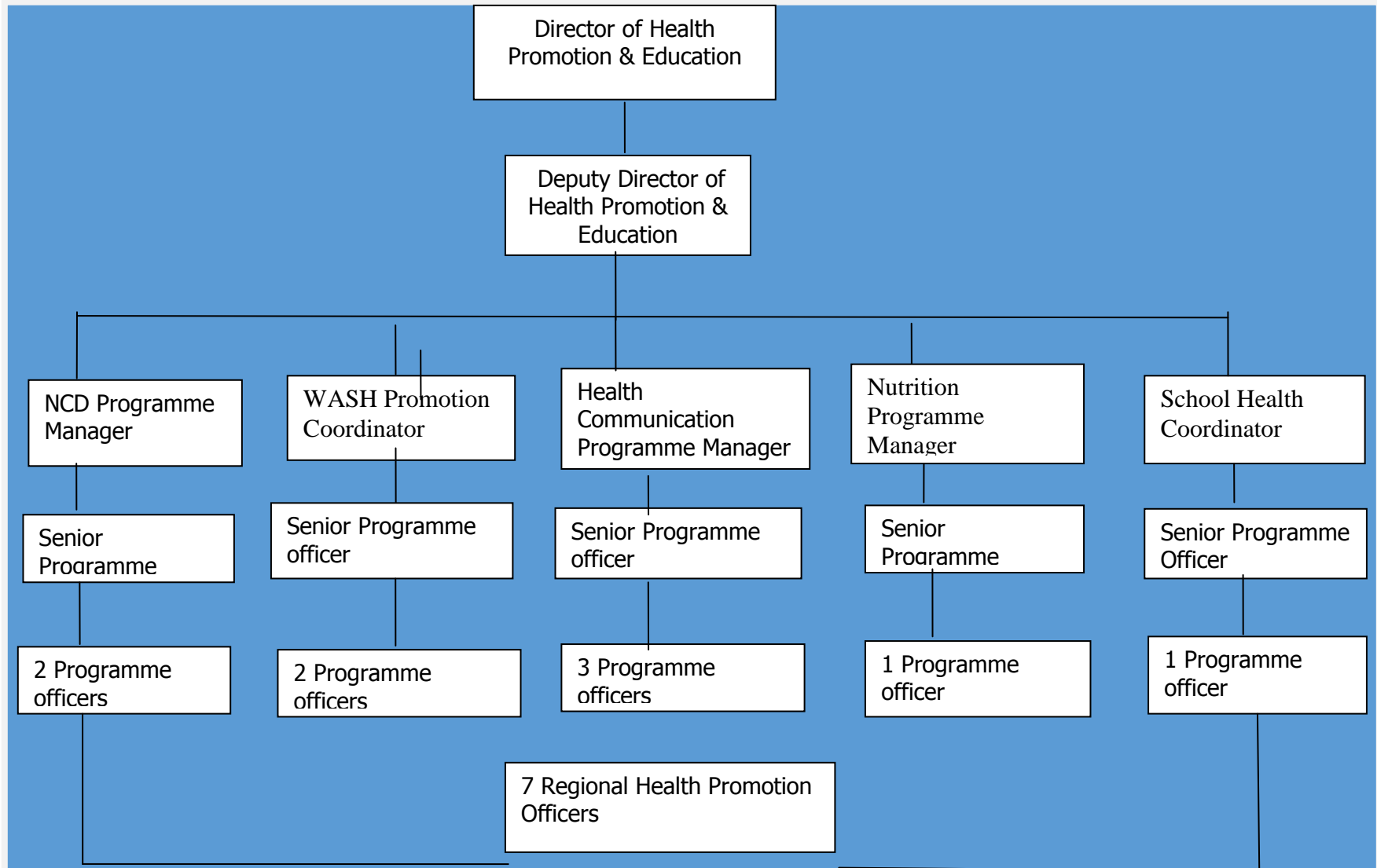
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National Health Promotion Policy: Ministry of Health and Social Welfare, Liberia

National Health Policy: "Health is Wealth" Ministry of Health and Social Welfare, The Gambia

ANNEX 1: HEALTH PROMOTION AND EDUCATION DIRECTORATE ORGANOGRAM



ANNEX 2: HUMAN RESOURCE FOR HEALTH PROMOTION AND EDUCATION

WHO DOES HEALTH PROMOTION AND EDUCATION

Health promotion has been effectively applied in addressing the social determinants of health and calls on the involvement of other players beyond the health sector and they include: environmental officers, teachers, agricultural extension workers, community development workers, social workers, political and local government authorities, Non- Governmental Organizations, the private sector and civil society organizations, organized community groups and frontline communicators. Within the health sector the personnel engaged in health promotion and education are health service providers such as health promotion specialists, doctors, public health officers, nurses and community health workers.

The implementation of health promotion and education interventions is undertaken by individuals and organized community groups that do not have professional training in health promotion. Therefore, this policy shall recognize such individuals and groups involved in health promotion and education activities. Health promotion activities will be harmonized through professional guidance in order to promote the health of the population.

CATEGORIES OF HEALTH PROMOTERS AND EDUCATORS

The policy recognizes the following categories of health promoters and educators:

1. Health Promotion Specialists (HPS)

These are individuals with a public health or nursing educational background and have received specialized training in Health Promotion at Masters Degree level or above and with at least 5 years experience in Health Promotion

2. Health Promotion and Education Officers (HPOs)

These constitute individuals who have had training in health promotion and possess a minimum of bachelor degree in related social sciences with at least 5 years of experience in Health Promotion and Education.

3. Regional Health Promotion and Education Officers (RHPEOs)

These are individuals who have had training in Public and Environmental Health with an element of Health Promotion and Education with a minimum of Bachelors Degree with at least 3 years experience in Public Health and Health Promotion.

4. District/Community Health Promoters and Educators

These are individuals with a certificate or diploma training in health or development related issues with an experience of at least 2 years in the field of Health Promotion and Education at community level.