

National Health Promotion Policy

Certification of Authorisation

At the meeting of the Cabinet of Ministers of the Democratic Socialist Republic of Sri Lanka, held on the 03rd March 2010, the Cabinet Memorandum No 10 / 0355 / 311 / 060 on National Health Promotion Policy, had been discussed and advised by the MOH/HEB to develop a combined action plan with the Department of National Planning and other relevant sectors.

Introduction

Health promotion is the process of enabling people to increase control over, and to improve their health (Milestones in Health Promotion, WHO 2009). To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but goes beyond health lifestyles to well-being.

Ministry of Health in Sri Lanka provides the leadership for health promotion while cordially working together with other relevant stakeholders. Health Education Bureau in the Ministry of Health is the Centre of excellence in Sri Lanka for health education, health promotion and publicity of health information. Policy decisions in relation to health promotion activities are implemented at community at district levels.

Health indicators of the democratic socialist Republic of Sri Lanka have shown a steady improvement over recent decades, particularly in maternal and infant mortality and life expectancy. The Maternal Mortality rate of 36.87/100,000 live births (Maternal and child Morbidity and Mortality surveillance unit, Family Health Bureau, 2012) was an exceptional achievement for a developing country with a per capita GNP of US\$ 2805 in 2011 (Central Bank of Sri Lanka, annual Report 2012). Similarly, the infant Mortality Rate of 9.4 per 1,000 live births (Registrar General's Department, provisional data 2009) has been achieved by effective and widely accessible prevention and primary health care strategies including treatment of minor infections. However, whilst post-neonatal mortality has declined significantly, there has been less success in reducing prenatal and neonatal mortality. The neonatal mortality rate of 6.2/1,000 live births (Registrar General's Department, provisional data 2009) over the last decade suggests continuing problems requiring both increases in financing and improvements in management.

Life expectancy has risen steadily to around 76 years for females and 72 years for males (Department of Census and Statistics, 2006). With rapid ageing of the population and the success in combating the major communicable diseases, the diseases burden has started shifting rapidly towards non-communicable diseases including mental diseases, accidents and injuries. Nutritional status has improved but remains a serious problem among the poorer and vulnerable communities and on average, is not satisfactory.

The leading causes of death (by percentage of total mortality, Annual Health statistics, 2007) are ischemic heart disease (13.1%), diseases of the intestinal tract (7.0%), cerebrovascular disease (9.2%), pulmonary heart disease and diseases of the pulmonary circulation (10.1%) and neoplasms (10.1%). Over time, infectious and parasitic diseases have declined while cardiovascular diseases and homicides have increased in a proportionate manner which indicates that the epidemiological transition is rapid.

The Health Master Plan (HMP) for Sri Lanka provides the policy and strategic framework for the development of an innovative health system over the next decade ending in 2016. The Health Master Plan (HMP) built on the successes and experiences of the past and health transitional trends addresses present and future challenges in health. These challenges include; changing demographic and disease patterns, limited resources, increased demand and expectations by the public, the need for equity and the development of a management ethos that ensures good governance and value for money in delivering quality health services.

The HMP is carefully designed to support Sri Lanka's overall social and economic goals. It aims to facilitate equity through ease of access to health services, improve productivity and ensure that resources allocated to health result in a healthier population that is able to contribute to the economic and social wellbeing of the country. This is to be achieved by responding to the people's needs and working in partnership to ensure access to comprehensive, high-quality, equitable, cost-effective and sustainable health services.

Health Promotion

Health promotion embraces not only action to strengthen individual skills and capabilities, but also actions to change social, environmental and economic conditions to alleviate their impact on individual and community health. According to the Ottawa charter, the key strategies for health promotion are to advocate for health, to enable people to take control of all determinants of health and to mediate between different interests in society for the pursuit of health.

The five action areas for health promotion are;

- Build Health Public policy
- Create supportive environments for health
- Strengthen community actions
- Develop personal skills and
- Reorient health services

Health promotion has been identified as a key direction of health system reform and development in the National development policy and plan and in the National Health Master plan. It is facilitated in many acts such as Drugs, Alcohol and Tobacco Prevention Act, Environmental Protection Act, Prevention of Domestic Violence Act and Act on Safety, Health and Welfare at Work. Proven effective concepts of health promotion like settings and life course will be the approaches used in Sri Lanka too.

The proposed National Health Promotion policy is in line with all other health policies of Sri Lanka and Health Master Plan. The views, suggestions and responses of the general public and professional bodies as well as grass root health and health related sectors were obtained in drafting policy document.

Preamble

Having considered the current and projected health scenarios and health issues, the government of Sri Lanka recognizes health promotion as a highly cost-effective strategy to foster a healthy nation. It expresses concern on the demographic, epidemiological and socio-economic transition and its impact on health. The Government of Sri Lanka recalls the remarkable success story of health achievements in Sri Lanka and emphasizes the exigency for action to promote the health of affirms the need for partnerships between government, private and non-government organization and alliances with civil societies and communities to promote health by empowering individuals, families and communities. The Government of Sri Lanka is convinced that a health Sri Lanka could be fostered by health promotion and adopts Health Promotion as one of the key strategies in improving the health of the people.

Therefore, a documented national policy on health promotion will provide the much-needed direction effectively.

Policy statement

The Government of Sri Lanka recognizing health promotion as a highly cost-effective strategy to foster a healthy nation will make health promotion central to the national development agenda, a core responsibility of all sectors with the partnership of governmental, private and non-government organizations and partnerships with civil societies and communities for sustainable health promotion throughout life in every setting.

Guiding Principles

- Health as a basic human right and a sound social investment
- Equity and social justice in health promotion
- The individual, public and private sectors have a social responsibility to build up their own health and the health of the society
- Empowerment of the individual and the communities and their participation are pre-requisites
- Partnership, networking and alliance building for health integration of health promotion activities across sectors
- Professional ethics and standards
- Evidence based health promotion actions

Vision

Individually and collectively, all Sri Lankans actively participate in health promotion for a healthy life

Mission

To mobilize, empower and support individuals, families and communities to promote health

Goal

To enable all the people to be responsible for their own health and that of others in addressing broad determinants of health through concerted health promotion actions in all settings

Policy objectives

01. To strengthen leadership for health promotion at all levels and to make health promotion a core responsibility of the government
02. To mobilize and empower communities towards active participation in comprehensive nationwide health promotion actions
03. To strengthen life-course approach in health promotion by using appropriate interventions
04. To implement an effective, comprehensive, holistic and multi-sectoral setting approach for health promotion
05. To establish an effective system and mechanisms for the management and coordination of health promotion activities at all levels
06. To build capacity for health promotion at all levels and across sectors
07. To improve financing and resource allocation and its utilization for effective and sustainable health promotion
08. To Establish a Health Promotion information Management System

Objective 1. To strengthen leadership for health promotion at all levels and to make health promotion a core responsibility of the government

The government of Sri Lanka recognizes health promotion as a highly cost-effective strategy to foster a health nation. While taking the leadership, the government needs to hold a core responsibility of all sectors with the partnership of government, private and non-government organizations and in alliance with civil societies and communities for sustainable health promotion. In this regard, advocacy for relevant stakeholders is important for planning and continuity of health promotion activities.

Furthermore, committees at national and sub national (provincial, district and divisional) levels will advocate, facilitate, monitor and evaluate health promotion activities at respective levels. If necessary, they will forward their recommendations to relevant stakeholders with a view of improving HP activities.

Strategies:

- 1.1. Include “Health” in all other policies and make health as an integrated part social development program
- 1.2. Identify focal points (representatives) for health promotion in all sectors at all levels
- 1.3. Make health promotion a regular agenda item of the National Health Council and other high-level committees
- 1.4. Upgrade the Health Education Bureau as the “Health Promotion Bureau” of the Ministry of Health
- 1.5. Establish a National Health promotion Forum from government, private and non-government participants to facilitate, advice and manage the national health promotion program

- 1.6. Establish health promotion committees at provincial, district and divisional levels comprising members from relevant sectors to facilitate, monitor and evaluate the implementation of the national health promotion program
- 1.7. Advocacy for politicians, policy makers, administrators and stakeholders at all levels from relevant sectors to integrate health promotion strategies at all levels of planning and implementation
- 1.8. Develop a mechanism to monitor health related information and advertisements in media

Objective 2. To mobilize and empower communities towards active participation in comprehensive nationwide health promotion actions

Community empowerment and mobilization towards active participation in comprehensive nationwide health promotion actions enable people to take control of determinants of health and to mediate between different interests in society for the pursuit of health. To make this reality, the policy emphasizes the importance of strengthening community leadership, networking them and more resource mobilization for community leadership development.

Strategies:

- 2.1 Empower individuals, families, communities, civil society groups, government, non -government and private sectors and develop partnerships to promote, support and protect health.
- 2.2 Strengthen community leadership and network them to promote health and mobilize resources for these activities
- 2.3 Conduct periodic national level reviews to motivate and assure the sustainability and quality of health promotion programs
- 2.4 Introduce new technologies to disseminate health information to the public leads to empowering them

Objective 3. To strengthen life-course approach in health promotion by using appropriate interventions

National health promotion policy identifies life course approach as a key method to promote health in the community. Therefore, it emphasizes addressing social determinants of health and creating supportive environments for existing and diverse health promotion programs designed for different age groups.

- 1.1 Devise appropriate interventions and create enabling environments for health promoting among different age groups
- 1.2 Strengthen the working relationship with the indigenous health system and other health providers
- 1.3 Work in partnership with private health sector in health promotion
- 1.4 Promote health promotion component of age specific health issues such as nutrition, non-communicable diseases and reproductive health
- 1.5 Address social determinants of health as part of health promotion in order to minimize inequalities

Objective 4: To implement an effective comprehensive holistic multispectral setting approach for health promotion

National health promotion policy identifies multi sectoral setting approach as a key method in health promotion. Hence, it emphasizes on advocacy for different stakeholders to take part in health promotion. Furthermore, the policy gives emphasis to build up collaborative partnerships with private, plantation, and indigenous health sectors to promote health of the people.

Strategies:

- 1.1 Develop major settings as health promotion setting (e.g. villages, cities, plantation, communities, workplaces, market, schools, hospitals etc.)
- 1.2 Incorporate health promotion into existing social development programmes implemented by health and other sectors
- 1.3 Incorporate health promotion into curative health services and link them with preventive and promotive services
- 1.4 Network communities and various settings for health promotion
- 1.5 Strengthen the involvement of private and plantation health sectors in health promotion
- 1.6 Develop national standards/criteria for health promotion settings in order to maintain and improve the quality of health promotion activities

Objective 5: To establish an effective system and mechanisms for the management and coordination of health promotion activities at all levels

The National health promotion policy emphasizes developing partnerships with different stakeholders at different levels for health promotion management and coordination. Furthermore, it gives emphasis to review existing policies and legislations which are detrimental to health, review the health impacts of existing policies and develop additional policies and regulations to promote health.

Strategies:

- 5.1 Develop an effective system and mechanisms for the management, coordination and streamline health primitive activities done by different agencies at different levels
- 5.2 Facilitate multi-sectoral participation and local initiatives from provincial, district and local authorities to improve health promotion management
- 5.3 Develop partnerships with other government agencies, other health care providers such as private health sector, Ayurveda health, plantation health sector etc. non-government agencies and build alliances with civil society to engage non health sector partners into the health care system with mutual benefits
- 5.4 Review and strive to change policies, legislation and regulations deemed detrimental to health
- 5.5 Review the health impacts of existing health and other policies, legislations, regulations and laws conducive for health promotion and strengthen their implementation and enforcement
- 5.6 Develop additional policies, legislations, regulations and laws to support health promotion, prevent health risks and to create supportive environment for health

Objective 6: To build capacity for health promotion at all levels and across sectors

- 1.1 Improve the management of human resources available for health promotion
- 1.2 Increase capacity of personnel in health and non-health sectors to take on new roles and responsibility in moving beyond the conventional health education to multi-sectoral comprehensive health promotion
- 1.3 Develop a mechanism to motivate people working on health promotion in all sectors
- 1.4 Improve education, training systems and quality in health promotion.
- 1.5 Develop infrastructure facilities of the proposed Health promotion Bureau, health institution and MOH offices/clinics for health promotion activities and services
- 1.6 Develop capacities of other sectors for coordination and management of health promotion related activities

Objective 7: to improve financing and resources allocation and system utilization for effective and sustainable health promotion

Health care financing is requisite for translating policies and plans into real actions. Adequate financing for health promotion activities will be ensured by annual budgetary allocation at national and vehicle registration, parking and insurance, business registration have been identified as new revenue methods for health promotion.

Strategies:

- 7.1 Increase government budgetary and resource allocation to support health promotion at all levels and in all sectors
- 7.2 Advocacy for dedicated tax systems for health promotion
- 7.3 Develop additional sustainable health promotion financing systems from central, provincial and local authority levels
- 7.4 Encourage funds from the private sector and funding agencies for health promotion

Objective 8: to establish Health promotion information Management System

The present information system on health promotion will be strengthened and expanded to provide key information on health promotion to guide and advocate decision makers. In line with that, health promotion surveillance system will be established and utilized for planning, monitoring, and evaluation of health promotion activities.

Strategies:

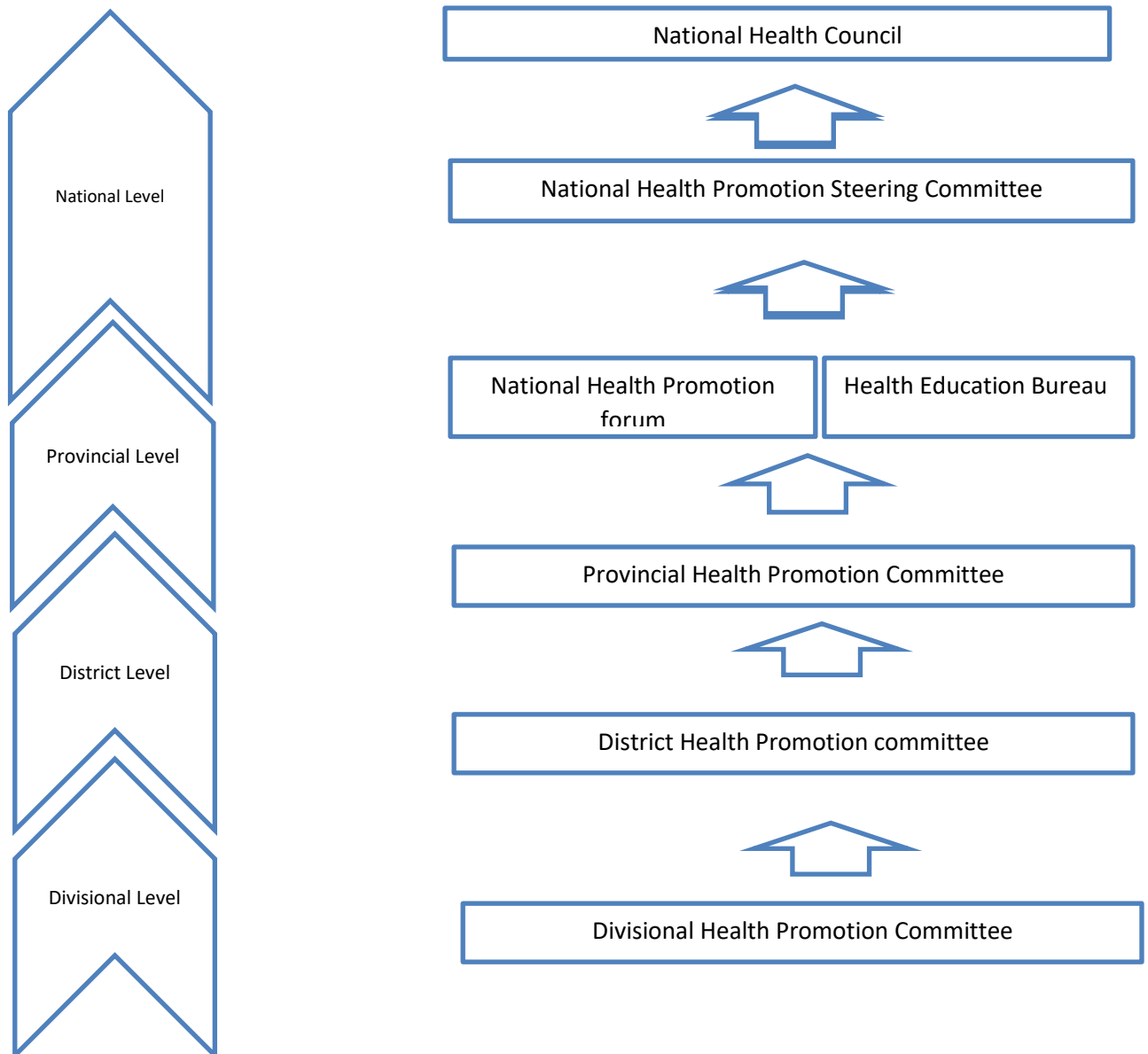
- 1.1 strengthen the Health Promotion Information Management System HPIMS.
- 1.2 facilitate evidence-based health promotion through research
- 1.3 compile and disseminate best practices and experiences for programmatic and policy direction
- 1.4 strengthen the health promotion monitoring and evaluation system

Implementation, monitoring and evaluation

Successful implementation of the National Health Promotion Policy proposed strategic approaches and Action Plan will be achieved through the development of appropriate coordination mechanisms at national, provincial, district and divisional levels. A mechanism will also be established to monitor and evaluate the Health Promotion policy implementation.

Coordinating mechanism

Appropriate coordinating mechanisms will be established at the national, provincial, district and divisional levels. Health Education Bureau of the Ministry of Health will serve as the operational and overall coordination body in implementing the National Health Promotion policy under the National Standing Committee on HP and National Health Council. At the provincial and district levels, the planning and coordination unit of provincial director of Health Services (PDHS) office and the health promotion unit of Regional Director of Health Services (RDHS) office will function as the coordinating bodies in planning and implementation of HP programmers



Coordinating bodies

National Health Council (NHC)

National Health council (NHC) functions as the supreme body for inter-ministerial/inter-sectoral collaboration, multi-sectorial partnerships, and overseeing progress of implementation of the National HP policy for Sri Lanka as an integral part of the health system development. Decisions taken by the National Health Promotion Steering Committee regarding the implementation of strategies involving multi-sectors will be discussed at the NHC.

National Health Promotion Steering Committee

National Health Promotion steering committee will function as the national body on National HP policy implementation. It will be chaired by the Secretary of the Ministry of Health and constitute high level representation from relevant government and development partners. The membership will be comprised of Secretaries of Ministries of Finance, Media, Trade, Agriculture, Urban Planning, Education, Justice, poverty Alleviation, social Welfare, Labor any other relevant Ministries, secretaries of Provincial health Ministries, provincial Health Directors, relevant Deputy Director Generals and Directors of health, representatives from professional organizations, HEB, development partners and local and international NGOs. The National Steering committee on HP will meet every three months and be accountable to the Minister of Health for policy implementation.

The National steering committee on HP will undertake the following functions.

- Ensure financial resources for implementation of the National HP policy
- Approve and support inter-sectoral actions required for HP
- Evaluate the impact of implementation of policy measures and advise on modifications of the National Health Promotion policy as necessity arises
- Monitor the implementation of the HP policy measures across the sectors and provide yearly reports to the parliament and provincial councils

Health Education Bureau (HEB) of the Ministry of Health

Health Education Bureau (HEB) is the Centre of excellence in Sri Lanka for health education, health promotion and publicity of health information. The HEB will be the focal point in the Ministry of Health for National Health Promotion policy implementation, monitoring and evaluation. The HEB will be supported by NHPA and other professional organizations involving HP. The HEB will undertake the following functions.

- Develop strategic targets and outcomes to be achieved at national and sub national levels
- Develop a routine information system to identify resource needs in effective implementation of the National HP policy
- Coordinate with different sectors for proper implementation of the National HP policy
- Monitor and evaluate national level HP programmes
- Advocate and ensure that the national strategic plan on HP is implemented through provincial health plans

The HEB will be managed by a relevant director under the leadership of a Deputy director General of health Services. It will manage a separate budget for health promotion. The administrative and authoritative structure will, if necessary, be reformed to ensure effective implementation of the HP policy.

National Health Promotion Forum

National Health Promotion forum will be chaired by the Director General of Health Services, Ministry of Health and Director, HEB will act as the secretary of the forum. Forum will mainly be consisting of identified national level focal points (representatives) for health promotion from government and private organizations, national and international NGOs, CBOs and community leaders. It will mainly function as a technical committee and engage in providing technical expertise and maintaining the standards of HP settings and activities.

Provincial, District and Divisional Health Promotion Committees

HP committee will be established at provincial, district and divisional levels and chaired by PDHS, RDHS and MOH respectively. Committee will mainly be consisting of government and private organization interested in health promotion, representatives from national and international NGOs, CBOs and community leaders at respective levels. Committees will mainly advocate, facilitate, plan, monitor and evaluate the implementation of health promotion programmes in line with the national policy at their levels. If necessary, they will forward their recommendations to relevant stakeholders with a view of improving HP activities.

Supportive bodies

Professional organizations

Professional organization involving health promotion, social sciences, education and etc. will play different roles as advocacy, technical expertise and capacity building of personals involving HP at different levels. Moreover, they will build links with other local and international professional/ academic organizations and may provide updated and novel methods for HP at our local setup.

Health promotion resource groups at different settings and sectors

Health promotion resource groups will be established in different settings and sectors. The resource groups will consist of 8-10 members. The membership can be expanded as per the working requirements where additional members will be co-opted from relevant stakeholders. Resource groups will be trained and guided mainly by HEB, other technically competent staff and professional organizations. In turn, resource groups will provide necessary technical guidance and inputs for HP in different settings and sectors.

Provincial and regional level coordination and implementation

The planning unit of the PDHS office and the HP unit of RDHS office will serve as the focal points at the provincial and district levels for implementation of the National Health Promotion policy. Responding to local; needs and circumstances, provincial and Regional Directorates of Health services will develop integrated provincial and district plan that are consistent with the National HP policy of Sri Lanka after consulting relevant stakeholders.

Implementation, facilitation and resource allocation for HP programmers will be conducted under the leadership of PDHS and RDHS at respective levels.

Monitoring and evaluation

Results-based monitoring and evaluation system will be established to evaluate the implementation of the national HP policy, the strategic plan and district programs. Monitoring and evaluation of the National Health promotion programmer will be done by Director, HEB. The monitoring and evaluation report which includes the status of the implementation of HP strategic plan and the achievement of expected results shall be presented by the HEB to the National steering committee on HP. External evaluation of the National Health promotion policy, assessment of health promotion structures, resources, activities and performances will be carried out every 5 years.

Monitoring and evaluation guidelines will be developed by the HEB in consultation with provincial authorities, relevant stakeholder and used by the provincial Health Administration where provincial and district health information systems function. Data collection and report generation will be done by relevant PDHS/ RDHS with the assistance of consultant community physicians/ MOO-Health promotion.

National Health Promotion Action Plan 2014-2018

Over the past few decades, the health and life expectancy of the Sri Lanka people have been considerably enhanced. All the same, the burden of communicable and non- communicable diseases, injuries and mental illnesses has equally advanced. Much of these diseases are attributed to common social determinants. Through the principles of health promotion, the situation is widely opened to change. Such a transformation in health requires the integrated effort of health and non -health sectors of various disciplines and as always, community participation.

The above issue will shape our agenda for health promotion over the next few years. The strategic directions set below will help us reach our ultimate goal. And of course, success is only possible with the spirit, integrity and teamwork of each and every participant. In other words, it is the collective effort of the whole national that makes health promotion, and optimal health, a reality. This strategic plan based on our national health promotion policy will move the health promotion process in a more systematic and a productive way justifying the investment in it.

Vision: individually and collectively, all Sri Lankans actively participate in health promotion for a healthy life.

Mission: to mobilize, empower and support individuals, families, and communities to promote health

Goal: to enable all the people to be responsible for their own health and that of others in addressing broad determinants of health through connected promotion actions at all settings.

Policy objectives

1. To strengthen leadership for health promotion at all levels and make health promotion a core responsibility of the government
2. To mobilize and empower communities towards active participation in comprehensive nationwide health promotion actions.
3. To strengthen the life course approach to health promotion by using appropriate interventions
4. To implement an effective, comprehensive, holistic and multi-sectoral settings approach for health promotion
5. To establish an effective system and mechanism for the management and coordination of health promotion activities at all levels.
6. To build capacity for health promotion at all levels and across sectors
7. To improve financing and resources allocation and its utilization for effective and sustainable health promotion
8. To establish a health promotion information management system

Policy objective 1: to strengthen leadership for health promotion at all levels and make health promotion a core responsibility of the government

Purpose: the government of Sri Lanka recognizes health promotion as a highly cost-effective strategy to foster a healthy nation. While providing leadership, the government needs to retain a core responsibility of all sectors with the partnership of government, private and non-government organization and in alliance with civil societies and communities for sustainable health promotion. In this regard, advocacy for relevant stakeholders is important for planning and continuity of health promotion activities.

Furthermore, committee at National and sub-national level will advocate, facilitate, monitor and evaluate health promotion activities. If necessary, they will forward their recommendations to relevant stakeholders with a view to improving HP activities.

Strategies	Action areas	Responsibility
1.1. Include “health” in all other policies and make health as an integrated part of social development programs	1.1.1. Advocacy on HP for the parliamentarians and provincial politicians 1.1.2. Strengthen and incorporate health promotion into the regular agenda of the National Health Council and other high level committees to give leadership for HP 1.1.3. Activate the steering committee on HP under the NHC in order to address HP problems/ issues effectively 1.1.4. Establish National Health promotion forum functioning as a technical committee chaired by the DGHS	MOH, HEB, Ministry of parliamentary Affairs, Ministry of provincial councils
1.2. Identify focal points (representatives) for health promotion in all sectors at all levels	1.2.1 Advocacy about the role of the focal point for health promotion	MOH, HEB, professional organizations

	1.2.2 Develop criteria for the selection of focal points	
1.3. Make health promotion a regular agenda item of the National Health council and other high level committees	1.3.1 Advocacy about the importance of including health promotion in high level committees	MOH, HEB
1.4. Upgrade the Health Education Bureau as the “Health bureau” of the Ministry of Health	<p>1.4.1 Design a plan for the restructuring to address future needs</p> <p>1.4.2 Allocation of adequate financial resources for the restructuring process and continuation of funds delegated to the HEB</p> <p>1.4.3 Expansion of the physical infrastructure</p> <p>1.4.4 Re-define the roles and responsibilities and re-designation of the HEB as the HPB</p>	MOH, HEB, Ministry of Finance
1.5. Establish a National Health promotion forum from government, private and non-government participants to facilitate, advice and manage the national health promotion programmer	<p>1.5.1. Create a term of reference for the forum</p> <p>1.5.2. Advocacy on the national health promotion policy for potential stakeholders of the forum</p> <p>1.5.3. Establish a mechanism for regular coordination within members of the forum</p> <p>1.5.4. Establish a network with provincial, district, divisional level committees and other stakeholders</p>	MOH, HEB, NHC, relevant stakeholders NGOs, CBOs
1.6. Establish committees at provincial, district and divisional levels to facilitate, monitor and evaluate the implementation of the national health promotion programmer	<p>1.6.1. Create terms of reference for provincial, district and divisional level committees</p> <p>1.6.2. Advocacy on the health promotion policy to potential stakeholders of these sub-national committees</p> <p>1.6.3. Establish a mechanism for regular coordination within members of the committees</p> <p>1.6.4. Establish a network with National Health promotion forum, provincial, district and divisional level</p>	MOH, HEB, provincial, District and divisional Secretaries, PDHS, RDHS, MOH, relevant CBOs, NGOs

	committees and other stakeholders	
1.7. Advocacy for politicians, policy makers, administrators and stakeholders at all levels from relevant sectors to integrate health promotion strategies at all levels of planning and implementation	1.7.1. Identify the target groups to be advocated 1.7.2. Develop an advocacy package	MOH, HEB
1.8. Develop a mechanism to monitor health related information and advertisements in media	1.8.1. Establish an expert panel to monitor health related information and advertisements in media 1.8.2. Develop guidelines for monitoring mechanism 1.8.3. Identify a reporting official/ authority to forward recommendations	MOH, HEB, Ministry of mass communication

Policy objective 2: To mobilize and empower communities towards active participation in the comprehensive nationwide health promotion actions

Purpose: community empowerment and mobilization towards active participation in comprehensive nationwide health promotion actions to enable people to take control of the determinants of health and to mediate between different interests in society for the pursuit of health. To make this a reality, the policy emphasizes the importance of strengthening community leadership, networking them and more resource mobilization for community leadership development

2.1. Empower individuals, families, communities, civil society groups, government, non-government, private sector and other partners to promote, support and protect health	2.1.1. Develop district and divisional-level HP resource groups comprising relevant sectors 2.1.2. Dissemination of evidence-based good practices among communities. 2.1.3. integration of health promotion settings using performance indicators	HEB, FHB, YED, other relevant programs/ campaigns, National and sub-national level committees PDHS, RDHS, Ministry of Education, Media, Universities, Academic institutions, NGOs, CBOs
2.2. strengthen community leadership and mobilize resources for community leadership development activities	2.2.1. Regular health promotion capacity building for existing and new community leadership 2.2.2. Networking of organizations involving HP at setting-level to mobilize resources	HEB, FHB, PDHS, RDHS, MOH, Health promotion resource groups, Education and Higher Education ministries, Media, NGOs, CBOs,
2.3. conduct periodic national level reviews to motivate and assure the sustainability assure	2.3.1. Develop a comprehensive plan to motivate and maintain continuity of health promotion	HEB, FHB, National and Sub-national level committees Ministry of Media, private mass media, PDHS, RDHS, MOH

the sustainability and quality of health promotion programs	2.3.2. Develop and implement a communication plan to promote the HP concept (use various media and advertising methods E.g. Mass media, street drama, National Health Promotion week) 2.3.3. Disseminate success stories among the public and stakeholders	
2.4. introduce new technologies to disseminate health information to the public leads to empowering them	2.3.4. periodic evaluation of campaigns 2.4.1. Establish a web site for the public (e health) 2.4.2. Establish a call Centre for the public to get health information	MOH, ministry of mass media, ministry of information technology, HEB, FHB, PDHS, RDHS, professional organizations/ colleges, research organizations
<p>Policy objective 3: To strengthen the life-course approach to health promotion by using appropriate interventions</p> <p>Purpose: The National health promotion policy identifies the life-course approach as a key method to promote health in the community. Therefore, it emphasizes the addressing of social determinants of health and creating supportive environments for existing and new diverse health promotion programs designed for different age groups.</p>		
3.1 devise appropriate interventions and create enabling environments for health promotion among different age groups	3.1.1. Advocacy on the life course approach for existing diverse health promotion programmers/ organizations designed for different age groups 3.1.2. Facilitate the adoption and mainstreaming of the life course approach for health promotion programmers designed for different age groups 3.1.3. capacity building of relevant stakeholders to adopt the life course approach 3.1.4. Facilitate to create supportive environment to implement interventions for different age groups	HEB, FHB, YED, Nutrition division, NCD, NCCP, Epidemiology unit PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level committees, health promotion resource groups
3.2. Strengthen the working relationship with the indigenous health system and other health providers	3.2.1. Advocacy for indigenous health officials and providers 3.2.2. Networking indigenous health providers and organizations which are involved in health promotion	MOH, HEB, Ministry of indigenous Medicine, professional organizations/ colleges,
3.3. work in partnership with private health sector in health promotion	3.3.1. Advocacy for private health service providers 3.3.2. Networking private health service providers and organizations which are involved in health promotion	MOH, HEB, Director, private health sector (MOH) Ministry of indigenous Medicine, professional Organizations/ colleges,

3.4. Address social determinants of health as part of health promotion in order to minimize inequalities	3.5.1. identify age specific social determinants of health 3.5.2. Develop technical guidelines, communication strategies to address age specific social determinants of health	MOH, HEB, FHB, NCD, Nutrition and other related Directorates, professional Organizations/ colleges, social development programs
<p>Policy objective 4: To implement an effective comprehensive holistic and multi-sect oral settings approach for health promotion</p> <p>Purpose: The National health promotion policy identifies multi-sect oral setting approach as a key method in health promotion. Hence, it emphasizes advocacy for different stakeholders to take part in health promotion. Furthermore, the policy gives emphasis to build up collaborative partnerships with the private, plantation, and indigenous health sectors to promote the health of the people.</p>		
4.1 Develop major settings as health promotion settings	4.1.1. Develop an advocacy package 4.1.2. Advocate the HP setting approach among relevant stakeholders 4.1.3. Develop resource groups at setting-levels through capacity building 4.1.4. partnership building with health and other related sectors (both private and public) at all levels 4.1.5. Network HP setting at all levels in all sectors for sharing knowledge and resources etc.	MOH, HEB, FHB, NCCP, YED, Nutrition division, NCD, Ministry of planning and implementation, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level consortia, Health promotion resource groups, NGOs, CBOs
4.2 incorporate health promotion into existing social development programmers implemented by the health and other sectors	4.2.1. Advocacy on health promotion for stakeholders of social development programs at National/sub-national levels 4.2.2. Incorporate health promotion into all social development policies at National and sub-national levels 4.2.3. Involvement of stakeholders in social development programmers in strategic planning, implementation and evaluation of health promotion programs through effective partnerships.	MOH, HEB, FHB, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level consortia, relevant ministries, relevant ministries involve in social development programmers e.g. Samurdhi, Gama/ Divi neguma, Health promotion resource groups,
4.3. incorporate health promotion into the curative health services and link them with the preventive and primitive services	4.3..1. advocate a reorientation of the hospital management focus from “curative” care to “health” care 4.3.2. Mainstream health promotion by making it an	MOH, HEB, FHB, PDHS, RDHS, National and sub-national level committees, Health promotion resource groups, NGOs, CBOs

	<p>integral part of curative health care</p> <p>4.3.3. facilitate development of health promoting hospitals (advocacy, capacity building, development of partnerships)</p> <p>4.3.4. Availability of health promotion staff to Base hospitals and above, and strengthen team work among them e.g. MO-HP, HPNO and appoint HP-Nursing officers up to primary health care level</p> <p>4.3.5. Encourage and facilitate shared learning, experiences and resources on health promotion by the curative and preventive health staff</p> <p>4.3.6. facilitate and encourage the formulation of networks of hospitals and preventive care institutions towards enhancing the overall well-being of communities</p>	
4.4. Network communities and various settings for health setting for health promotion	<p>4.4.1. identify communities and settings involved in health promotion</p> <p>4.4.2. Develop a mechanism to network health promotion settings</p>	MOH, HEB, PDHS, RDHS, National and sub-national level committees, Health promotion resource groups, NGOs, CBOs
4.5. strengthen the involvement of private, plantation and other health care sectoral such as the forces, Export processing zones, prisons, air and sea promotion	<p>4.5.1. Advocacy on incorporation of HP into the private, plantation and other health sectors</p> <p>4.5.2. Mainstream health promotion into the private and plantation healthcare sectors</p> <p>4.5.3. inclusion of private and plantation sector partners in the National & sub-national level consortia for health promotion</p> <p>4.5.4. provision of an opportunity for private and plantation health sector partners to be involved in the formulation of public health policies and legislation</p> <p>4.5.5. Facilitate the development of health promotion in private and plantation hospital settings through the training of health staff as health promotion resource groups</p> <p>4.5.6. sharing of experiences, evidence-based practices and</p>	MOH, HEB, FHB, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level committees, private, plantation and other health sectors, BOI, health promotion resource groups NGOs, CBOs

	expertise on health promotion with the indigenous health sector 4.5.7. Joint research on health promotion with the private, plantation and other health sectors	
4.6. Develop National standards/criteria and supporting mechanisms to ensure the quality in health promoting settings	4.6.1. identify National standards, criteria and indicators for health promoting setting 4.6.2. pilot testing of standards, criteria, and indicators and adopt them into National guidelines for accreditation 4.6.3. Develop an accreditation system for the ongoing health promotion programs at different levels by using national standards, criteria, and indicators for health promotion	MOH, HEB, FHB, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level committees community leaders

Policy objective 5: To establish an effective system and mechanism for health promotion management and coordination at all levels

Purpose: the National Health promotion policy emphasizes developing partnerships with different stakeholders at different level for health promotion management and coordination. Furthermore, it gives emphasis to the review of existing policies and legislation which are detrimental to health; the review of health impacts of existing policies and development of additional policies and regulations to promote health.

5.1. Develop an effective system and mechanisms for health promotion management and coordination at all levels to streamline activities done by different agencies at different levels	5.1.1. Advocacy for the necessity and availability of all strategies of health promotion at National, provincial, District and divisional level. 5.1.2. Provide leadership and guidance for the coordination of health primitive activities done by different agencies 5.1.3. Develop evidence-guidelines for HP and provide them for the practice of health primitive by health and non-health sectors in various settings 5.1.4. create designated teams of health promotion facilitation (CCP, MO-HP and HEO) at regional level and formulate their job descriptions 5.1.5. Support infrastructure development for optimized health promotion management and coordination at all levels 5.1.6. Ensure adequate research to identify social, economic,	MOH, HEB, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level committees
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	behavioral and financial determinants of health	
5.2. Facilitate multi-sect oral participation and local initiatives at provincial, District and divisional levels to improve health promotion management	<p>5.2.1. Ensure working with health and non-health sectors in policy formulation and development of guidelines on health promotion</p> <p>5.2.2. Ensure effective relationships and network system among different sectors at all levels</p> <p>5.2.3. sharing of best practices among different sectors at all levels</p>	MOH, HEB, FHB< secretaries of different provincial Ministries relevant to HP, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level consortia, Health promotion resource groups
5.3 Develop partnerships with government agencies, private sector and non-government partners and build alliances with civil society to engage non-health sector partners with the health care system for mutual benefit.	<p>5.3.1. Recognize NGOs, CGOS, CBOs, all existing community groups and development partners, as full partners in health promotion</p> <p>5.3.2. Ensure strong leadership at all levels in the health sectors and NGOs.</p> <p>5.3.3. develop a common vision on health promotion with other sectors</p> <p>5.3.4. Recognize areas for joint collaboration and common action-planning</p> <p>5.3.5. Define roles and responsibilities of partners of various sectors</p> <p>5.3.6. conduct HP reviews and workshop at National and sub-national levels to bring the social determinants of health to the attention of other sectors and raise their awareness and sharing of accountability for the health of the people</p> <p>5.3.7. Ensure effective communication and information sharing among</p> <p>5.3.8. continuous evaluation of benefits, usefulness and quality of partnerships</p>	MOH, HEB, FHB, secretaries of different provincial ministries relevant to HP, PDHS, RDHS, Divisional secretary, MOH, local authorities, National and sub-national level consortia, various other sectors in partnerships
5.4. Review and strive to change policies, legislation and regulations deemed detrimental to health	<p>5.4.1. Advocate on healthy public policies to government and non-government sector organizations</p> <p>5.4.2. Develop and maintain multi-disciplinary and multi-sect oral alliances at National and sub national levels to advice on and monitor public policies that affect health</p>	MOH, Legal Department, HEB, PDHS, RDHS< Divisional secretary, MOH, local authorities, other relevant sectors

	<p>5.4.3. Bring to the attention of relevant authorities, the health impact of existing health and other policies, legislation and regulations</p> <p>5.4.4. Conduct health outcome assessments at all levels on public and private sector policies that are likely to have significant effects on people's health</p>	
5.5. Review the health impacts of existing health and other policies, legislations, regulations and laws conducive for health promotion and strengthen their implementation and enforcement	<p>5.5.1. Identify the policies, legislation and rules which has impacts on health</p> <p>5.5.2. Assess the health impacts of these policies</p> <p>5.5.3. Advocacy for relevant authorities to strengthen their implementation</p>	MOH, HEB, Legal Department National and sub-national level committees, Private/public partners, other relevant health and non-health sectors
5.6. Develop additional policies, legislation, regulations and laws to support health promotion management, prevent health risks, promote health and create a supportive environment for health	<p>5.6.1. Identify areas of need for intervention or strengthening</p> <p>5.6.1. Strengthen advocacy through community empowerment to ensure human rights, equitable distribution of resources etc.</p> <p>5.6.3. Building partnerships with other sectors with the common goal of developing supportive environments</p>	MOH, HEB, legal Department National and sub-national level committees, Private/public partners, other relevant health and non-health sectors
<p>Policy objective 6: To build capacity for health promotion at all levels and across sectors Purpose: The National Health Promotion policy identifies capacity building of personnel involved in health promotion as a significant step to improve their knowledge, skills, and competencies in order to conduct standard health promotion activities. With this intention, it is necessary to introduce innovative training and learning methods to take on new roles and responsibilities in moving beyond the conventional health education modalities to multi-sect oral comprehensive health promotion.</p>		
6.1. Improve the management of human resources available for health promotion	<p>6.1.1. Identify the focal points for health promotion in different settings and different levels</p> <p>6.1.2. form a data base of base of focal points for health promotion and network them</p>	MOH, HEB, National/sub-national level committees, Ministry of Higher Education, universities, professional organizations HP resource groups
6.2. increase the capacity of personnel in the health and non-health sectors to take on new roles and responsibilities in moving beyond the conventional health education modalities to multispectral comprehensive health promotion	<p>6.2.1. Emphasize the holistic approach for health</p> <p>6.2.2. Include HP in all development programs</p> <p>6.2.3. Raise awareness on changing determinants of health for individuals and organizations</p> <p>6.2.4. Encourage partnership building with relevant sectors</p>	MOH, HEB, FHB, National/sub-national level committees, Education, Ministry, Ministry of vocational Training, universities, professional organizations, HP resource groups

	6.2.5. Emphasize public accountability for health 6.2.6. Gather and disseminate evidence of the effectiveness of HP knowledge transfer to practice	
6.3. Develop mechanisms to motivate personnel working on health promotion in all sectors	6.3.1. Include health promotion as an agenda item in District and Divisional development committee meetings 6.3.2. Advocate to create more career pathways in health promotion in the health and non-health sectors 6.3.3. Facilitate learning and experience sharing opportunities 6.3.4. Develop a health promotion work appraisal system for personnel conducting health promotion programs	MOH, HEB, National/sub-national level committees, HP resource groups, Education, Ministry of vocational Training, universities, professional organizations
6.4. Improve education, training systems and quality in health promotion.	6.4.1. Introduce innovative techniques in education and training for HP 6.4.2. Develop standards and accreditation system for education and training in HP 6.4.3. Develop performance appreciable system in HP	MOH, HEB, National/sub-national committees, HP resource groups, Education Ministry, Ministry of Higher Education, Ministry of vocational Training, universities, professional organizations
6.5. Develop infrastructure facilities of the proposed Health promotion Bureau, Health institutions and MOH offices/clinics for health promotion activities and services	6.5.1. Advocacy for relevant stakeholders 6.5.2. Develop type plans for each institutions 6.5.3. Develop model HP institutions	MOH, HEB, National/sub-national level committees, HP resource groups, Education Ministry, Ministry of Higher Education, Ministry of vocational Training, universities, professional organizations
6.6 Develop capacities of other sectors for coordination and management of health promotion related activities	6.6.1. Advocacy for relevant stakeholders 6.6.2. Identify focal points for HP in other sectors 6.6.3. capacity building of identified focal points 6.6.4. Networking focal points of HP and their sectors	MOH, HEB, National/sub-national level committees, HP resource groups, Education Ministry, Ministry of higher education, ministry of vocational Training, universities, professional organizations

Policy objective 7: To improve financing, resources allocation and utilization for effective and sustainable health promotion

Purpose: Health care financing is a requisite for translating policies and plans into real actions. Adequate financing for health promotion activities will be ensured by annual budgetary allocation at the National and provincial level. In addition to this, finance for health promotion by other alternative ways as the enforcing a dedicated tax on harmful products to health such as tobacco and alcohol, a levy on fast foods, have been identified as new revenue methods for health promotion.

7.1. increase the government budget and resource allocation to support health promotion at all levels and in all sectors	7.1.1. Advocate political leadership and relevant health authorities to increase resource allocation for health promotion	MOH, HEB, Finance ministry, National/Sub-national level committees, PDHS, RDHS
7.2. Advocacy for dedicated tax systems for health promotion	7.2.1. advocate for the formulation of legislation on earmarking of taxes on harmful products for health promotion 7.2.2. Create a fund for health promotion using the dedicated tax	MOH, HEB, Finance Ministry, Legal department, National/Sub-national level committee, provincial councils, local authorities, PDHS, RDHS
7.3. Develop additional sustainable health promotion financing systems from central, provincial and local authority levels	7.3.1. Identify innovative funding sources for HP (e.g. business registration, vehicle license renewal, parking fees, insurance) 7.3.2. Identify external donor agencies wiling to fund health promotion projects	MOH, HEB, Finance Ministry, provincial councils, local authorities, PDHS, RDHS, National/Sub-national level committees,
7.4. Encourage funds from the private sector and funding agencies for health promotion	7.4.1. Develop partnership with the private sector for health promotion and advocate for a healthy life style 7.4.2. Introduce incentives/tax relief benefits for organizations funding HP 7.4.3. Advocacy to allocate an appropriate percentage of finance for health promotion in every institution/organization 7.4.4. Motivate the establishment of onsite wellness programs for the employees and their families in every institution/ organization 7.4.5. Advocate for the provision of self-monitoring tools and equipment for the workers 7.4.6. Promote subsidized health care packages for employees and clients	MOH, HEB, Finance Ministry, provincial councils, local authorities, PDHS, RDHS, National/Sub-national level committees, professional organizations/chambers

Policy Objective 8: To establish a Health promotion Information Management System

Purpose: the present health information system will be strengthened and expanded to provide key information on health promotion in order to guide and advocate decision makers. In line with this, the health promotion surveillance system will be established and utilized for planning, monitoring, and evaluation of health promotion activities.

<p>8.1. Strengthen the health promotion information management system</p>	<p>8.1.1. Incorporate selected health promotion indicators into the existing health information system</p> <p>8.1.2. Develop specific health promotion indicators collaboratively with stakeholders, with the flexibility of application in local setup</p> <p>8.1.3. Develop a health promotion surveillance system</p> <p>8.1.4. Develop a system to capture health promotion data from preventive, curative, private, plantation, indigenous and all other sectors practicing HP</p> <p>8.1.5. Develop a system to compile, coordinate and disseminate health promotion information at National level and Sub-national levels, that will enable stakeholders to access relevant data for formulation policy and planning and improving HP programs</p> <p>8.1.6. Circulate publications (Health promotion Bulletin, Health promotion Newsletter/peer reviewed National Health promotion Journal) regular among the public and staff involved in HP</p> <p>8.1.7. Develop web-based links with respective stakeholders</p>	<p>MOH, HEB, National/Sub-national level committees, All relevant health campaigns and programs at National/Sub-national level, PDHS, RDHS</p>
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<p>8.2. Facilitate evidence based health promotion through research</p>	<p>8.2.1. Review and use existing evidence in HP</p> <p>8.2.2. Encourage and facilitate research with multiple disciplines and sectors, focusing on the effectiveness of health promotion</p> <p>8.2.3. Translate lessons learnt from research into practice</p> <p>8.2.4. Develop a culture of community participation in research</p>	<p>MOH, HEB, all relevant health campaigns and programs at National/Sub-national level, National/Sub-national level committees, graduate and postgraduate academic institutions, professional organizations</p>
<p>8.3. Compile and disseminate best practices and experiences for programmatic and policy direction</p>	<p>8.3.1. Document and present health promotion research findings/success stories/ case studies in a manner that is readily understood and used by health professionals, public and the media</p> <p>8.3.2. Ensure that all relevant research results are conveyed to policy makers of various disciplines and sectors</p>	<p>MOH, HEB, All relevant health campaigns and programs at National/ Sub-national level, National/Sub-national levels committees, Graduate and postgraduate academic institutions, /media, professional organizations</p>
<p>8.4. Strengthen the health promotion monitoring and evaluation system</p>	<p>8.4.1. Develop standards for National and Sub-national health promotion settings, specifically with process, outcome and impact indicators</p> <p>8.4.2. Incorporate selected indicators of health promotion into the AHB and DHS</p> <p>8.4.3. Create networks of organizations responsible for M&E at the National, provincial, District and divisional levels.</p> <p>8.4.4. Identify focal points for monitoring and evaluation at all levels.</p>	<p>MOH, HEB, Department of census and statistics, National/Sub-national level committees, PDHS, RDHS, other stakeholders involving in HP</p>

	8.4.5. Conduct reviews of health promotional activities quarterly at the RDHS levels with the assistance from the HEB and other relevant stakeholders	
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Abbreviations:

HPB- Health promotion Bureau, HP-Health promotion, NHC-National Health council, MOH-Ministry of Health, HEB- Health Education Bureau, FHB- Family Health Bureau, NCD- Non Communicable Diseases, NCCP- National Cancer Control Program, YED- Youth Elderly and Disable, MOH- Medical Officer of Health, PDHS- Provincial Director of Health Services, RDHS- Regional Director of Health Services, M&E- Monitoring and Evaluation, NGO- Non-Government Organization, CBO- Community Based Organization, AHB- Annual Health Bulletin, DHS- Demographic and Health Survey