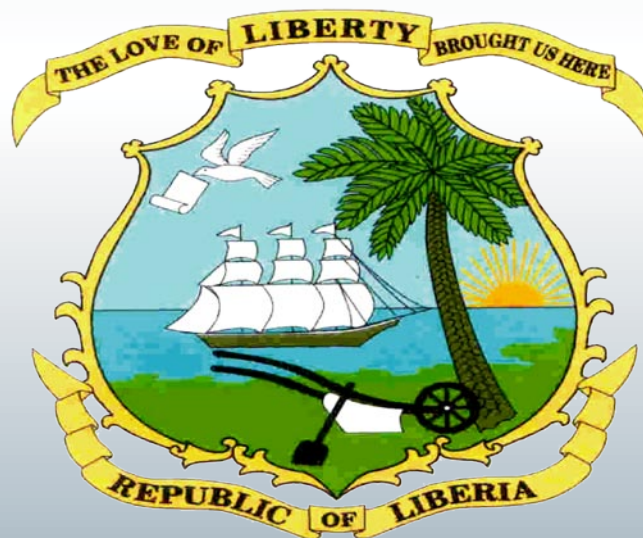


REPUBLIC OF LIBERIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

NATIONAL HEALTH PROMOTION POLICY



MONROVIA, LIBERIA

2009

REPUBLIC OF LIBERIA

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FOREWORD

The 2007 Demographic Health Statistics of Liberia show that the general health status of the Liberian population has fallen below the standards of many other developing countries. The situation is attributed largely on the prolonged period of armed conflict. But despite the civil armed conflict and its consequences on social services including health care services, the Government of Liberia has remained committed to improving the health conditions of the whole population and has initiated a series of measures to make quality health care services accessible to all Liberians on the basis of equity.

The Country is also experiencing a double burden of communicable and non-communicable diseases and conditions which have their respective toll on the population. The physical environment, education, socio-cultural, political and economic factors as well as behavioural risk factors such as unhealthy diets, smoking and sedentary life styles constitute the broad determinants of health which underlie many of Liberia's health problems. Unemployment and poverty fuels the impact of these factors in the Country.

There is growing evidence which demonstrates that Health Promotion makes an important and positive contribution to the improvement of health by facilitating comprehensive, integrated responses to the broad determinants of health which cut across several programmes. The Ministry of Health and Social Welfare therefore fully supports the strengthening and further development of Health Promotion as an important approach to improve health in Liberia.

Within the context of on-going reforms being carried out in the health and other sectors, the policy is a first step in an effort to refocus and intensify health promotion activities in the country. This policy provides a broad operational framework for health promotion planning and development to create the necessary environment for all stakeholders to make a commitment towards undertaking health promotion activities and interventions to enable the population adopt sustained healthy behaviours. This Health Promotion Policy defines the contribution of health promotion to the National Health Policy and plan.

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

Dr. Walter Gwenigale
Honourable Minister of Health and Social welfare
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ACKNOWLEDGEMENT

The Health Promotion Division on-behalf of the Ministry of Health and Social Welfare Liberia wishes to expresses its appreciation for the support rendered by the different players in planning, developing and finalizing this National Health Promotion Policy. Special appreciation go to the Ministry of Health team and HP Division members of staff for the tireless effort and contribution rendered in the process.

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1.0 INTRODUCTION

The Ottawa Chapter (WHO, 1986) defined Health Promotion as the “Process of enabling people to increase control over and to improve their health”. In its broad interpretation, health promotion concerns all those experiences of an individual, group or community that influence beliefs, attitudes and behaviour with respect to health as well as the processes and efforts of producing change when it is necessary for optimum health (WHO, 2003). This all-inclusive concept of health promotion recognizes that many experiences, both positive and negative have an impact on what an individual, group or community thinks, feels and does about health. It does not restrict health promotion to those situations in which health activities are planned or are formal. In other words, Health promotion is a means of increasing individual and collective participation in health action and strengthening programmes through the integrative use of various methods.

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These, methods are combined through comprehensive approaches, which ensure action at all levels of society leading to enhanced health. The effectiveness of these interventions is enhanced and underpinned by collaboration and alliance-building among different sectors of society, applied research to improve the quality and effectiveness of health promotion and training people to help them acquire skills to engage effectively in health promotion work (WHO, 2005). Health Promotion should be prioritized more now due to the global financial crisis as it can help to minimise the cost of reducing the disease burden, and other public health events.

Behaviour change being a complex process, health promotion seeks to facilitate increased social and community participation in efforts to bring about improved health status. It also enables individuals to reduce the risk factors associated with specific diseases, fosters healthy lifestyles and promotes conditions conducive to health and helps individuals to increase the use of available health services.

Through the empowerment of individuals, families and communities, health promotion enables them to make positive health decisions (Raeburn & Corbett, 2001). As a process, health promotion involves multiple levels of action which include (WHO, 1986):

- Development of personal/individual skills,
- Strengthening community action,
- Creating environments conducive to health,
- Building public policies,
- Reorienting health services to respond to people's health needs.

Realizing how limited the scope of work the IEC (Information, Education and Communication) Division's functions had been, the Ministry of Health & Social Welfare deemed it necessary to

strengthen the capacity of the Division by expanding its range and functions to reflect current realities of Health Promotion.

In so doing, the name of the Division was on December 12, 2005 changed to the National Health Promotion Division.

This policy provides a framework for the fulfilment of the health sector vision to “improve the health and social welfare status and equity in health” by empowering individuals, households and communities to take charge of their health and the determinants thereof in order to live a healthy and productive life. It also creates an enabling environment for Health Promotion through a multi-sectoral approach and facilitates coordination of activities, mobilisation of resources and implementers across departmental, institutional and sectoral boundaries (WHO/AFRO, 2005).

1.1 SITUATION ANALYSIS ISSUES AND CHALLENGES

Liberia is currently emerging from a period of over 14 years of civil conflict. The effects of the war have led to massive and severe disruption of social services including health services. This impacted negatively on the health status of the population, especially women and children.

Communicable diseases and non-communicable diseases and conditions including Sexual and Gender-Based Violence, mental health, post conflict stress, are prevalent and are increasing gradually. According to the indicators of the 2007 Demographic Health Survey, (DHS) infant mortality rate is high at 110 deaths per 1000 live births. One in every 9 Liberian children dies before reaching age 5. Neonatal mortality rate is 32 deaths per 1000 live births. The child mortality rate is 41 deaths per 1,000 children surviving to their first birthday.

Poor nutritional status is one of the most important health and welfare problems facing Liberia today and particularly affects women and children. 29% of infants under-6 months are exclusively breastfed. This is far lower than 100% exclusive breast-feeding for children under-6 months. 39% of children under-5 are stunted or short for their age and 8% of children under 5 are wasted or too thin for their height. Overall 19% of children are underweight which may reflect stunting, wasting or both.

Maternal mortality ratio measured in the 2007 Demographic Health Survey is 994 per 100,000 births, 61% of women delivered at home, while 37% are delivered at health facility.

In the situation of HIV/AIDS only 19 percent of women and 32 percent of men are classified as having comprehensive knowledge about AIDS. 1.8 percent of Liberian adults are affected with HIV. HIV prevalence in women aged 15 – 49 years is 1.8 percent and men aged 15 – 49 years is 1.2 percent.

NATIONAL HEALTH PROMOTION POLICY

In response to these critical health issues, the National Health Promotion Division of Ministry of Health and Social Welfare (MOH & SW) continues to implement various interventions to enable individuals, families and communities to adopt health promoting behaviours. A combined effect is an appreciable increase in awareness and knowledge amongst the population about certain health issues such as HIV/AIDS, immunization, mental health, SGBV, Family Planning, Reproductive Health, good sanitation and Hygiene practices among others.

However, these activities are not comprehensively in line with the Health Promotion approach and do not cover the whole health system. Also, the effective implementation of health promotion activities in the Country over the years has been affected by the protracted period of civil conflict (Mahmood, 2008).

Presently, there is an inadequate number of health promotion trained staff at all levels as well as inadequate and inconsistent flow of funds and other logistical problems and challenges.

Enumerated below are some of the problems and challenges the policy shall seek to address;

- Low priority for health promotion in health services compared to curative services.
- Poor understanding of the role and importance of health promotion on the part of policy makers and the public.
- Uncoordinated and sometimes conflicting messages on health from different fieldworkers, health programs and agencies due to poor planning, management and lack of guidelines.

There are no health promotion specialists in Liberia. Therefore training of health promotion specialists and health promoters is a priority.

To overcome these challenges, MOH & SW continues to strengthen the health promotion capacity of the National Health System at all levels of decentralisation.

It has expanded the range and functions of the IEC unit to reflect the current realities of Health Promotion. Furthermore, the status of the unit was upgraded to a Division level and renamed the National Health Promotion Division with new mandates as earlier mentioned. The National Health Promotion Policy has been developed to;

Define the position and role of Health Promotion in Liberia's health development in the context of the National Health Policy and Strategic plan;

Guide policy makers, planners and managers on modalities for involvement and coordination of the health sector, other sectors, local government and the community;

Outline the guiding principle, structures, strategies and priorities for health promotion action.

1.2 THE CONCEPT OF HEALTH PROMOTION (HP)

The concept of Health Promotion emerged in the 1980's as a distinct, integrated approach to health development. This approach recognizes that health is affected by a broad range of determinants (physical, socio-economic, biological, lifestyle and environmental risk factors), all of which must be addressed in order to improve the long term health and development of communities.

According to WHO AFRO Regional Strategy (2003), HP is primarily a process of enabling people to increase control over, and to improve their health. It represents a comprehensive social and political process which embraces actions directed at strengthening the skills of individuals, and changing social, environmental and economic conditions so as to influence their impact on public and individual health.

It supports comprehensive interventions that combine several methods such as health education, communication for behaviour change, information, education and communication (IEC), social marketing, advocacy, social mobilization, and other related approaches.

Health Promotion interventions respect principles such as community participation and involvement, empowerment for health action, contextualism, multi-sectoralism, multi-strategy, equity and sustainability.

1.3 THE POLICY DEVELOPMENT CONTEXT

The development of Health Promotion policy is part of the global search for effective means of preventing diseases, improving the health care system, and general living conditions of people. Progressively, there has been an increased recognition of the need to address behavioural factors such as lifestyle, harmful cultural practices and other underlying social-economic, political, and environmental risk factors usually referred to as the broad determinants of health (WHO, 2003).

Health Promotion is a fundamental component of the Government's Primary health care approach, focusing on good physical and mental health, preventing illness, and being attentive to and addressing the many risk factors in the social, economic and physical environments that affect health from diet, lifestyle, relationships, workplaces, culture and environmental quality.

NATIONAL HEALTH PROMOTION POLICY

The Policy is developed within the context of relevant strategic documents such as the National Health Policy and Plan (2007), the Liberia Poverty Reduction Strategy (PRS), and the Millennium Development Goals for Health including other health care policies and guidelines adopted by Government. Its focus shall be on community empowerment seeking to enhance the community's ability to identify, mobilize and address the issues that it faces to improve the overall health of the community.

As a cross-cutting issue which goes beyond health care, it shall put health on the agenda of policy makers in all sectors and at all levels directing them to be aware of the health consequences of their decision and to accept their responsibilities for health.

Health Promotion approach shall include legislations, fiscal measures, taxation and organizational change. It shall coordinate action that leads to health, income and social policies that foster greater equity. It shall foster safer and healthier goods and services, healthier public services, cleaner and more enjoyable environments.

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1.4 GOVERNMENT COMMITMENT TO HEALTH PROMOTION

The declining state of the health of Liberians has been the driving force behind current efforts on the part of the Government to reform the Health sector to effectively deliver quality health and social welfare services to the people of Liberia.

The Government considers the health of its people as a basic human right and as such has devoted itself to ensuring that every Liberian will have access to health and social welfare services regardless of economic status, origin, religion or geographic location.

The Ministry of Health and Social Welfare has the stewardship role in the implementation of the National Health Promotion Policy.

It is committed to providing the necessary financial and technical support to the National Health Promotion Division and shall lend its support to other stakeholders, including the private sector undertaking Health Promotional activities.

The Government is committed to ensure that the policy is enforced at all levels by all stakeholders.

2.0 GUIDING PRINCIPLES AND PHILOSOPHY

The National Health Promotion Policy shall be based on the following guiding principles (HP Policy, Ghana, Guinea, South Africa, Eritrea, Nigeria, Malawi):

- Health is a human right and access to quality and affordable healthcare is a basic human need.
- Advocacy shall foster enabling/supportive policies, resources and laws for Health Promotion
- Community involvement and participation shall be strengthened to foster commitment.
- Evidence based research shall guide the health promotion practice in Liberia
- Culturally appropriate messages shall be accessible to all
- Equity and social justice shall guide Hp implementation.
- Partnerships with other institutions, sectors, NGO, private sector and agencies shall be a cornerstone to all Hp undertakings.

3.0 RATIONALE

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

4.0 VISION

A population empowered to make informed choices about their health practices and live sustainable healthy lifestyles.

5.0 MISSION

To create public awareness, facilitate community involvement and participation, and promote activities which will foster and maintain healthy behaviour. To advocate for an environment that enables individuals, families and communities to translate health information into desired action to promote health.

6.0 GOAL

To create a sustainable framework that will guide all partners and communities in the provision of accurate and relevant health information that will help the population make informed decision regarding their health development.

7.0 OBJECTIVES

1. To build capacity for Health promotion implementation in Liberia.
2. To empower communities and promote active involvement and participation of individuals, groups, communities and civil society in Health Promotion interventions at all levels.
3. To promote evidence based research as a prerequisite for the development of Health Promotion interventions.
4. To Promote multi-sectoral and multi-disciplinary approaches to health promotion development and implementation
5. To establish a framework for implementing, monitoring and evaluating Health Promotion interventions on their processes as well as their outcomes.

8.0 PRIORITY POLICY AREAS AND STRATEGIC ACTIONS

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In order to achieve the policy objectives the following priorities areas and actions will be taken:

8.1 Policy Objective

1: To build capacity for Health promotion implementation in Liberia

8.1.1 CAPACITY BUILDING FOR HEALTH PROMOTION

8.1.2 Coordination

The Health Promotion Division shall spearhead capacity building required for effective implementation of health promotion through; coordinating all trainings related to HP in Liberia.

Training in Health Promotion by other stakeholders shall be done in collaboration with the Health Promotion division.

Monitoring and evaluation shall be a major component of the health promotion training.

The Division shall collaborate with the Human Resource Unit within the Planning, Research and Development Department of the Ministry of Health and Social welfare in the selection of individuals for training in health promotion. It shall also identify and collaborate with health promotion professionals in other sectors.

A mechanism to ensure a sustained career growth for all categories of health promotion professionals shall be institutionalized.

The Health Promotion Division shall initiate and support human resource development or capacity building programmes for health promotion. This shall include:

1. Setting appropriate standards for health promotion training, through the Human resource Unit of the Planning, Research, and Development Department of the Ministry of Health and Social Welfare.
2. Developing appropriate training curriculum to ensure that health promoters are effective leaders and competent in key areas relating to developing health promotion programmes and projects.
3. Applying national quality assurance techniques to promote the development of effective training programmes.
4. Providing/soliciting fellowships for training in health promotion including in-service training and support.
5. Providing opportunities for career development or paths for those specializing in health promotion.

8.1.3. TRAINING INSTITUTIONS IN LIBERIA

A major challenge in Liberia is developing and supporting the required human resource both within and outside the government structure that will play a central role in implementing health promotion in the Country.

To ensure effective implementation of the policy, all health training Institutions in the Country will establish course units in health promotion to facilitate the training of skilled health promoters that will work in all areas of the Country.

Curriculum of all health-training institutions shall reflect the health promotion components.

8.1.4 INFORMATION UPDATES AMONG HEALTH PROMOTERS

Health promotion has a rapidly increasing distinct body of knowledge, principles and methodology. It is therefore important that health promotion specialists and other service providers are regularly updated through appropriate knowledge management systems and mechanisms.

8.2 Policy Objective 2: To empower communities and promote active involvement and participation of individuals, groups, communities and civil society in Health Promotion interventions at all levels.

8.2.1 COMMUNITY EMPOWERMENT AND PARTICIPATION

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 endeavours 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. Further, Health Promotion initiatives shall involve all stakeholders at every stage of the planning, implementation and evaluation processes. In order to achieve this, the following strategies shall be embarked on:

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- Identifying and mobilising Health Promotion stakeholder categories.
- Establish a participatory approach in planning, implementation, monitoring and evaluation of HP initiatives and activities at all levels (joint planning).
- Promoting equity and gender balance in Health Promotion.
- Involving stakeholders in decision making processes pertaining to Health Promotion.
- Developing operational guidelines for Health promotion implementation
- Develop and disseminate Health Promotion IEC materials and messages to local communities.
- Providing information on rights of people to health and their obligations to preserve their health

8.3 Policy Objective 3: To promote evidence based research as a prerequisite for the development of Health Promotion interventions.

8.3.1 RESEARCH AND EVIDENCE BASED HP INTERVENTIONS

Health promotion activities shall be planned and conducted in a scientific manner to make the desired impact (WHO, 1998). Therefore, operational research shall be viewed as a crosscutting intervention to inform programming.

The policy shall therefore seek to ensure that:

- All health promotion interventions shall be carried out based on evidence based research including simple assessment and observations.

- All health promotion interventions shall be monitored and evaluated regularly using participatory approaches.
- Findings and results of evaluations of health promotion interventions shall be well documented and widely disseminated to all relevant stakeholders: health promotion practitioners, policy makers, health workers and the general public as appropriate.
- Best practices and innovative programmes/interventions shall be well documented and replicated when feasible.

8.4 Policy Objective 4: To Promote multi-sectoral and multi-disciplinary approaches to health promotion development and implementation

8.4.1 COORDINATING MECHANISM

The fact that many people are already doing health promotion may seem good, but it can also lead to special problems. Different people may advise differently. Sometimes, there can be conflicting issues therefore, it is important that the health promotion activities of different field workers and agencies do not conflict but reinforce one another. Therefore, the policy shall recognize the need to coordinate the different groups and partners through the Health Promotion technical committee so that their activities can be harmonized (HP Policy Guinea, Ghana).

8.4.2 HEALTH PROMOTION TECHNICAL COMMITTEE

In order to ensure that all sectors such as NGOs, and other partners participate fully in the development and implementation of health promotion, a Health Promotion Technical Committee shall comprise of membership from multi-sectoral and multi disciplinary bodies such as but not limited to; Agriculture, Information, Education, EPA, Gender, Universities, Paramedical Institutions, NGOs and development partners including UN agencies, Faith –based organisations.

The Technical Committees shall perform the following functions:

- Facilitate the development of partnerships and networks,
- Facilitate sharing of information and experiences,
- Identify areas requiring research and set priorities for the research agenda,
- Advise Government on developments in health promotion policy and practice.
- Periodically review and update available communication strategies

8.5 Policy Objective 5: To establish a framework for implementing, monitoring and evaluating Health Promotion interventions on their processes as well as their outcomes.

8.5.1 POLICY AND LEGAL FRAMEWORK FOR HEALTH PROMOTION

Health promotion is an all-embracing specialty and an essential component of many programmes. This means that effective implementation of health promotion activities require the collective involvement and participation of all relevant sectors, Ministries, Agencies, Faith Based Organisation, Non-Government Organizations, communities, families and individuals. This collaboration mechanism shall strengthen the linkages among ministries and institutions for the formulation, implementation, monitoring and evaluation of health promotion activities. To strengthen the institutional framework for coordination of health promotion in the Country, the policy seeks to ensure that:

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Health Promotion within the Ministry of Health and Social Welfare operates at Division level headed by a Director, supported by a Deputy Director, Technical Advisor, Health Promotion Officers assigned to coordinate HP implementation within the different programs of the BPHS and others technical officers in charge of different responsibilities within the division as outlined in the organogram. The HPOs will be reporting to the Director and Deputy Director. (Organogram in appendix).

Health promotion division will spearhead designing, implementation and monitoring of specifically targeted, and population based Hp programmes involving different sectors. The division will be responsible to carry out effective monitoring and technical support supervision of all implementing partners and at the lower levels.

9.0 HUMAN RESOURCE DEVELOPMENT FOR HEALTH PROMOTION

Effective Health Promotion is premised on a functional implementation system with knowledgeable, competent and skilled providers and informed consumers. To strengthen human resource development for health promotion by 2020, trained Health promotion officers will be deployed at the Ministry of Health headquarters (see organogram in annex), county, district, community and in all health facilities. The NGOs and other partner sectors will also be required to employ trained health promotion officers.

10.0 ROLES AND RESPONSIBILITIES IN HEALTH PROMOTION

10.1 NATIONAL HEALTH PROMOTION DIVISION

The National Health Promotion Division of the Ministry of Health and Social Welfare shall be the leading body for all health promotion programmes and activities in the Country.

The mandate of the National Health Promotion Division shall include:

- Developing and monitoring an institutional framework for health promotion, at national, county and district levels.
- Providing operational guidelines and standards for health promotion practice including advocacy, social mobilisation, message design and development.
- Advocating for supportive policies for Hp practice in Liberia.
- Co-ordinating mass media and public relations for the Ministry of Health.
- Providing supportive and technical leadership in Hp research and setting priorities for the research agenda. This will include establishing and maintaining a research data base.
- Monitoring operationalisation of the Hp policy and providing technical guidance.
- Establishing and supporting multi-sectoral collaboration or partnerships amongst all relevant stakeholders for the purposes of developing integrated and comprehensive programmes,
- Facilitating and supporting general and specialist training in health promotion together with higher educational institutions and other relevant organizations, and identifying the training needs among other structures relevant for health promotion implementation in the country,
- Establishing a coordination and monitoring system for health promotion programming at national, county and district levels, to ensure their relevance and effectiveness.
- Coordinating the production and guiding the development, and dissemination/distribution of all HP messages and materials for the basic health package.
- Approving all developed and duly pretested Health Promotion messages and materials to ensure consistency with the health policy.

The National Health Promotion Division shall play a crosscutting role to facilitate intra and inter-divisional, and multi-sectoral collaboration around projects and programmes aimed at promoting health.

10.2 HEALTH PROMOTION-COUNTY LEVEL

The Ministry of Health will ensure provision of HP in all counties therefore Health Promotion Unit shall be established under the community health Department manned by qualified health promotion professionals on the County Health team. The County Health Promotion Coordinator (CHPC) will facilitate health promotion programs based on existing national norms and policies.

10.3 HEALTH PROMOTION-DISTRICT LEVEL

The Ministry of Health will ensure that a trained Health Promotion Officer is deployed in each District who shall organise a health promotion team at the district level and work in collaboration with the Officer in-charge of the Clinics (OICs). The teams shall be responsible for planning and implementing health promotion programs in the district and sub-district.

10.4 HEALTH PROMOTION-COMMUNITY LEVEL

A Health Promotion Officer will be deployed at the community level to work with the Community Health Committee structure which will include but not limited to Traditional Healers, General Community Health Volunteers and Community Health Volunteers, Women Organizations, Youth Groups, Teachers' Association, Faith-based organizations, Tailors, Drivers, cooperatives and informal health providers.

The community shall under-take, identify and prioritize health promotion needs in the community and develop health promotion action plans for programs with technical support from the County/ District health promotion office.

11.0 HEALTH PROMOTION PROFESSIONAL ASSOCIATION

This Association is an independent body with a constitution and will advocate for the rights of Health Promoters and address issues pertaining to Hp practice in the country.

- The Association shall comprise of health professionals and stakeholders engaging in Health Promotion activities in the Country.
- The Association members shall provide leadership in setting norms, standards and professional ethics for Health Promoters in the Country as well as promoting the rights of Health Promoters.

- The Association shall provide a forum for a critical review of health promotion activities in the country and to define the way forward.
- The Association shall actively pursue all relevant forms of technical cooperation with partners, and shall collaborate with similar networks internationally.

12.0 FINANCIAL RESOURCES

The Ministry of Health has the stewardship role in the implementation of the National Health Promotion Policy (HP Policy Finland). It shall ensure adequate budgetary provision and prompt budgetary disbursement for health promotion. The Ministry shall identify and obtain funding for priority health promotion projects to include:

- Staff development
- Research in identified priority areas
- Development of practical guidelines arising out of this policy
- Analysis of all policies and legislation related to health promotion
- National campaigns in identified priority areas
- Development of programmes or interventions around priority areas
- Ongoing support of the Health Promoting Sites initiative in the country

Mobilization of financial resources to facilitate research programmes, particularly for the purposes of monitoring and evaluation of health promotion initiatives shall be considered as a priority.

13.0 IMPLEMENTATION PLAN

This policy shall provide the framework within which long and short terms operational plans of action shall be developed and implemented on a sustained basis. The implementation plan shall have among other variables:

- Clear and measurable objectives
- Relevant activities
- Relevant inputs
- Clear indicators and outputs
- Clear expected outcomes
- Realistic timelines
- Consistent monitoring and evaluation mechanism

The implementation plan shall be based on the National Health Policy and plan. The Health Promotion Division shall liaise with other programs/departments to develop a comprehensive plan and consolidated budgets from national to community level.

14.0 IMPLEMENTATION STRATEGIES

A combination of the following broad strategies shall be used in the implementation of health promotion:

14.1 Empowerment to achieve full health potential.

Taking action to empower individuals and communities for health action, Strengthen people's health knowledge and skills they require to prevent diseases, promote, and protect behaviour that is favourable to health.

This will be achieved through:

- Health education.
- Social mobilization.
- Information, Education and Communication (IEC).
- Behaviour Change Communication (BCC).
- Participatory community development techniques.

14.2 Mediation for creation of environments, which are supportive for health development.

Mediating between different interests in society in pursuit of health, reconciling different interest of individuals, communities, and other sectors to promote and protect health.

This will be achieved through:

- Legislation.
- Policy development (health supportive public policies).
- Reorientation of organization, (changing structures or Services).

14.3 Advocacy to increase commitments and resources to create essential conditions for health.

This refers to combination of individual and social actions designed to: Gain political commitment, Policy support, Social acceptance, and System support for a health goal or programme,

This will be achieved through;

- Lobbying.
- Social marketing.
- Information Education and Communication (IEC).
- Community mobilization.
- Media.

14.4 Partnership with all Stakeholders

Health promotion Division shall identify and collaborate with all stakeholders involved in health promotion for health development. This will involve joint planning, implementation and monitoring of Health Promotion programmes.

15.0 LEGAL AND ETHICAL FRAMEWORK

The right to access accurate and timely information on health is a fundamental right for every Liberian 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
- 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 institutionalisation of professional bodies on Health Promotion
- The development and implementation of any required policies and strategies;
- Mobilisation 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 inline with the five year Hp plan

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ANNEX 1:

HUMAN RESOURCE FOR HEALTH PROMOTION

WHO DOES HEALTH PROMOTION

Health promotion has been effectively applied in addressing the social broad determinants of health and calls on the involvement of other players beyond the health sector. These include environmental officers, school teachers, agricultural extension workers, Community Development Officers, social workers, political and civic leaders, nutrition educators, Non-Governmental Organizations, Faith Based Organisations, Community Based Organisations, the private sector and Civil Society Groups. Other within the health sector engaged in Health promotion are health service providers such as doctors, nurses, other paramedics and community health volunteers.

This indicates that, everyone involved in Health Promotion may not have the professional training in health promotion. In this regard, the policy shall recognise such individuals and groups involved in Health Promotion activities. However, the Hp activities will be harmonized through professional guidance in order to promote the health of the population.

CATEGORIES OF HEALTH PROMOTERS

The Policy recognizes the following categories of Health Promoters;

1. Health Promotion Specialists (HPS)

These are individuals with a medical related 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 Officers (HPO)

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.

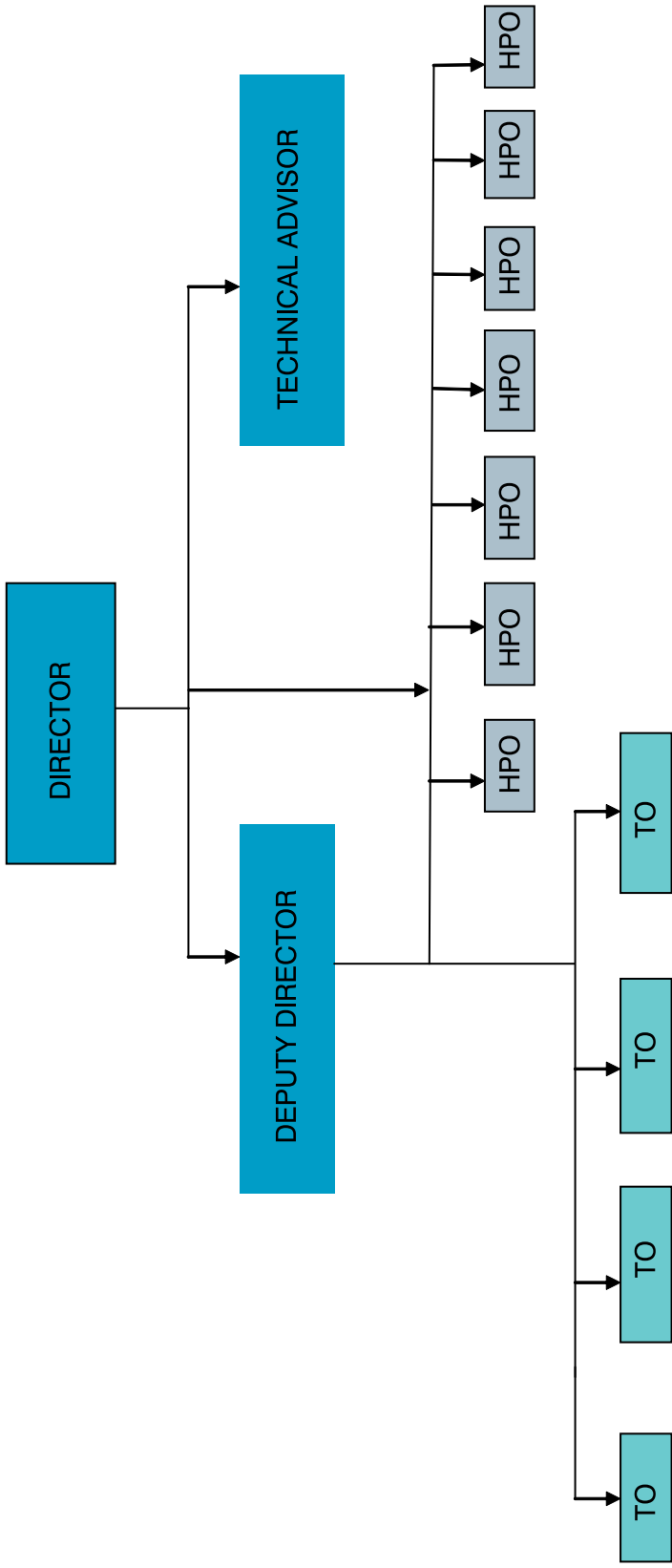
3. County Health Promoters (CHP)

These are individuals who have had training in Health Promotion with a minimum Associate Degree and with training in Health Promotion and with at least 3 years of experience in Health Promotion.

4. District/Community Health Promoters (D/CHP)

These are individuals with minimum High School certificate and diploma with training and experience of at least 2 years in Health Promotion.

**ANNEX 2:
HEALTH PROMOTION DIVISION ORGANOGRAM**



TO= Technical officer
HPO = Health Promotion Officer

