

THE NATIONAL HEALTH Promotion Policy and Strategy



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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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Glossary

Community Health Worker: A lay worker whose primary function is to promote basic health and health services within the home or primary health care facility.

Health Advocacy: Advocacy for health is a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a specific health goal or programme.

Capacity Building: Capacity building is the development of knowledge, skills, and leadership to enable effective health promotion.

Community Participation: Community participation is a process through which people are enabled to become actively involved in defining issues of concern to them, in making decisions about factors affecting their lives, in formulating and implementing policies, in planning, developing, and delivering services and in taking action to achieve change.

Determinants of Health: The range of personal, social, physical economic and environmental factors that determine the health status of individuals or groups of people.

Evidence-based Health Promotion: The use of information from formal research and systematic investigations that contributes to identifying causes of health needs and provides the most effective health promotion actions to address these in the given context and populations.

Health Outputs and Outcomes: Health outputs are the actual goods or services produced by programmes or organisations (e.g., support group for people affected by chronic diseases). Health outcomes measure the impact or consequence of the output in the longer term (e.g., longer and healthier lives).

Health Promotion Intervention: A health promotion intervention is an effort or activity aimed at promoting and enabling people to take control of their health and developing skills to practice healthy behaviours like physical activity and prevent unhealthy behaviours (e.g., smoking, illicit drug use or excessive alcohol use).

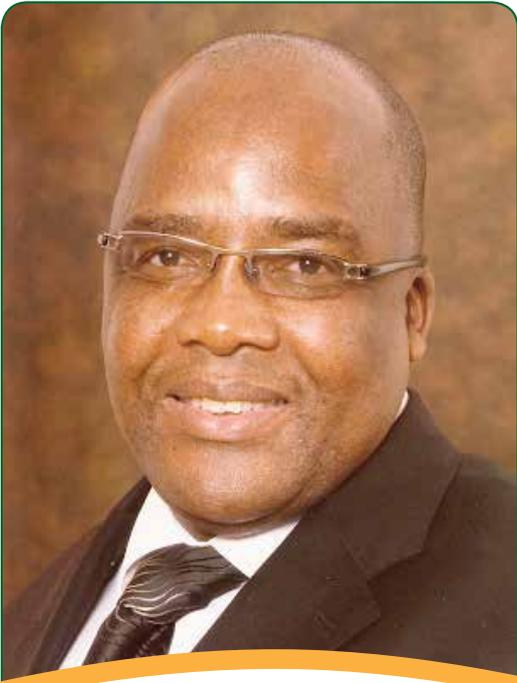
Primary Health Care Approach: The Alma-Ata Declaration of 1978 identified primary health care as the key to the attainment of the goal of "Health for All". The Primary Health Care approach focuses on health equity, including all areas that play a role in health, such as access to health services, environment and healthy lifestyles.

Proxy Indicators: These are indirect measures or signs that represent an outcome in the absence of a direct measure or indicator.

Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ART	Antiretroviral Therapy
COC	Continuum of Care
CRC	Child Resistant Containers
ECD	Early Childhood Development
HCT	HIV Counseling and Testing
HiAP	Health in All Policies
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
IMCI	Integrated Management of Childhood Illnesses
MCWH&N	Maternal, Child, Women's Health and Nutrition
MDGs	Millenium Development Goals
NCDs	Non Communicable Diseases
NGO	Non-Governmental Organisation
NHI	National Health Insurance
NSDA	National Service Delivery Agreement
PHC	Primary Health Care
PMTCT	Prevention of Mother To Child Transmission
TB	Tuberculosis
WHO	World Health Organisation

Foreword



The National Department of Health, South Africa is committed to improving the quality of life for all people, primarily through adherence to the primary health care approach as outlined in the *Declaration of Alma Ata* which is central to the promotion of health and well-being of all people.

South Africa experiences a huge burden of both communicable and noncommunicable conditions leading to ill-health, disabilities and premature deaths. Clearly, most of these are preventable through health promotion interventions. The South African government is committed to doing everything possible and within its resources to build a healthy society, where all people can grow and live a healthy and long life. Consequently, the National Department of Health aims to identify and address the risk factors and determinants of health in order to promote 'health for all'.

Health promotion is a viable tool for comprehensive and equitable health development. The *National Health Promotion Policy and Strategy* provides a framework for South Africa to integrate health promotion into all health programmes to allow people to increase control over their health and to

make healthy choices. The *National Health Promotion Policy and Strategy* is aligned with the policies and strategies of the National Department of Health, and is grounded in the four outputs of the *Negotiated Service Delivery Agreement (NSDA) for Outcome 2: A Long and Healthy Life for All South Africans*. These outputs are:

- Improving life expectancy;
- Reducing maternal and child mortality rates;
- Combating HIV and AIDS, and TB; and
- Improving health system effectiveness.

Health promotion is a multi-sectoral discipline that is relevant to both the private and public sectors, and civil society, including those that are not usually engaged in health. The *National Health Promotion Policy and Strategy* advocates that health promotion be a part of the public health agenda and national development. Its applications should extend far beyond the auspices of the Department of Health in order to involve all other sectors of government and civil society. The Health Promoting Schools (HPS) programme is an example of an intervention that involves collaboration with the Departments of Education, Social Development and Agriculture.

The *National Health Promotion Policy and Strategy* provides a framework for strengthening capacity of the Department of Health and other government and private sectors including civil society to promote health through planning, implementation, monitoring of progress and evaluating the impact of interventions across population groups in our country. Therefore, collective action, which is multi-sectoral and multidisciplinary is required in order to reach our goal of *A Long and Healthy Life for All South Africans*.



DR A MOTSOLEDI (MP)

MINISTER: HEALTH

29 MAY 2014



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The *National Health Promotion Policy and Strategy* will serve as a framework to guide the implementation of health promotion programmes in South Africa. The *National Health Promotion Policy and Strategy* will also provide guidance to provincial Departments of Health, the private sector, and all stakeholders who are charged with the responsibility to provide health promotion services. It is envisaged that the *National Health Promotion Policy and Strategy* will improve coordination and allow delivery of coherent and systematic health promotion services.

A handwritten signature in black ink, appearing to read 'Matsoso'.

MS MP MATSOSO
DIRECTOR-GENERAL: HEALTH
27 MAY 2014

Executive Summary

Health is regarded by the World Health Organisation (WHO) as a fundamental human right, and health promotion is defined as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health”. The foundations for health promotion are based upon the Alma Ata Declaration and subsequent charters as adopted by the WHO¹.

This *National Health Promotion Policy* reaffirms the commitment of the Department of Health to promote the health of all South Africans. This policy will contribute towards achieving the national vision of a long and healthy life for all South Africans by clarifying the role of health promotion at national, provincial and district levels and service delivery relationships with other stakeholders.

The document outlines the quadruple burden of disease that South Africa is faced with, furthermore highlights the extent to which the health system struggles with four major health issues: non-communicable diseases (NCDs); communicable diseases (especially HIV and TB); maternal, neonatal and child morbidity and mortality; and deaths due to injury and violence². Health promotion has a significant role to play in reducing the burden of disease to the health system, by addressing the key social, behavioural and structural determinants of health.

Improved intra and inter-departmental coordination is required to ensure that resources are applied efficiently and to create a culture based on the sharing of good practices. The *Health Promotion Strategy and Policy* clarifies the role of health promotion in the health sector and other non-health sectors. The document also highlights the need for collaborative efforts between the Department of Health and all other stakeholders.

The policy and strategy identifies key target audiences across the lifecycle for health promotion interventions namely:

- **children under five years**, with a focus on promoting better health for children;
- **women of child bearing age**, with a focus on creating awareness on services available to women of child bearing ages;
- **men**, with a the focus on promoting a change in gender norms and values by encouraging broader involvement in health issues;
- **youth**, with a focus on addressing risky behaviour and promoting healthy lifestyle practices;
- **older people**, with a focus on community-based programmes and support groups to promote regular health and self-management of chronic health conditions; and
- **marginalised populations**, with a focus on the specific health needs of this target audience.

The policy and strategy will focus on the following action areas: advocacy for healthy public policies; empowerment of local communities on health promotion approaches; creation of an enabling environment that promotes healthy behaviour; strengthening human resources capacity for the delivery of health promotion services; and strengthening systems to monitor and evaluate health promotion interventions. The policy further outlines the roles and responsibilities of health promoters in different settings.

The successful implementation of the policy will require the establishment of norms and standards for health promotion, adequate financial resources and a clear plan to build the capacity of health promoters which includes the harmonisation of training at training institutions.

1 Ottawa Charter for Health Promotion. First International Conference on Health Promotion [serial on the Internet]. 1986: Available from: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

2 South Africa. Department of Health. Negotiated Service Delivery Agreement: Delivery agreement for outcome 2: A long and healthy life for all South Africans,. Pretoria National Department of Health; 2010.

SECTION 1

Health Promotion Policy

Health Promotion Policy

1. INTRODUCTION

Health is regarded by the World Health Organisation (WHO) as a fundamental human right, and health promotion is defined as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health”³. The foundation for health promotion is based upon the Alma Ata Declaration and subsequent charters that are adopted by the WHO.

This *National Health Promotion Policy* recognises that health promotion is not limited to a specific health problem, or to a specific set of behaviours. The principles and strategies for health promotion apply to a variety of population groups, risk factors and diseases and can be used in a variety of settings. Health promotion, when implemented in concert with other strategies including education, community development, policy, legislation and regulation, is more effective in preventing Communicable and Non-Communicable Diseases (NCDs).

This policy defines health promotion as incorporating a diverse range of concepts related to health education; communication for social and behavioural change; Information, Education and Communication (IEC); social marketing; advocacy; and social and community mobilisation.



³ Chu C, Breucker G, Harris N. Health promoting workplaces – international settings development. *International Health* 2000;15 (2):155 -67.

This policy document recognises that health promotion is not only focussed on impacting on individual behavioural outcomes, but also upon social networks, community norms and attitudes. It also aims to create an enabling environment by incorporating health promotion into all policies, strategies and programmes in order to foster a culture for people to improve and maintain their health by placing health at the centre of the development agenda.

Health promotion plays both a direct and indirect role in reducing morbidity and mortality. Directly it will increase health seeking behaviours. Indirectly it will enable improvements in the community's perception of key risk factors and encourages self efficacy towards health. At the same time health promotion addresses emotional factors that may impede the uptake of health interventions, such as fear. Health promotion improves social outcomes through promoting mutual understanding, social cohesion and the collective efficacy of communities to take action.

To achieve its impact, health promotion utilises a variety of approaches such as community mobilisation, which includes household visits and facilitating community dialogues. All these interventions aim to mobilise the community to take ownership of their health. Health Promotion also utilises various media to address the social and structural factors that affect the health of societies, communities, households, and individuals.

Health promotion in South Africa has since evolved from health education to become a comprehensive programme, which includes education, training, research, legislation, policy coordination and community development.

Some of the current initiatives for promoting health and preventing disease include several national programmes and initiatives that cover a variety of health issues. The programmes and initiatives are the result of cooperative efforts among donors, government departments, academia, Non-Governmental Organisations (NGOs) and different sectors. In addition these interventions and programmes include programmes like the Integrated Management of Childhood Illnesses (IMCI), breast-feeding and immunisation campaigns, prevention of mother-to-child transmission of HIV (PMTCT), HIV Counselling and Testing (HCT), malaria control and awareness programmes, tuberculosis (TB) control and awareness programmes, tobacco control initiatives, cancer, diabetes, prevention of violence against women and children campaigns, mental health and substance abuse campaigns and health screening services e.g., national diabetes week; and Healthy Lifestyles (HLS) initiative.

South Africa has historically prioritised health promotion, which is outlined in various policy and legislative frameworks such as the National Health Act, the 10-Point Plan and the Negotiated Service Delivery Agreement (NSDA). The creation of a National Directorate for Health Promotion within the Department of Health reflects this commitment. Provincial units have been created to coordinate health promotion activities. South Africa has a strong civil society sector that promotes health through the use of mass media communication, community mobilisation and health service delivery to targeted populations. Likewise, some local academic institutions offer formal degree programmes that incorporate health promotion.

The Health Promotion Policy and strategy will provide guidance to stakeholders to promote health, through influencing and contributing towards empowering people, families, communities and the society at large to take ownership and control over the individual and social determinants of health.

The *National Health Promotion Policy* provides a broad framework for health promoters and other stakeholders at national, provincial and district levels to execute strategic programmes.

2. CONTEXT OF HEALTH AND DISEASE IN SOUTH AFRICA

2.1 Epidemiology

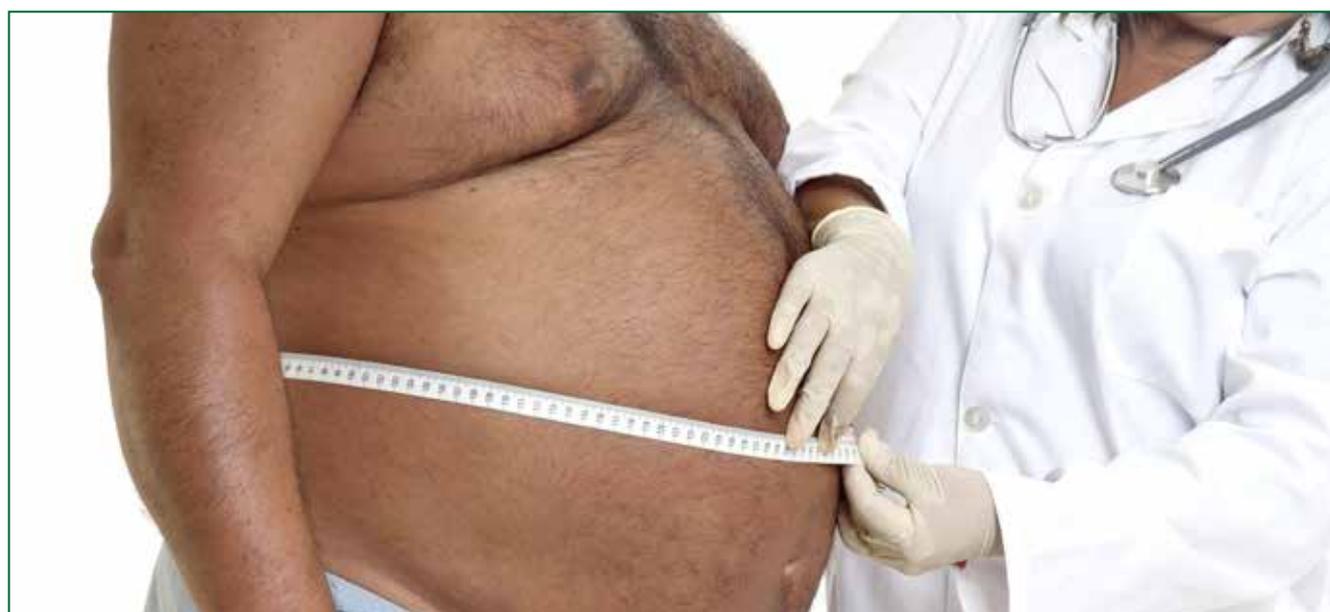
South Africa faces a quadruple burden of disease, and the health system is struggling to cope with four major health issues: NCDs, communicable diseases (especially HIV and TB), maternal, neonatal and child morbidity and mortality and deaths from injury and violence, which all lead to a high burden of disease as is reflected in the table below.

Top 10 Causes of Deaths in South Africa (2010)

1. Tuberculosis (incl. DR-TB)	11.6	6. Disorders involving the immune system	3.6%
2. Influenza & Pneumonia	7.2%	7. Diabetes mellitus	2.8
3. Intestinal infectious diseases	5.0%	8. Hypertensive diseases	2.4%
4. Other heart disease	4.7%	9. Chronic lower respiratory diseases	2.4%
5. Cerebrovascular diseases	4.5%	10. Other viral disease	2.3%
Source: Statistics South Africa. 2013. Mortality and Causes of Death in South Africa, 2010: Finding from Death Notification. Pretoria. South Africa.			

2.1.1. Non-Communicable Diseases

Non Communicable Diseases (NCDs) are also known as chronic diseases. They are not passed on from one person to the next and include cardiovascular disease (heart and stroke), cancers, chronic respiratory diseases (such as asthma) and diabetes⁴. According to WHO, NCDs account for 29% of all deaths (11% due to cardio-vascular diseases, 7% cancers, 5% injuries, 3% respiratory diseases, 3% diabetes and 4% other NCDs). People living in rural and urban areas of South Africa are affected, but the urban poor bear a disproportionate burden, which places a strain on the Primary Health Care (PHC) system. The behaviours that increase the risk of developing NCDs include smoking, poor diet and physical inactivity which in turn may give rise to overweight and obesity, high blood pressure, increased blood glucose levels and high cholesterol levels⁵.



4 Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet*. 2009 Sep 12;374(9693):934-47.

5 Bradshaw D, Steyn K, Levitt N, Nojilana B. Non-communicable diseases: a race against time Medical Research Council: Policy Brief [serial on the Internet]. 2011 [cited 2011 October 2011]; Available from: <http://www.mrc.ac.za/policybriefs/raceagainst.pdf>

Health promotion can influence behaviours that decrease the risk factors for NCDs; through promoting a healthy lifestyle, a healthy diet, physical activity, increasing perceptions on health risks and addressing social norms and attitudes about the risks of tobacco use, alcohol and substance abuse.

2.1.2. Communicable Diseases

HIV and TB contribute significantly to the burden of disease in South Africa, and disproportionately affect poor and disadvantaged populations. Approximately 6.1 million South Africans are currently living with HIV⁶. Reducing new HIV infections remains a priority, while ensuring that those in need have access and adhere to treatment. Successful interventions are applied on many levels that address the underlying cultural, social and structural factors that affect South Africans throughout their lives and place them at risk of HIV infection.

South Africa has made great strides in its HIV prevention efforts. Access to HIV Counselling and Testing (HCT) services increased, largely due to promotion efforts, visible public leadership and the expanded provision of services. South Africa has one of the largest treatment programmes with 2.4 million people currently receiving ART⁷. However, despite these gains, there are several areas in which more efforts are needed. These include the promotion of dual protection among women (condom usage and contraceptives), in particular among young women in intergenerational sexual relationships. The need to promote HCT and repeat testing, especially among men, as well as medical male circumcision remains a challenge. Comprehensive PMTCT interventions promoting early antenatal bookings and exclusive breastfeeding can help to reduce maternal and child mortality.

South Africa has the third largest number of incident cases of TB globally following India and China, countries with significantly larger populations⁸. The TB bacteria are transmitted in the air when someone with active TB sneezes, breathes, coughs or spits. The TB bacteria can survive in the air for a long time. A weak immune system due to HIV or other illnesses increases vulnerability to TB. TB is the most common opportunistic infection among people living with HIV, with approximately 60% of TB patients in South Africa being HIV infected⁹.

Health promotion is a key strategy in the prevention and treatment of HIV and TB. Health promotion can assist in strengthening individual knowledge and skills on preventing HIV and TB. Health promotion can also assist in driving demand for the uptake of HIV prevention commodities and services, such as condoms, HCT, medical male circumcision and treatment for HIV and TB promotion of health seeking behaviours.

2.1.3. Maternal, Neonatal and Child Health

Maternal and child health is closely linked to communicable and non-communicable diseases. The World Health Organisation (WHO) promotes a Continuum of Care (CoC) approach that encompasses pre-pregnancy, pregnancy, delivery, postnatal care and childhood. The WHO CoC for maternal and child health recognises that the three different spheres of care: the home, the community and the health care facility must be addressed as a whole to allow for greater efficiency, improve the uptake of services and provide opportunities for promoting related services (e.g., post-partum contraception, care and treatment for partner and other family members).

6 New HIV Report Finds Big Drop in New HIV Infections in South Africa. 2014 January 17. Available from: www.unaids.org/en/resources/presscentre/.../20140117southafrica.

7 Von Zinkernagel D, The Power of Partnership: Extraordinary Progress, Lessons Learned and Great Hope for the Future in South Africa. Available from: www.doppler1000.com/.../the-power-of-partnership-extraordinary-progress-lessons-learned-and-great-hope-for-the-future-in-south-africa-9 Jan 2014.

8 World Health Organisation. Global tuberculosis control: WHO report 2011. Geneva WHO 2011 [cited 2011 October 2011]. Available from: www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf.

9 Peltzer K, Louw J, Prevalence of Suicidal Behaviour & Associated Factors Among Tuberculosis Patients in Public Primary Care South Africa. Indian Journal of Medical Research. 2013 August; 138(2): 194-200.

According to the *Saving Mothers* report of 2008-2010, approximately 42% of all maternal deaths were HIV-related¹⁰. While there is often a lack of consensus on child, infant and under-five mortality rate, the data indicates that the rates are still high though showing steady improvement. For example, data on under-five mortality rates improved from 56 – 42 per 1000 live births, from the year 2009 to 2011¹¹, concurring with data from the Health Systems Trust's 2012 South African Health Review, which also indicates that there are 42 deaths per 1000 live births¹². According to the Annual Report of the National Department of Health, South Africa 2012/13, there is a marked improvement in the PMTCT programme reaching its target of <2% perinatal HIV transmission by 2015. Since 2010, there was an additional 23% reduction in PMTCT following additional clinical intervention¹³. In order for South Africa to reach its MDG targets, there is a need to strengthen health promotion interventions as this may also contribute to the improved health outcomes.



At the pre-conception stage of a woman's life, health promotion aims to inform and enable individuals to plan and prepare for pregnancy and child rearing. Once the woman falls pregnant, health promotion aims to ensure that the expectant mother visits antenatal clinics early, receives counseling and is tested for HIV. Mothers living with HIV are initiated on antiretroviral treatment (ART) in accordance with the protocols for CD4 count and TB. Health promoters are to educate expectant mothers on identifying key signs of ill-health and management of chronic conditions and mental health.

2.1.4 Injury and Violence

Violence and injuries are the second leading cause of death in South Africa. The injury death rate is almost double the global average and almost half of deaths are due to interpersonal violence. Approximately 16 000 road traffic accidents are responsible for deaths each year¹⁴. Gender-based violence is high, with the female homicide rate six times the global average

10 *Saving Mothers 2008-2010: Fifth Report on the Confidential Enquiries Into Maternal Death in South Africa*. Health Systems Trust. 2012. Published by the Department of Health South Africa. Available From: www.hst.org.za/.../saving-mothers-2008-2010-fifth-report-confidential-enquiries-maternal-deaths-south-africa

11 Berry L, Biersteker J, Dawes A et al. *South African Child Gauge*. Child health and Nutrition. University of Cape Town.p95

12 *South African Health Review 2010*. Health Systems Trust. 2013 March. Durban. Available from: www.hst.org.za/publications/south-african-health-review-2010

13 National Department of Health . *Annual Report 2012/13*. Published 2013 September.

14 Sedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. *Violence and Injuries in South Africa: Prioritising an Agenda for Prevention*.The Lancet 2009 September 19;374 (9694):978.

and 28% of men admitting to have raped someone. Violence and injury may be exacerbated by high levels of poverty and unemployment, and images of masculinity embracing toughness and defence of honour, alcohol and drug abuse, and the widespread availability of firearms. Social mobilisation against gender-based violence and advocacy for gun control are two health promotion approaches to addressing these problems.

A 2007 Medical Research Council (MRC) study revealed shocking statistics of 40 000 - 60 000 South African children who suffer from paraffin poisoning each year¹⁵. According to the MRC the majority of paraffin poisoning incidents and deaths are prevalent among disadvantaged communities. The introduction of child resistant containers (CRCs), if regulated could save more than 80 lives per year and will contribute to reducing the ingestion of paraffin incidents by half. Health promoters can create awareness on the dangers of paraffin, gas and lead poisoning.

2.2. The Determinants of Health

Health promotion plays a critical role in reducing morbidity and mortality by addressing the key social, behavioural and structural determinants of health. Health promotion strengthens the health sectors' response by placing health at the centre of the development agenda that seeks to improve the health of society, communities, households, and individuals.

The determinants of health are best understood within a social ecological framework that recognises the interconnected influences of family, peers, community and society on health seeking behaviours. Health issues can also be addressed by focusing on the structural factors that undermine effective health outcomes such as income, gender and social equality¹⁶.

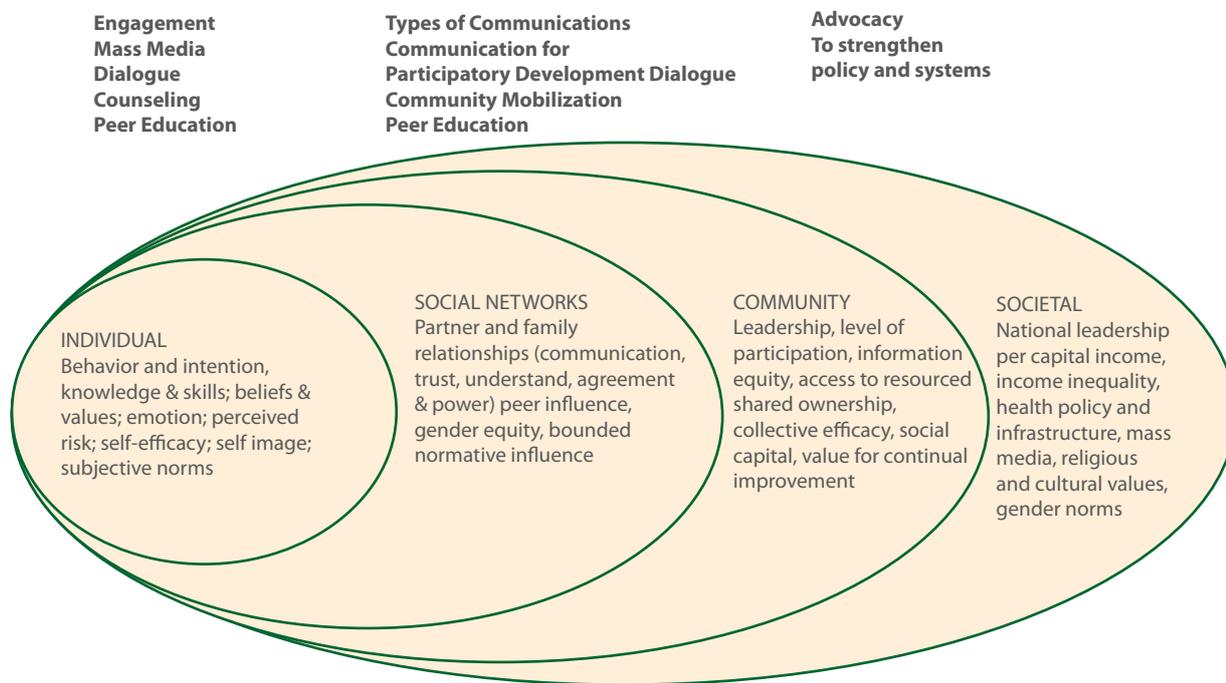


¹⁵ South African Medical Research Council. Paraffin Poisoning Policy Brief. 2007 March. Available from: www.mrc.ac.za/pressreleases/2007/8pres2007.htm

¹⁶ Healthy Campus 2020. WHO The Ecological Framework. Violence Prevention Alliance. Available from: www.who.int/violenceprevention/approach/ecology/en/. 2014 April 22 Healthy Campus 2020. WHO The Ecological Framework. Violence Prevention Alliance

THE SOCIO ECOLOGICAL MODEL

SOCIAL ECOLOGY MODEL & COMMUNICATION FOR SOCIAL AND BEHAVIORAL CHANGE



Physical Environment and Infrastructure

Burden of disease, climate and seasonality, transportation and communication networks, access to health care facilities, access to water, sanitation, household technologies, etc.

Therefore individual health outcomes cannot be achieved without an understanding of the peer networks, family, partner and community relationships, and the societal and cultural norms that can either promote or impede health outcomes.

Source: Healthy Campus 2020. WHO The Ecological Framework. Violence Prevention Alliance

Individual health outcomes cannot be achieved without an understanding of the peer networks, family, partner and community relationships, and the societal and cultural norms that can either promote or impede health outcomes.

Promoting the health and well-being of the population is central to the activities of all government departments, and each has some responsibility that relates directly to the health of the people, ranging from actual threats to health to circumstances that inhibit healthy living in work, school and home settings. In South Africa income inequality and poverty continue to undermine the health outcomes of the majority of the population. The spread of communicable diseases such as HIV and TB is not only owing to a lack of knowledge, attitudes or social and cultural norms but also to structural issues such as poor living conditions (e.g., the lack of ventilation within homes) that facilitate the spread of TB, or gender and income inequalities that impede the ability of women to negotiate safe sex. NCDs are primarily caused by poor diet and to the lack of nutrition. Each year 37 200 children could be saved through improving coverage of the Prevention of Mother - to - Child Transmission (PMTCT) programme, improving infant feeding practices and a further 11 500 newborns through effective maternal and newborn care¹⁷. These deaths will be significantly reduced if health promotion is applied at the household and community level, specifically focused at women of child-bearing age and their families.

¹⁷ Chopra M, Daviaud E, Pattinson R, Fonn S, Lawn JE. Saving the Lives of South Africa's Mothers, Babies, and Children: Can the Health System Deliver? Lancet. 2009 Sep 5;374(9692):835-46.

2.3 Health Promotion in South Africa

South Africa has a long history of health promotion that has been spearheaded by the Department of Health, civil society organisations and academia. Within the Department of Health there are various units that have a health promotion role, namely the Advocacy, Communication and Social Mobilisation (ACSM) units, community based services (community health care workers), school health teams and corporate communication. Improved coordination within the department is required to ensure that resources are applied efficiently to create a culture of sharing of good practices.

In addition, there is a need to improve the coordination of health promotion efforts across government departments that are implementing health promotion programmes (eg. Department of Education, through the Health Promoting Schools Programme; National Treasury for increases in tobacco taxation; Department of Sport and Recreation for the promotion of physical activity). Advocacy needs to be strengthened in partnership with other relevant government departments (e.g., the Departments of Housing, Social Development, and Education) to integrate health promotion within their existing strategies and programmes.

There are several NGOs working at national, provincial and district level that support health promotion interventions. This could be improved by national coordination with civil society, and particularly through the sharing of innovative approaches, standardising monitoring and evaluation and ensuring that resources are efficiently applied by preventing duplication.

Health promotion should also be standardised across all provinces. In some provinces health promotion units have been established with a clear mandate to promote health. In other provinces there are no established health promotion units, the responsibility for health promotion is provided on an ad-hoc basis by other health workers like environmental officers and /or community health care workers.

Finally, the health promotion units should collaborate closely with the academic sector to standardise the range of existing curricula and approaches to health promotion according to international best practice.

2.4. Policy and Legislative Mandate

This *Health Promotion Policy* is informed by and based upon a number of international and regional declarations that South Africa is a signatory to and by national policy and legislative mandates.

2.4.1 International and Regional Declarations on Health Promotion

The **Declaration of Alma-Ata (1978)** recognised the need for urgent action by all governments, health and development workers, and the world community to protect and promote the health of all the people.

The **Ottawa Charter on Health Promotion (1986)** identified five action areas for health promotion namely, building healthy public policy; creating a supportive environment for health; strengthening community action for health; developing personal skills; and re-orientating health services¹.

Adelaide Conference on Healthy Public Policy (1988) acknowledged the intersectoral nature of health promotion as a necessary component of all government and civil society programmes¹⁸.

18 Adelaide Recommendation on Healthy Public Policy Second International Conference on Health Promotion [serial on the Internet]. 1988: Available from: http://www.who.int/healthpromotion/milestones_adelaide.pdf. Health in South Africa: An executive summary for The Lancet Series Lancet. 2009.

Sundsvall Statement on Supportive Environments for Health (1991) called upon people in all parts of the world to actively engage in making environments more supportive to health¹⁹.

The 5th Global Ministerial Conference, Mexico (2000) recognised the important role of the Minister of Health and leaders in promoting health as a fundamental priority in local regional, national and international policies and programmes and in the preparation of countrywide plans of action for health promotion.

Bangkok Charter for Health Promotion in a Globalised World (2005) highlighted that communities and civil society need to have the rights, resources and opportunities to lead in initiating, shaping and undertaking health promotion. It emphasises the contribution of the private sector to promoting health promotion within the workplace²⁰.

The Nairobi Call to Action on Health and Development (2009) identified key strategies and commitments required to close the implementation gap in health and development through health promotion.

WHO-AFRO's Strategy for Health Promotion in the African Region (2012) called for the integration of health promotion into all health systems and institutions with clearly defined goals and objectives. It highlights the importance of incorporating health promotion components in non-health sector interventions and institutions.

The Helsinki Statement on Health in All Policies (2013) called upon all sectors to systematically take into account the health implications of decisions and to seek synergies to avoid the harmful health impacts in order to improve population health and promote health equity.

2.4.2 Legislative and Policy Mandates for Health Promotion in South Africa

Key South African acts and regulations that form the basis and rationale for the development and implementation of this policy include:

Constitution of the Republic of South Africa [No. 108 of 1996]: Section 24 of the Bill of Rights (Chapter 2 of the Constitution) states that, "everyone has the right to have access to health care services, including reproductive health care, sufficient food and water, and social security". This includes the right to a healthy environment and a protected environment for the benefit of present and future generations.

The National Development Plan 2030: Emphasises health promotion and wellness as key strategies for the prevention and management of lifestyle diseases in particular, the major NCDs among the poor. The NDP 2030 vision will only be achieved if the major problems that exist in the three perspectives are addressed namely; demographics and health; health systems and the environmental or social determinants perspectives.

The National Health Act [No. 61 of 2003]: Chapter 5 is relevant for the *Health Promotion Strategy and Policy* to promote health and wellness, community participation in the planning, provision and evaluation of health, and the provision of health services for the management, prevention and control of communicable and non-communicable diseases.

19 Sundsvall Statement on Supportive Environments for Health. Third International Conference on Health Promotion [serial on the Internet]. 1991: Available from: <http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/index.html>

20 Bangkok Charter for Health Promotion in a Globalised World. Sixth Global Conference on Health Promotion [serial on the Internet]. 2005: Available from: http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

The 10-point plan also specifically refers to mass mobilisation for better health for the population through the intensification of health promotion programmes.

Negotiated Service Delivery Agreement (NSDA): Health promotion is a key strategy for the health sector to achieve its vision of “A long and healthy life for all South Africans”²¹.

The National Health Insurance (NHI): Aims to ensure universal access to good quality health services for all. This is a shift away from the current health system which is hospi-centric and is now focused on curative services with a Primary Health Care (PHC) focus that advocates strongly for health promotion and the prevention of ill health.

3. VISION

A long and healthy life for all South Africans through the promotion of healthy lifestyle practices and wellness.

4. MISSION

Health promotion enables, mediates and advocates for the health and well-being of all South Africans at individual, household, community and social levels using evidence-based health promotion strategies and approaches. It promotes healthy behaviours and lifestyle practices as part of key interventions including early health seeking behaviours, making healthy lifelong choices, lifelong learning, taking safety precautions, engaging in social interactions, making healthy nutrition choices, engaging in physical activity and safer sexual practices, and avoiding tobacco use and alcohol and substance abuse so as to ensure a long and healthy life for all South Africans.

21 Mortality and Causes of Death in South Africa, 2010 Available from: www.statssa.gov.za/publications/P03093/P030932010.pdf

5. GUIDING PRINCIPLES

VALUES	PRINCIPLES
Health Promotion enables people and communities to assume more control over their personal, socio-economic and environmental conditions that affect their health.	<p>Health promotion is holistic and enables people to foster their physical, mental, social, and spiritual health.</p> <p>Health promotion is undertaken in collaboration with individuals, communities and groups.</p> <p>Health promotion empowers individuals, communities and groups to mobilise resources, to promote and protect their health.</p> <p>Health promotion enables changes that individuals and communities can maintain once initial funding has ended.</p>
Health Promotion mediates the conflicting interests of individuals and sectors and enables reconciliation in order to promote and protect health.	<p>Health promotion is done in collaboration with people and not for people.</p> <p>Health promotion is participatory and involves all concerned at all stages of the process.</p> <p>Health promotion is participatory and involves communities, households and individuals in the development and utilisation of health information, education and communication.</p> <p>Health promotion should be sensitive to gender-related issues experienced by men and women, and boys and girls.</p>
Health Promotion advocates for health in all policies	<p>Health promotion advocates for equity and social justice.</p> <p>Health promotion is intersectoral and involves the collaboration of agencies from different sectors.</p> <p>Health promotion is multi-disciplinary and uses a variety of approaches, including advocating for policy to ensure organisational change.</p> <p>Health promotion should be considered in all legislative, policy, planning, programming, budgeting, and monitoring and evaluation activities of the public sector.</p>
Health Promotion recognises the human rights of people and the relationship with health issues.	<p>Health promotion promotes and protects the human rights of all people and promotes the participation of all people including those with disabilities, men who have sex with men, women who have sex with women, injecting drug users and sex workers.</p> <p>The rights to equality, non-discrimination, dignity, respect, privacy, autonomy, information and participation should be upheld in all health promotion activities. Health promoters should be mindful of cultural expressions and interpretations, which should be respected, insofar as they promote the health and wellbeing of all people.</p> <p>The rights to education, access to land, adequate housing, health care services, sufficient food, water and social security, including social assistance for the poor, and environmental rights for all should be pursued on a basis of progressive realisation. The non-conditional rights including basic nutrition, shelter, basic health care services and social services, should be promoted and protected as part of health promotion activities.</p>

6. SCOPE OF THE NATIONAL HEALTH PROMOTION POLICY AND STRATEGY

The *National Health Promotion Policy and Strategy* clarifies the role of health promotion in the health sector and other sectors and highlights collaborative efforts between the Department of Health and other stakeholders at all levels within and outside the public sector. The document focuses on priority health programmes and the creation of awareness on social and risk factors that impact upon health, either directly or indirectly.

7. GOALS

The goals of the National Health Promotion Policy are to:

- Advocate for healthy public policies to achieve health outcomes;
- Empower local communities on health promotion approaches that facilitate strengthened community action and ownership;
- Create an enabling environment that promotes healthy behavioural practices;
- Strengthen human resources capacity to deliver health promotion services; and
- Strengthen systems to monitor and evaluate health promotion interventions.

8. TARGET AUDIENCES

The following are key target audiences for health promotion interventions:

8.1 Children under Five Years

This *National Health Promotion Policy* is aligned with the National Maternal, Child and Women's Health and Nutrition Strategy (MCWH&N), and with the PMTCT Action Framework. Health promotion programmes should focus on the promotion of the physical and mental well-being of children under five years. The Integrated Management of Childhood Illness (IMCI), Household Community Component and Key Family Practices should form the basis of all health promotion programmes. Health promotion programmes will focus on promoting better health for children through collaboration with Early Childhood Development Centers (ECDCs), parents, caregivers and the health services.

8.2 Women of Child Bearing Age

Women of child bearing age should be made aware of available reproductive health services and choices, the importance of early antenatal bookings, pre- and post-natal care services and should be encouraged to live a healthy life.

8.3 Men

Targeted campaigns should be undertaken to increase levels of awareness towards a change in gender norms and values by encouraging broader involvement in maternal health and family planning; screening for NCDs (e.g. prostate cancer, hypertension, diabetes); and prevention of gender-based violence. A comprehensive package of health promotion interventions include awareness of substance abuse (e.g., alcohol, tobacco and drugs); and HIV prevention (e.g., counselling and testing, correct and consistent condom use, promotion of safer sexual practices, and medical male circumcision).

8.4 Youth

The *National Health Promotion Policy* encourages health promoters to address risky sexual behaviour, including multiple sexual partners, sex without a condom, and the consequences of unwanted pregnancies. In addition youth will be targeted in the promotion of healthy lifestyle practices including healthy nutrition and physical activity to prevent obesity and abstinence from tobacco, alcohol and other substance abuse. The Integrated School Health Programme calls for health promotion and early screening for health conditions and illnesses, especially those conditions that inhibit learning, like poor eyesight and cognitive challenges.

8.5 Older People

Health promotion aims to improve longevity through promoting lifestyle changes, creating supportive environments and developing personal skills for self-management of chronic conditions. Health promoters establish and facilitate community-based programmes and support groups to promote regular health and self-management of chronic health conditions, good health including mental health and longevity.



8.6 Marginalised Populations

Marginalised and vulnerable groups have specific health needs that should be identified and provided for, when planning and implementing health promotion interventions. The health promoters should design specific interventions to meet the needs of the following population groups:

- Refugees or migrant workers.
- Homeless people.
- Key populations at high-risk for HIV infection (e.g., injecting drug users, men who have sex with men and sex workers).
- People with disabilities (i.e., physical, intellectual, sensory, emotional).

- Mentally challenged people.
- Lesbian, gay, bisexual, transgender and intersex people.
- Adult and juvenile offenders.

9. AREAS FOR ACTION

9.1 Advocate for Healthy Public Policies

The *National Health Promotion Policy* promotes an inter-sectoral response where interventions are shared among individuals, communities, health workers, clinics and health facilities, as well as civil society and government agencies. Together, the different sectors should build a holistic system that prioritises preventative services.

The *National Health Promotion Policy* will ensure that the policies of key sectors address the social determinants of health through:

- Analysing and reviewing existing policies of key sectors to determine their relevance for health promotion;
- Advocating and lobbying for policies that focus on creating environments that are conducive to health such as the promotion of safe housing, clean water and sanitation;
- Building, initiating, supporting and co-ordinating intersectoral healthy public policies that are informed by evidence-based research; and
- Monitoring the implementation of relevant health promotion policies.

9.2 Empower Local Communities on Health Promotion Approaches

The *National Health Promotion Policy* will promote concrete and effective community action through empowerment of communities at the heart of these actions. It will aim to identify existing community resources that enhance self-help and social support. It will further encourage the development of flexible systems for strengthening public participation in health matters. The promotion of community participation improves and enables communities to take responsibilities of their own health.



The National Health Promotion Policy will:

- Facilitate collective and participative action to develop healthy communities;
- Develop partnerships and strengthen collaboration between the health sector, communities, private sector, other government departments, and stakeholders that will influence the well-being of South Africans and their communities;
- Define the range of roles and functions of participants in community partnerships, and ensure collaboration among all participants;
- Build community leadership through a consultative approach whereby communities' concerns and interests are considered foremost;
- Develop and strengthen community structures to ensure responsibility for planning health programmes and for establishing partnerships and coalitions;
- Establish or utilise existing community representative networks comprising interested community members who can organise and become involved at all levels of the health service;
- Ensure that health workers develop and embrace an expanded mandate that is sensitive to the needs of the particular community in which they are working;
- Ensure that PHC services are expanded to include preventive interventions that draw upon health promotion;
- Incorporate specific needs of key populations and marginalised communities in the planning and implementation of health promotion programmes;
- Develop strong partnerships with other government departments, NGOs, civil society organisations and other sectors to promote health in different settings;
- Include political, social, economic, and environmental activities and agencies in the planning and implementation of programmes;
- Support health workers within the PHC Ward-Based Outreach Team to plan and implement community and social mobilisation efforts to meet the health needs of specific households and communities; and
- Identify health skills and knowledge gaps within communities and implement education and training programmes to bridge these gaps between communities and in the health sector.

9.3 Create an Enabling Environment that Promotes Healthy Behaviour

Creating a supportive environment consists of advocacy to alter or adapt social, political, economic or physical surroundings in ways that will help to maintain and enhance health. Health promotion interventions should be concentrated (but not limited to) the following settings: households, schools, institutions of higher learning, PHC facilities, hospitals, communities, workplaces, taxi ranks, shopping centres and places of worship.

The National Health Promotion Policy will:

- Establish and maintain Health Promoting Crèches and early learning centres that promote safe and healthy environments (e.g., clean water and adequate sanitation), personal hygiene practices (e.g., tooth brushing, hand washing), healthy eating options and personal safety;
- Advocate for Health Promoting Schools that complement the work of the School Health Teams through empowering learners and educators to undertake healthy lifestyle practices including healthy eating habits, prevention of substance abuse (including tobacco, alcohol and drugs), increased physical activity, effective life skills and safer sexual practices;
- Advocate for health promotion programmes at institutions of higher education that promote healthy lifestyles in partnership with Department of Higher Education and Training; and
- Work with the private sector and labour unions to promote healthy lifestyle practices within the workplace. This includes promoting physical activity, smoking cessation, providing HIV and pregnancy prevention programmes. Ensuring that HCT and screening services are available for TB and other essential chronic diseases of lifestyle (e.g., diabetes and hypertension).



9.4 Strengthen Human Resources Capacity for the Delivery of Health Promotion Services

Sustainable health promotion interventions require adequate resources. Decisions regarding allocation of resources should be based on the principles of redress and equity. Dedicated resources for health promotion programmes should be allocated at all levels. Roles and responsibilities at different levels should be defined.

The National Health Promotion Policy will:

- Ensure leadership for human resources development for health promotion;
- Develop norms and standards for health promotion;
- Ensure the creation of health promotion structures at all levels; and
- Facilitate skills development for health promoters.

9.5 Strengthen Systems to Monitor and Evaluate Health Promotion Interventions

The *National Health Promotion Policy* recognises the importance of establishing monitoring and evaluation systems. All decisions for health promotion interventions should be evidence-based. Formative assessments are therefore needed before health promotion interventions are implemented. Furthermore, information gathered at this stage should inform the development of health promotion strategies. It is well acknowledged that health promotion programmes are multi-faceted and have both a direct and indirect impact on the health outcomes that it aims to achieve.

The National Health Promotion Policy will:

- Promote the utilisation of formative research that involves the audience in the design of messages, materials and the identification of the most appropriate communication channels to influence social and behavioural change outcomes.
- Monitor the implementation of health promotion interventions using current planning compliance systems (e.g., strategic plans, annual performance plans and operational plans with specific health promotion indicators that include referrals to public health services).
- Support routine programme evaluations through national surveys like the National Communication Survey, South African National Health and Nutrition Examination Survey or through randomised controlled field trials that measure the efficacy and impact of the health promotion interventions.
- Monitor and evaluate health promotion programmes to implement and expand evidence-based best practices.



10. ROLES AND RESPONSIBILITIES OF HEALTH PROMOTERS

This section describes the roles and responsibilities of health promoters at national, provincial and district and or sub-district levels and within certain contexts like the Ward-Based PHC Outreach Team.

Level	Policy and Regulatory Framework	Advocacy and communication	Leadership	Implementation	Research, Monitoring and Evaluation	Skills development and capacity building
National	Review and develop policies and regulations.	Advocate and mediate for implementation of health promotion programmes. Lobby for public health policies and resources. Communicate health policies. Identify resource needs. Communicate health messages using various media platforms and channels. Share best practices internationally, nationally and locally.	Identify and disseminate health promotion priorities. Provide strategic direction, technical support and advice. Promote inter-sectoral collaboration among relevant stakeholders to develop integrated and comprehensive health promotion programmes. Lead and implement effective and innovative change management. Develop norms and standards for health promotion.	Lead health promotion campaigns. Facilitate implementation of health promoting projects. Facilitate capacity building programmes. Facilitate and mobilise resources Facilitate the implementation of best practice models.	Monitor, evaluate and review progress Develop and review reporting systems	Facilitate the development and capacity of key role players. Develop capacity building tools and resources Facilitate and support training.

Level	Policy and Regulatory Framework	Advocacy and communication	Leadership	Implementation	Research, Monitoring and Evaluation	Skills development and capacity building
Provincial	<p>Implement policies and regulations</p> <p>Develop province specific policies.</p>	<p>Advocate and mediate for implementation of health promotion programmes.</p> <p>Lobby for public health policies and resources.</p> <p>Communicate health policies.</p> <p>Identify resource needs.</p> <p>Communicate health messages using various platforms.</p> <p>Share best practices internationally, nationally and provincially.</p>	<p>Identify and disseminate health promotion priorities.</p> <p>Guide districts on development of operational plans.</p> <p>Lead and implement innovative health promotion approaches.</p> <p>Collaboration with all relevant stakeholders.</p>	<p>Plan and implement health promotion interventions.</p> <p>Coordinate effective, integrated planning, management and support of health promotion programmes.</p>	<p>Support and initiate special research projects.</p> <p>Monitor and evaluate Programme performance.</p> <p>Review, monitor and evaluate systems for health promotion programmes.</p>	<p>Facilitate and support training and capacity development for district staff.</p>



Level	Policy and Regulatory Framework	Advocacy and communication	Leadership	Implementation	Research, Monitoring and Evaluation	Skills development and capacity building
District and Sub-District NOTE: Some activities are applicable to sub-district level	Implement policies and regulations.	Community-based health promotion interventions. Conduct health campaigns and screening. Provide IEC material. Advocacy within communities	Establish local partnerships or inter-sectoral groups to address health issues. Participate in epidemic preparedness response teams	Implement community based services within different settings (e.g communities, health facilities and schools). Plan, coordinate and implement health campaigns. Source IEC material and disseminate. Support the PHC outreach teams. Support CHWs with health promotion interventions. Provide health promotion services in health facilities Participate in the school health teams Implement the district health promotion plan Establish, facilitate and maintain integrated support groups. Facilitate the health promoting schools programme.	Report and maintain records of health promotion activities Monitor and evaluate programme implementation. Participate in community surveys.	Facilitate and support training and capacity development for district staff and sub-district staff

11. THE ROLE OF THE HEALTH PROMOTER WITHIN A VARIETY OF SETTINGS

Health promotion interventions are conducted within various settings. This includes the following: the role of the health promoter within the Ward-Based PHC Outreach Team, the health facility, the school health team, the school and the community.

The roles and responsibilities of health promoters in these settings are outlined in *Annexure A*.

12. REQUIREMENTS FOR THE SUCCESSFUL IMPLEMENTATION OF THE POLICY

Sustainable health promotion interventions require the development of systems for implementation and monitoring. Dedicated resources for health promotion programmes should be allocated for implementation of health promotion interventions at national, provincial, district and sub-district levels.

To achieve the desired health outcomes and to provide optimal health promotion services, the following areas should be prioritised for the successful implementation of this policy:

12.1 Norms and Standards for Health Promotion

Human resources for health promotion in the country differ across provinces, with variations in the structures, occupational classes and salary levels for health promotion officials. Clearly identified norms and standards for health promotion are required as part of the process for the development of job descriptions, occupational classes and curriculum development. Health promotion should be aligned with the PHC reengineering programme in order to enhance, compliment and strengthen health promotion in communities, schools and health facilities. The health promotion service is currently offered by various categories of health workers and needs to be harmonised within dedicated health promotion structures. The identification of clearly defined norms and standards will assist in determining staffing needs at different levels, in accordance with the Workload Indicator Staffing Needs (WISN) process. A national audit of human resources will be conducted to identify gaps and to provide recommendations for future planning.

12.2 Financial Resources

The successful implementation of the health promotion programme requires sustained and dedicated financial resources. The allocation of resources should be based on the principles of redress and equity. The current financial resources limits the implementation of health promotion strategies that are known to increase awareness on critical health issues and impact upon on social and behavioural changes that promote health and well being.

12.3 Capacity Building

The current cadre of health promoters should be re-orientated and trained in appropriate skills to enhance the implementation of the policy and strategy. The planning and the implementation of a continuous professional development programme and career pathing for health promoters will be done in collaboration with academic institutions. This collaboration is required to harmonise training and to build the capacity of the existing health promoters.

SECTION 2

Health Promotion Strategy

Health Promotion Strategy

1. INTRODUCTION

The *National Health Promotion Strategy* is a resource and guide for all relevant stakeholders and interested parties concerned with promoting health in South Africa. The strategy will be implemented in conjunction with the National Health Promotion Policy.

The *National Health Promotion Policy* highlighted the quadruple burden of disease in South Africa namely, communicable diseases (especially HIV and TB), Non Communicable Diseases (NCDs), maternal, neonatal and child deaths, and deaths from injury and violence, which all lead to high burden of disease.

South Africa is moving towards a holistic health promotion policy approach which will address core competencies in the health promotion practice and coordinate efforts in health promotion activities and outputs which includes a monitoring component.

2. PURPOSE OF THE STRATEGY

The *National Health Promotion Strategy* outlines the process of enabling the nation to increase control over and improve its own health using the PHC approach, which is multidisciplinary in nature.

The *National Health Promotion Strategy* aims to provide guidelines to support actions at appropriate levels that will advance the aims and objectives of the health promotion policy. This strategy aims to promote a holistic approach to health by:

- Focusing on the link between health promotion and the determinants of health;
- Emphasising the role of inter-sectoral and multi-disciplinary approaches in planning, implementing and evaluating health promotion interventions;
- Outlining health promotion activities in various settings; and
- Specifying strategic indicators to be monitored.

3. SCOPE OF THE STRATEGY

The strategy will focus on providing guidance, support and the promotion of partnership for the implementation of health promotion interventions, within various settings and levels of government. The goals and objectives of the Health Promotion Strategy are outlined in the following table.

GOAL 1: ADVOCATE FOR HEALTHY PUBLIC POLICIES TO ACHIEVE HEALTH OUTCOMES				
OBJECTIVES	ACTIVITIES	OUTPUTS	TIME LINES	KEY PARTNERS
Strengthen integration of health promotion in all public policies.	<p>Assess and identify health promotion gaps in existing policies. Advocate and lobby for policies that focus on creating environments that are conducive for promoting health. Consult with stakeholders to prioritise health promotion actions within policies.</p>	<p>Policies that have integrated health promotion programmes.</p>	<p>2015- 2019</p>	<p>All programmes and key stakeholders.</p>
<p>Develop and promote frameworks for health promotion interventions</p>	<p>Develop a strategy to prevent and manage obesity in SA. Develop implement and monitor tobacco regulations on:</p> <ul style="list-style-type: none"> • Reduced ignition propensity cigarettes; • Smoking in indoor and certain outdoor public places; • Display at point of sale; and • Graphic Health warnings (Pictorial messages and health warning on tobacco products and packages). 	<p>Obesity strategy. Tobacco regulations</p>	<p>2015-2019</p>	<p>Industry, civil society, food control, NGOs, other government sector, academia and research institutions.</p>

GOAL 2: EMPOWER LOCAL COMMUNITIES ON HEALTH PROMOTION APPROACHES THAT FACILITATE STRENGTHENED COMMUNITY ACTION AND OWNERSHIP					
OBJECTIVES	ACTIVITIES	OUTPUTS	TIMELINES	KEY PARTNERS	
Strengthen partnership with community structures and civil society	Strengthen linkages with existing community forums. Establish community forums. Promote community participation in health campaigns.	Forums participating in community-based campaigns.	2015- 2019	Private Sector, civil society, food control, Non-Government organisations, other government sector, academia and research institutions	
Support PHC Ward-Based Outreach Teams to implement health promotion programmes	Develop package of service delivery of health promotion services. Develop tools to assess and promote community mobilisation.	Community mobilisation tool.	2015-2019	Civil society, PHC	
Improve health literacy	Develop and disseminate appropriate key IEC messages and materials, including for people with disabilities. Intensify social marketing of priority health programmes(e.g, diabetes, hypertension, TB screening, HCT, early ANC booking and care Promote male involvement in maternal and child care health and development. Promote healthy lifestyle practices on the 5 pillars: nutrition, physical activity, tobacco control and prevention of substance abuse (including alcohol and tobacco) and safer sexual practices.	IEC material developed and distributed. Community-based health lifestyle campaigns, including health screening.	Annually	All programmes, technical experts and civil society.	



GOAL 3: CREATE AN ENABLING ENVIRONMENT THAT PROMOTES HEALTHY BEHAVIOUR PRACTICES				
OBJECTIVES	ACTIVITIES	OUTPUTS	TIMELINES	KEY PARTNERS
Advocate for the establishment of conducive environments for the promotion of healthy behaviours	Facilitate the creation of healthy environments for children: Co-ordinate inter-sectoral action for the promotion of handwashing, personal hygiene practices, healthy eating options and personal safety. Promote smoke- free environments Promote child- friendly environments to prevent home, institutional and community level accidents and injuries.	Global handwash day campaign with partners. Smoke free indoor public places	2015 - 2019	All programmes, technical experts and civil society, DSD, DBE, and development partners
	School Health : Promote the healthy lifestyle package for learners.	IEC materials for learners.		
	Communities: Facilitate and promote the establishment of community based support groups on breastfeeding, physical activity, and chronic diseases of lifestyles Lobby and advocate for creation of environments to promote physical activity.	Community-based support groups		
	Health Facilities: Promote and ensure availability of IEC material within health facilities Develop and implement guidelines on activities to be implemented on health promotion within health facilities.	IEC materials available in health facilities Guidelines for implementation of health promotion in facilities.		All programmes and civil society.
GOAL 4: STRENGTHEN HUMAN RESOURCES CAPACITY TO DELIVER HEALTH PROMOTION SERVICES				
OBJECTIVES	ACTIVITIES	OUTPUTS	TIMELINES	KEY PARTNERS
Develop and implement a comprehensive human resource plan for health promotion	Conduct a national audit of human resources for health promotion. Develop norms and standards on health promotion. Develop job descriptions for health promoters. Facilitate the development of a curriculum for health promoters. Facilitate the training of health promoters and other health workers.	Audit of human resources for health promotion Curriculum for health promoters.	2015 - 2019	HRD, programmes and academia
GOAL 5: STRENGTHEN SYSTEMS TO MONITOR AND EVALUATE HEALTH PROMOTION INTERVENTION				
OBJECTIVES	ACTIVITIES	OUTPUTS	TIMELINES	KEY PARTNERS
Collaborate with academic and research institutions to promote evidence-based health promotion interventions.	Identify research priorities. Incorporate evidence based research into health promotion programmes.	Evidence based health promotion programmes	2015-2019	Programmes and academia

4. MONITORING AND EVALUATION

NOTE: These proxy indicators, listed below are national indicators. The provincial health promotion indicators that will be developed will contribute to the achievement of these proxy indicators, e.g. Number of health promotion education activities held on the prevention and control of tobacco use.

PROXY INDICATOR	CURRENT BASELINE	TARGET	YEAR	MEANS OF VERIFICATION
MEASURING CONTRIBUTION TOWARDS HEALTH OUTCOMES				
Reduce tobacco use by 20%	16.2%	12%	2020	SANHANES
Reduce the mean population intake of salt	Not available	< 5g per day	2020	Research study to measure salt intake
Reduce the percentage of people who are obese and / or overweight by 10%	61% women 29% men	51% 19%	2020	SANHANES
% increase in prevalence of males and females who are physically fit	62.4% of Male fit 42% of Females	70% 50%	2019	SANHANES
No. of people screened for diabetes	Not available	5mil	2018	Provincial reports
No. of people screened for hypertension	Not available	5mil	2018	Provincial reports
MEASURING POLICY AND STRATEGY IMPLEMENTATION				
INDICATOR	BASELINE	TARGET	YEAR	MEANS OF VERIFICATION
Obesity strategy developed.	None	1 Strategy completed	2015	Strategy
Regulations for tobacco developed on :				
- Display at Point of Sale	None	Regulations Gazetted	2019	Government Gazette
- Graphic Health Warnings	None		2019	
Health promotion school IEC package for learners developed	None	1	2016	Package document
Guidelines for health promotion in health facilities developed and disseminated	None	1	2017	Guidelines
Norms and standards for health promotion developed	None	1	2019	Norms and standards document
No. of job descriptions for health promoters available	None	5	2015	Job description document for health promoters
National human resource audit of health promoters completed	None	Audit completed	2015	Audit report

References

1. Ottawa Charter for Health Promotion. First International Conference on Health Promotion [serial on the Internet]. 1986: Available from: http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf.
2. South Africa. Department of Health. Negotiated Service Delivery Agreement: Delivery agreement for outcome 2: A long and healthy life for all South Africans,. Pretoria National Department of Health; 2010.
3. Chu C, Breucker G, Harris N. Health promoting workplaces – international settings development. *International Health* 2000;15 (2):155 -67.
4. Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet*. 2009 Sep 12;374(9693):934-47.
5. Bradshaw D, Steyn K, Levitt N, Nojilana B. Non-communicable diseases: a race against time Medical Research Council: Policy Brief [serial on the Internet]. 2011 [cited 2011 October 2011]: Available from: <http://www.mrc.ac.za/policybriefs/raceagainst.pdf>
6. New HIV Report Finds Big Drop in New HIV Infections in South Africa. 2014 January 17. Available from:www.unaids.org/en/resources/presscentre/.../20140117southafrica.
7. Von Zinkernagel D, The Power of Partnership: Extraordinary Progress, Lessons Learned and Great Hope for the Future in South Africa. Available from: www.doppler1000.com/.../the-power-of-partnership-extraordinary-progress-lessons-learned-and-great-hope-for-the-future-in-south-africa-9 Jan 2014.
8. World Health Organisation. Global tuberculosis control: WHO report 2011. Geneva WHO 2011 [cited 2011 October 2011]. Available from: www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf.
9. Peltzer K, Louw J, Prevalence of Suicidal Behaviour & Associated Factors Among Tuberculosis Patients in Public Primary Care South Africa. *Indian Journal of Medical Research*. 2013 August; 138(2): 194-200.
10. Saving Mothers 2008-2010: Fifth Report on the Confidential Enquiries Into Maternal Death in South Africa. Health Systems Trust. 2012. Published by the Department of Health South Africa. Available From:www.hst.org.za/.../saving-mothers-2008-2010-fifth-report-confidential-enquiries-maternal-deaths-south-africa
11. Berry L, Biersteker I, Dawes A etal. South African Child Gauge. Child health and Nutrition. University of Cape Town.p95
12. South African Health Review 2010. Health Systems Trust. 2013 March.Durban. Available from:www.hst.org.za/publications/south-african-health-review-2010
13. National Department of Health . Annual Report 2012/13. Published 2013 September.
14. Sedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K. Violence and Injuries in South Africa: Prioritising an Agenda for Prevention. *The Lancet* 2009 September 19;374 (9694):978.

15. South African Medical Research Council. Paraffin Poisoning Policy Brief. 2007 March. Available from: www.mrc.ac.za/pressreleases/2007/8pres2007.htm
16. Healthy Campus 2020. WHO The Ecological Framework. Violence Prevention Alliance . Available from: www.who.int/violenceprevention/approach/ecology/en/. 2014 April 22, Healthy Campus 2020. WHO The Ecological Framework. Violence Prevention Alliance
17. Chopra M, Daviaud E, Pattinson R, Fonn S, Lawn JE. Saving the Lives of South Africa's Mothers, Babies, and Children: Can the Health System Deliver? *Lancet*. 2009 Sep 5;374(9692):835-46.
18. Adelaide Recommendation on Healthy Public Policy Second International Conference on Health Promotion [serial on the Internet]. 1988: Available from: http://www.who.int/healthpromotion/milestones_adelaide.pdf. Health in South Africa: An executive summary for The Lancet Series *Lancet*. 2009.
19. Sundsvall Statement on Supportive Environments for Health. Third International Conference on Health Promotion [serial on the Internet]. 1991: Available from: <http://www.who.int/healthpromotion/conferences/previous/sundsvall/en/index.html>
20. Bangkok Charter for Health Promotion in a Globalised World. Sixth Global Conference on Health Promotion [serial on the Internet]. 2005: Available from: http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf.
21. Mortality and Causes of Death in South Africa, 2010 Available from: www.statssa.gov.za/publications/P03093/P030932010.pdf

Annexures

ANNEXURE A: FUNCTIONS AND KEY ACTIVITIES FOR HEALTH PROMOTION IN VARIOUS SETTINGS

Key Function	Key Activity
<p>Setting: Community Role of the Health Promoter in the Ward Based PHC Outreach Team</p> <p>Provide support and technical assistance to the Ward Based PHC Outreach team/s</p>	<p>Setting: Community Role of the Health Promoter in the Ward Based PHC Outreach Team</p> <p>Inform the team/s on community Health Promotion and health literacy needs, priorities and messages. Identify, assess and provide guidance to Community Health Workers (health promotion messages and IEC). Distribute IEC to the outreach teams and CHWs. Hold information dissemination sessions on Health Promotion for CHWs Attend PHC team meetings to provide feedback. Review the Team report and community profile to plan for follow –up on HP interventions. Provide input for the PHC team report</p>
<p>Setting: Community Role of the Health Promoter in the Community</p> <p>Create conducive environments that support healthy behaviours in the community</p>	<p>Setting: Community Role of the Health Promoter in the Community</p> <p>Plan and co-ordinate Health Promotion activities. Advocate and lobby for health promotion resources e.g budget, computer, promotions aids (IEC materials), transport Review implementation of health promotion activities. Implement health promotion plans, strategies and guidelines. Develop action plans. Inform sub-district health promotion coordinator and team leaders on resource needs for health promotion. Attend health promotion programme meetings. Hold health awareness campaigns and events in the community Establish communication and networking platforms and groups with relevant stakeholders Undertake health promotion projects</p>
<p>Facilitate the implementation of all priority health promotion programmes</p>	<p>Submit written reports. Implement Healthy Environments for Children programme like promotion of hand washing, breast feeding. Promote the 16 key family practices of the Integrated Management of Childhood Illness (IMCI) House hold Community Component (HHCC) like promotion of water purification and rehydration solutions. Implement Healthy Lifestyles (HLS) Programme. Promote physical activity. Promote the prevention of alcohol abuse and tobacco use. Promote safer sexual practices. Promote healthy eating. Facilitate the implementation of integrated health promotion services. Implement health promotion activities for programme specific campaigns (immunisation, TB, breastfeeding, contraception, diabetes.</p>

Key Function	Key Activity
<p>Setting: Health Facilities Role of the health promoter in Health Facilities</p> <p>Provide health promotion services</p>	<p>Implement health promotion activities for programme specific campaigns e.g. Immunisation, influenza, malaria control, oral health.</p> <p>Provide health information and education sessions.</p> <p>Facilitate health awareness events or campaigns in accordance with the health calendar.</p> <p>Provide health advice, brief advice and lay counselling sessions to individuals and groups.</p> <p>Make referrals to various programmes, support groups and other sectors, when necessary.</p> <p>Manage and use audio and visuals aids, and IEC materials for health education.</p> <p>Provide IEC material to clients.</p> <p>Do practical demonstrations on (e.g Oral Rehydration Solutions, hand-washing, condom use).</p> <p>Initiate and/or assist and maintain support groups.</p> <p>Keep records on e.g. health education registers, attendance registers, agendas, minutes, etc</p>
<p>Setting: Schools Role of the Health Promoter in the Health Promoting Schools (HPS) programme</p> <p>Facilitate the implementation of the HPS programme (using the national guidelines)</p>	<p>Advocate for HPS to relevant sectors and stakeholders</p> <p>Hold advocacy meetings.</p> <p>Market and invite participation in HPS within existing structures and programmes.</p> <p>Respond to invitations from schools.</p> <p>Follow-up on schools identified by the Integrated School Health Programme.</p> <p>Establish, support, monitor and sustain the HPS in accordance with the guidelines.</p> <p>Introduce the concept of health promoting schools programme to the school principal, educators, school governing bodies, members and learner representation.</p> <p>Facilitate the formation of health promoting school committee.</p> <p>Conduct workshops for parents, learners and educators on implementation of the programme.</p> <p>Facilitate a school health needs assessment and develop an action plan.</p> <p>Conduct workshops for the committee on the implementation of the program.</p> <p>Implement, monitor and evaluate the action plan.</p> <p>Assess and award the status of a Health Promoting School,</p> <p>Conduct monitor and conduct support visits to maintain the HPS status, post the accreditation of the school, in accordance with the checklist in the guidelines.</p>

Key Function	Key Activity
<p>Setting: Schools Role of the Health Promoter in the School Health Team</p> <p>Provide health education and information</p>	<p>Implement health education programmes in schools in accordance with the identified topics of the Integrated School Health Programme (ISHP). Support the school health team to commemorate health awareness events in accordance with the health calendar Provide support and participate in the school health week health promotion activities. Disseminate health promotion messages and material to all relevant stakeholders.</p>
<p>Setting: Community The Role of Health Promoter in the community and as a member of the Diseases Outbreak Team</p> <p>Provide health promotion services within the Sub-district Outbreak Response Teams (SORT)</p>	<p>Participate as a member of the Sub-district Outbreak Response Teams (SORT). Co-design the health promotion response plan within the SORT. Mobilise communities to address the specific health issue. Disseminate the specific health promotion messages and material to the relevant sectors. Present talks on health issues and prevention of the outbreak on the local radio. Conduct door-to-door visits and make referrals to health facilities and relevant sectors, where necessary. Conduct practical demonstrations (e.g Oral Rehydration Solution, water purification, at home).</p>

Community Setting

All health promotion interventions should be implemented in line with the following key strategies:

Information Education and Communication (IEC) strategy

- Identify IEC needs;
- Present educational talks on local community radios, make local public service announcements and present health infomercials;
- Disseminate health promotion messages and material to all relevant stakeholders and the community;
- Conduct education or information dissemination sessions on: How to use the material and tools;
- Facilitate exhibitions;
- Conduct awareness campaigns or events; and
- Conduct demonstrations on health issues (e.g., ORT, hand-washing, condom use)

Community Mobilisation

- Identify and establish partnerships with other sectors and resources;
- Participate in local fora and networks to build relationships across sectors;
- Integrate health promotion activities into planned or existing sector programmes ;
- Lobby to mobilise resources for health promotion;
- Establish and maintain support groups according to guidelines;
- Establish and maintain health promotion committees (e.g health promoting schools, health promoting clinics, health promoting work places); and
- Establish and maintain health promotion community-based support groups like diabetes support groups, physical activity support groups and breast feeding support groups.

