

Commentary

Achieving SDGs and addressing health emergencies in Africa: strengthening health promotion

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Abstract: In 1986, the World Health Organization (WHO) convened the first Global Conference on Health Promotion held in Ottawa, Canada. This conference yielded the Ottawa Charter which defined health promotion as the process of enabling people to increase control over, and to improve, their health. A series of conferences followed and in 2005, WHO convened the Sixth Global Conference in Bangkok, Thailand, which yielded the Bangkok Charter for Health Promotion. This Charter for the first time expanded the role of health promotion to include addressing social determinants of health. Ministers of Health from 47 countries of the WHO Regional Office for Africa in 2012 endorsed the Health Promotion: Strategy for the African Region. This Strategy highlighted eight priority interventions required to address health risk factors and their determinants. In 2011, the Rio Political Declaration on Addressing Social Determinants of Health was adopted by Health Ministers and civil society groups to address inequalities and inequities within and between populations. The main action areas were good governance to tackle the root causes of health inequities; promoting participation and ownership; community leadership for action on social determinants; global action on social determinants to align priorities and stakeholders; and monitoring progress on implementation of policies and strategies. Health promotion has been prominent as part of disease outbreak response, including for Ebola and COVID-19. It has been an integral part of improving maternal and child health mortality and morbidity as well as TB, HIV/AIDS and malaria; and lately reducing the impact of noncommunicable diseases, namely diabetes, high blood pressure and cancer. While challenges continue in strengthening health promotion, there have been concerted efforts to place health promotion on the development agenda in countries through Health in All Policies (HiAP), capacity strengthening, monitoring and evaluation, and innovative financing policy options using dedicated tax from tobacco and alcohol, and road use.

Keywords: Capacity building (including competencies), communication (including social marketing, education campaign, media communications), community action, determinants of health, health literacy, health promotion

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Introduction

In 2015, the United Nations Member States adopted the 17 Sustainable Development Goals (SDGs) with 169 targets as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity by 2030. SDG 3 is dedicated to health and well-being for all ages, and it has 13 targets. While only SDG 3 focuses on health, all goals are inter-related there by promoting an inter-sectoral approach that addresses a wide range of health risk factors and their determinants across population groups. Achieving SDG 3 will only be possible if action on other SDGs such as ending poverty (SDG 1) and zero hunger (SDG 2) among others, support SDG 3.

Health emergencies are increasingly becoming a major threat to the African continent's already weak health care delivery systems. The African population continues to face a myriad of challenges including poverty, hunger, AIDS, and discrimination against women and girls, as well as disease outbreaks from new and re-emerging pathogens. The SDGs are in direct alignment with the African Union's Agenda 2063 (1,2). Achieving the SDGs in Africa would require that strategies and actions that embrace good governance and equity are placed at the center of the policy agenda in order to address daily realities facing the African population. Health promotion practice promises to possess such strategies and actions.

Why health promotion?

The World Health Organization (WHO) Ottawa Charter (1986) defines health promotion as the process of enabling people to increase control over, and to improve, their health. The WHO Bangkok Charter for Health Promotion (2005) further defines health promotion as 'the process of enabling people to increase control over their health and its determinants, and thereby improve their health (3)'. Health promotion has proven tools and interventions that have the potential to promote, support and protect the African people and contribute toward achieving SDG 3. WHO considers health as both a fundamental human right and a sound social investment (4). Inequalities in health are rooted in inequities in society.

Millions of people in the African Region are living in extreme poverty and deprivation in an increasingly degraded environment in both urban and rural areas. In 2008, the WHO Commission on Social Determinants of Health Report (5) made three overarching recommendations, namely: (i) improve daily living conditions; (ii) tackle the inequitable distribution of power, money and resources; and (iii) measure and understand the problem and assess the impact of action (5). These recommendations are aimed at addressing the social factors leading to ill health and health inequities.

The state of health promotion in the African continent

Health promotion as a discipline and practice has been embraced by Member States in the African Region. The Region has been represented in most, if not all, of the nine WHO Global Conferences on Health Promotion held to date. In 2009, the continent convened its first WHO Global Conference on Health Promotion which was held in Nairobi, Kenya. Its theme was on Health Promotion and Development: Closing the Equity Gap, which explored the integration of health across development policies in both private and public sectors (6,7).

In 2011, countries of the WHO African Region participated in the World Conference on Social Determinants of Health (8) attended by Health Ministers, civil society groups and academics. The Global Conference outcome was the Rio Political Declaration on Social Determinants of Health, which agreed on implementing the following required actions:

1. Governance to tackle the root cause causes of health inequities;
2. Promoting participation and ownership: Community leadership for action on social determinants;
3. The role of the Health Sector, including Public Health Programs, in reducing health inequities;
4. Global action on social determinants: Aligning priorities and stakeholders;
5. Monitoring progress: Measurement and analysis to inform policies and build accountability on social determinants.

Strategic restructuring: establishing the Health Promotion and Social Determinants of Health (HPD) Unit

A sound organizational structure is a pre-requisite for the effective delivery of services, and the same is needed for health promotion delivery. In 2015, the Regional Director, WHO Regional Office for Africa established the HPD Unit under the Office of the Director of Programs and Management in order to ensure speedy and timely reaction from health promotion. This elevation also facilitated the integration of Health Promotion and Social Determinants of Health activities across technical programs and clusters within WHO and across Member States of the African Region. Ultimately, the HPD Unit has been visible in all decision-making regarding health emergencies including Ebola, Cholera, Zika, Yellow fever and recently COVID-19.

Development and implementation of the Health Promotion Strategy for the African Region 2012–2022

In 2012, Ministers of Health from the 47 countries in the WHO African Region endorsed the Health Promotion Strategy for the African Region 2012–2022 (9). This strategy was meant to respond to the emerging and re-emerging public health challenges facing the continent.

The eight priority interventions are: (a) strengthening the stewardship role of the Ministry of Health; (b) strengthening the national technical capacity for health promotion; (c) sustaining institutional capacity for health promotion at national, regional and local levels; (d) communication, social mobilization and advocacy; (e) gathering and disseminating evidence on best practice and effective health promotion approaches; (f) establishing sustainable mechanisms for innovative financing of health promotion to ensure adequate funding of interventions; (g) strengthening functional partnership, alliances and networks; and (h) strengthening community capacity for health promotion. It also defines the roles and responsibilities of Member States, WHO and partners in promoting, supporting and protecting health. Ultimately, the strategy also brings up resource implications as well as monitoring and evaluation.

The interventions identified in this Strategy are meant to address the preventable causes of disease, disability and premature deaths in the African Region using the life course approach. The intended outcomes are increased community health awareness, participation and empowerment; positive changes in health-related behaviors and societal structures; and evidence-based policies and legislations. A Progress Report (2015) on the implementation of Health Promotion: Strategy for the African Region (10) highlights progress in 13 countries that had a Strategic Plan of Action. Gambia established a Health Promotion Directorate to coordinate and manage health promotion activities, and South Africa and Botswana received technical support to establish innovative health promotion financing options along the lines of The ThaiHealth Promotion Foundation, Thailand (11).

Human resources for health promotion and capacity strengthening

The human resources for health remain a critical component for success in health delivery, and the African continent is no exception. Capacity building for human resources in health promotion remains a key area of need among African countries (4). While WHO leads in strengthening human resources for health, nongovernmental organizations and academic institutions also play a crucial part. There are countries in Africa that have universities that offer health promotion at the degree level. These countries include Benin, Botswana, Ghana, Kenya, Nigeria, Senegal, Sierra Leone, South Africa, Zambia and Zimbabwe. However, post-graduate degrees are very few, and therefore those aspiring to do a Masters or Doctorate in a health promotion-related field end up going to study abroad. Universities in Europe, United States and Asia Pacific (Australia and New Zealand) have been favorite destinations. Lately, we have been seeing students going to Asian countries, notably China, India and Malaysia. Higher degrees are required in order to have local expertise capable of conducting planning, research, monitoring and evaluation in Health Promotion and Social Determinants of Health. With regards to research, monitoring and evaluation, academic institutions and research centers play a significant role in supporting Ministries of Health and other Ministries to gather the evidence required in policy

decision-making or programs. Academic and research institutions collaborate with WHO and other local, regional and international players to support health promotion implementation in Africa. There is growing evidence that supports the efficacy and utility of such collaborations in health promotion, for example the collaboration between the International Union for Health Promotion and Education (IUHPE) and several African countries to address COVID-19, and the WHO Regional Office for Africa with University of Kansas (USA) during the Ebola outbreaks in West Africa.

Health promotion in SDGs: Africa's vision

In February 2015, the newly elected Regional Director of the WHO Regional Office for Africa, Dr Matshidiso Moeti, outlined the Regional priorities (12) as follows:

1. Driving toward equity through Universal Health Coverage;
2. Placing health at the center of development;
3. Accelerating progress on SDGs while tackling emerging threats in health;
4. Strengthening partnership for health; and
5. Building a responsive, effective and results-driven WHO Secretariat in the African Region.

The Transformation Agenda of the WHO in the African Region

The Transformation Agenda (13) is the vehicle for implementing the Vision of the Regional Director of the WHO African Region toward strengthening health systems in order to achieve universal health coverage (UHC) and SDGs. Health Promotion and Social Determinants of Health remains a key part of the Transformation Agenda under the Smart Technical Focus. In this regard, health promotion as a strategy is ideally positioned to address the social, cultural, environmental and economic dimensions of SDG 3. Major lessons have been drawn from previous disease outbreaks such as Ebola and other public health situations, for example HIV/AIDS, noncommunicable diseases (NCDs), neglected tropical diseases (NTDs), maternal and child health and water-borne diseases (12,13). In addressing prevention and control in all

health conditions and emergencies, health promotion is an integral part of the response. The Risk Communication and Community Engagement (RCCE) Pillar in all disease outbreaks has its leadership under health promotion, and is recognized as a critical component in preventing, halting or reversing disease outbreak. These are the lessons that are drawn from the Ebola outbreak response in West Africa (14,15).

WHO global conferences on health promotion

A series of global health promotion conferences convened by WHO have made declarations calling for collective efforts to improve the health of populations. As a follow-up to these conferences, the World Health Assembly adopted resolution WHA51.12 on health promotion; resolution WHA57.16 on health promotion and lifestyles; resolution WHA60.24 on health promotion in a globalized world; and the Nairobi Call to Action for closing the implementation gap in health promotion (6,7). In addition, Member States also deliberated on, and endorsed, political declarations with health promotion implications, namely the Rio Political Declaration on Social Determinants and the UN High Level Political Declaration on Noncommunicable Diseases (16,17). The last Global Conference convened was in 2016, held in Shanghai, China. The thematic areas of this Global Conference were (a) good governance; (b) healthy cities; and (c) health literacy and highlighting the importance of governance issues, urbanization and health and empowerment of communities.

COVID-19 in Africa: a situational analysis

The corona virus disease of 2019 (COVID-19) has not spared the African continent from the time it was declared a pandemic. The WHO Africa Region had registered 7,597,420 cases and 159,033 deaths by January 13, 2022 (18). South Africa has the most reported cases (3,546,808) and 92,989 people have died. Other most-affected countries are Morocco, Tunisia, Egypt, Ethiopia and Nigeria. The key intervention strategy in the COVID-19 response continues to evolve around case detection and management, and RCCE and vaccines (19).

The RCCE mandate is to ensure that individuals, households and communities are informed about the

COVID-19 pandemic, and that appropriate measures to interrupt transmission are taken. The WHO guidelines include physical and social distancing, proper use of masks, washing hands regularly with clean water and soap or use of alcohol-based sanitizers, and cough etiquette. The latest frontline intervention is COVID-19 vaccination. According to WHO, in April 2021 about 6.2 million COVID-19 vaccines have been administered in 55 countries across the continent (18). The RCCE Pillar plays a key role in disseminating accurate information regarding the merits of vaccines and dispelling the myths and misconceptions often found in social media. Health promotion now leads the RCCE Pillar and therefore continues to play a significant role in COVID-19 response in the African Region where behavioral, cultural, social, economic and political factors are key in influencing health outcomes (19). The community remains an integral part of implementation of interventions (20). In 2020/2021, IUHPE received funding from Vital Strategies to support RCCE activities in Kenya, South Africa, Zambia and Zimbabwe as part of the COVID-19 response in Africa. This project engaged with key partners to plan and implement a range of RCCE measures, based on health promotion principles, to stop the spread of COVID-19 within local communities. The Kenya and South Africa COVID-19 interventions were implemented in low-income communities, while the Zambia and Zimbabwe COVID-19 activities were undertaken in both rural and urban schools.

Issues and challenges

The African continent is consumed by multiple challenges linked to political, social, cultural, behavioral and economic issues. Significant gaps and challenges still exist in health promotion in Africa. Health promotion needs cadres with new competencies for both policies and strategy management and coordination, including during disease outbreaks linked to emerging and re-emerging disease pathogens, most which have a human-to-animal interface such as Ebola and COVID-19. The other threats to health promotion in Africa remain (a) weak leadership for coordination and stewardship, (b) limited community participation and empowerment, (c) paucity of evidence for policy and strategy, and (d) limited funding for health promotion activities. Furthermore, African countries face a huge burden of disease due in

part to poverty, gender inequities, natural disasters, conflicts, climate change and weak health systems. In Africa, the unfinished public health agenda for maternal child health, HIV/AIDS, TB and malaria, and NTDs also require health promotion. A multi-sectoral approach to health promotion is required to ensure that health is a concern of all sectors and not only the Ministry of Health.

Recommendations and conclusion

Health promotion presents a great opportunity for countries to achieve SDG 3 and specifically in managing emerging and re-emerging disease outbreaks, most of which have no known cure. Vaccine-preventable diseases stand to benefit from health promotion practice in terms of improved uptake and reduction of vaccine hesitancy or refusal. In the context of multiple public health challenges including COVID-19, NCDs, UHC and SDGs, it would be prudent for governments, the WHO and partners, and communities to place health promotion high on the development agenda. The following are required actions recommended for governments, WHO, partners and communities in order to see Africa achieve the SDGs and effectively address health emergencies.

1. The role of government

It is prudent that national governments in Africa invest and prioritize:

- Coordination and management – Health Promotion Units should be elevated to a Directorate in countries where this is not the case. This coordination and management role should be supported by availing adequate resources, namely financial, human manpower, time, power and space;
- Implementing innovative financing policy options to ensure that health promotion activities have adequate funding to achieve UHC;
- Use of evidence from health promotion research to inform policies and strategies.

2. The role of WHO and partners

It is recommended that WHO and its partners including IUHPE should focus on:

- Strengthening health promotion capacity for implementation, monitoring, evaluation and documentation within both WHO and Ministries of Health including non-health professionals;
- Establishing norms, standards and strategies for setting up multi-sectoral platforms for integrating Health in All Policies (HiAP), convening of multi-stakeholder dialog, inter-ministerial committees, resource mobilization and citizen forums to promote, support and protect health outcomes across populations and public health conditions;
- Strengthening capacity of Member States to gather evidence for health promotion efficacy and effectiveness, and the application of such evidence into policy making and programs; and
- Advocating for the creation of an enabling environment to support the public to make healthier choices.

3. Community participation

- Participation throughout program development, implementation and evaluation is a pre-requisite for achieving desired outcomes;
- Engagement of community leadership in all aspects of the program to ensure ownership;
- Gender and age equity to achieve parity across population groups.

Conclusion

The state of health promotion in Africa shows great improvement as more countries realize its utility and the gains of having a population that is health literate (4). Health emergencies such as Ebola, cholera, and now COVID-19 have brought health promotion practice high on the agenda of Health Ministers in Africa (15). As social, environmental, economic and political factors deteriorate, inequalities and inequities between and within population groups and countries increase. The number of poor people also rises, leading to high burden of disease and premature deaths. The SDGs are meant to redress the inequities and inequalities between and within countries by closing the gap. Public health conditions, emerging and re-emerging, require that populations respond appropriately and effectively. Health promotion

has played its role in the past and continues to do so now even under difficult conditions due in part to shortages of both human and financial resources. Africa is facing multiple challenges in health care delivery, and finds itself with fewer options other than to invest in addressing inequalities and inequities through health promotion. The call for strengthening health promotion policy and practice strategies in Africa continues to grow, especially now in the context of COVID-19. Health promotion remains a wise and justifiable investment.

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