



## **MINISTRY OF HEALTH**

# **National Policy On Health Promotion**

**For**

**Papua New Guinea**

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## Foreword

It is with great pleasure that I introduce this new National Health Promotion Policy for Papua New Guinea, which the government has approved for implementation. This is the first time Papua New Guinea has had a comprehensive national policy on health promotion.

‘Health Promotion’ is defined as the process of enabling people to increase control over, and to improve their health. Best practice in health promotion is outlined in the Ottawa Charter, the Jakarta Declaration and the Healthy Islands Framework Action Plan which state that the overall aim of health promotion is to improve the health of the population and reduce the differences in health status in a systematic way that is effective, equitable and sustainable. This includes reducing the negative impacts on health, increasing the options for healthy choices, and processes that enable people and communities to increase control over and improve their health. This policy is based on internationally accepted best practice in health promotion.

With its focus on health and not merely the absence of disease, health promotion increases not only quantity but also quality of life. Particularly in developing countries, health promotion is recognized as key to improving population health status. Health Promotion is a cornerstone of the National Health Plan 2001 – 2010 vision and is listed as the first priority in the Plan.

A broad range of factors influence health status and to address these, a diverse combination of strategies is required, involving a broad range of people from different sectors. It is critical in health promotion to form partnerships and work collaboratively to achieve health gains for communities. Health promotion is everyone’s business and should be part of how an organization goes about its work. It cannot be left to a select few who have health promotion in their job title. Health promotion should be an integral part of any health sector and other organisation’s business and health promotion principles should be reflected in all policies, procedures and activities.

This policy is intended to guide health promotion throughout Papua New Guinea. It is anticipated that not only government but also the many partners who are involved in health promotion will uphold the principles outlined in this policy. This includes both government and non-government sectors at national, provincial, district and community levels. The policy provides goals, and guidelines for coordinated action across institutional systems in Papua New Guinea. I hope that the future plans of all government departments, non-government organizations and the private sector will reflect the strategies outlined in this policy and that in so doing, together we can create a healthier PNG.

MELCHIOR PEP MP  
Minister for Health

## **Acknowledgement**

It would not have been possible to develop the National Policy on Health Promotion without the involvement and enthusiasm of the working group in Health Promotion Branch, Health Services Support Program Advisor to Health Promotion and World Health Organization Health Education Specialist.

The Department of Health especially wish to thank participants in the two consultative workshops during which the policy was developed including representatives from:

- Department of Education
- Department of Welfare and Social Development
- Department of Environment and Conservation
- Department of Labour and Industrial Relations
- National Consumer Affairs Council
- National AIDS Council
- National Capital District Commission
- University of Papua New Guinea
- AusAID
- Women and Childrens Health Project
- Provincial Health Advisors from Milne Bay, East New Britain, Central, Madang and Western Highlands Provinces
- National Health Promotion Branch

Special thanks are also due to Senior Executive Management of the Department of Health for their technical input, advice and guidance.

## Definition Of Health Promotion

*'Health Promotion is the process of enabling people to increase control over, and to improve their health.'*

(WHO Ottawa Charter, 1986)

## CHAPTER 1

### BACKGROUND

Health is regarded by WHO as a fundamental human right and therefore all people should have access to basic resources for health which include peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Recognition of these prerequisites for health highlights the inextricable links between social and economic conditions, the physical environment, individual lifestyles and health. These links provide the key to a holistic understanding of health, which is central to the definition of health promotion.

Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation from a wide range of sectors and individuals is essential to sustain health promotion action.

### 1.1 Regional and Historical Context

The health promotion focus now emerging in the Pacific closely follows the Ottawa Charter of 1986. This outlines a holistic approach to preventive health incorporating five major interlinking strategies, which together provide an enabling environment for preventive activities and encourage individual, community and national involvement in, and support for healthy behaviour.

The five main strategies of the Ottawa Charter are:

- The provision of healthy public policy;
- The creation of environments which support health;
- The development of personal skills;
- Community development and involvement in health; and
- A reorientation of health services.

The resolutions of subsequent global conferences are also beginning to influence the ways in which health services are perceived in the Pacific. These are the Yanuca

Declaration (1995), The Jakarta Declaration (1997) and the Rarotonga Agreement (1997). All of these meetings reaffirmed the importance of preventive measures, the need for a comprehensive approach in health promotion and started to introduce the idea of focusing not on disease but on the determinants of health.

At the Yanuca and Rarotonga meetings, the Ministers for Health affirmed their support for the concept of Healthy Islands; its holistic approach to health, and its strong focus on preventive measures and health promotion and health protection. As a signatory to the Yanuca Island Declaration, Papua New Guinea has a commitment to becoming a Healthy Island where: children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; and ecological balance is a source of pride. On 25<sup>th</sup> January 1998 the National Executive Council gave its commitment to the Healthy Islands concept with decision no. 10/98 which directed the National Department of Health to develop a plan of action.

Throughout the Pacific there is growing recognition that health promotion is a vital element in health development. With the new awareness of the importance of health promotion and the global support it receives from international organisations, health promotion in Papua New Guinea must continue to receive the support necessary to build on the work already undertaken.

## **1.2 Need For And Intent Of Policy**

The vision of the National Health Plan 2001 - 2010 is for Papua New Guinea to be a nation of healthy individuals, families and communities where self-reliance prepares all for healthy living in a healthy island environment. The National Health Plan recognizes the importance of health promotion and that it is one of the priorities deserving most attention given the scarcity of resources and the priority health concerns in PNG.

Further characteristics of the vision are enshrined in the National Constitution and it is clear that the value-added contribution of health promotion toward making the vision a reality lies in reducing the incidence of preventable death and disease, increasing longevity and quality of life. A comprehensive health promotion program incorporating all of the five action areas defined in the Ottawa Charter is most likely to realize the vision of the National Health Plan.

The vision for Health Promotion in PNG may thus be defined as:

*'To empower individuals and communities thereby enabling them to control the status of their own health.'*

Through the use of a comprehensive range of health promotion strategies, that is, building healthy public policy, creating supportive environments, strengthening community action, developing individual skills, and re-orienting health services, health promotion will encourage individuals and families to be active partners in their

own health, self-reliant and to practice healthy behaviours that will have a lifetime impact on personal and family health.

While health promotion is a cornerstone of the National Health Plan vision and is the first priority listed in the National Health Plan, prior to the development of this policy Papua New Guinea has not had a comprehensive national policy on health promotion. With many partners actively participating in health promotion it is necessary to develop and adopt a national health promotion policy, which provides goals and guidelines for coordinated action across institutional systems in Papua New Guinea.

The National Health Plan 2001 - 2010 cites the *development of a national policy on health promotion* as one of the major responsibilities of the national level health management.

While there is no single definition of policy, this policy is being developed as a statement of intent or direction to provide guidelines for coordinated health promotion decisions and action across institutional settings. This policy is an agreement between the stakeholders represented in its development about the **principles** that should underpin health promotion and the **best practice** for effective health promotion that will result in improved health outcomes. While this policy itself is not enforceable through legislation, it supports the development and enforcement of healthy public policies.

### **1.3 Audience**

This policy is intended to guide health promotion throughout Papua New Guinea. It is anticipated that not only government but also the many partners (agencies, institutions, associations, non government organizations, community based organizations and individuals) who are involved in health promotion will uphold the principles outlined in this policy. This includes both government and non-government sectors at national, provincial, district and community levels.

## **CHAPTER 2**

### **POLICY CONTEXT AND DIRECTION**

#### **2.1 Core Government Commitments and Policies**

This policy is in line with the following core Government commitments and policies:

- *PNG Constitution* (1975)
- *Organic Law for Provincial and Local Level Governments* (Department of Provincial and Local Level Government Affairs, November 1998)
- *National Health Administration Act 1997 and User Handbook*, (National Department of Health, April 1998)
- *National Health Plan 2001 – 2010*, (Ministry of Health, August 2000)
- *Minimum Standards for Districts Health Services in Papua New Guinea*, (Ministry of Health, May 2001)
- *Healthy Islands Framework*, (Ministry of Health and WHO, December 1999)
- *Draft Policy on Partnerships in Health*, (Ministry of Health, 2002)
- *Village Health Volunteers Policy*, (National Department of Health, July 2000)
- *National Nutrition Policy*, (Ministry of Health, March 1995)
- *National Drug Policy*, (Ministry of Health, June 1998)
- *National Policy Document on Immunisation*, (Department of Health, Revised 1995)
- *HIV/ AIDS Policy*, (National AIDS Council, Revised Ministry of Health, 2002)
- *Infection Prevention Policy Guidelines for Health Facilities*, (National Department of Health, November 1995)
- *National Policy on Cold Chain and Logistics for PNG*, (Ministry of Health, September 2000)
- *National Population Policy 2000 –2010*, (Department of Planning & Monitoring, November 1999)

#### **2.2 Health Promotion Policy Goals and Objectives**

The goal of this Health Promotion Policy is to drive the sustained implementation of comprehensive and effective health promotion programs by a range of organizations at National, Provincial, District and community level thereby contributing to the realization of the health promotion objectives stated in the National Health Plan.

The objectives of the Health Promotion Policy are to:

1. Define standards for Health Promotion Practice.
2. Ensure that Health Promotion in PNG is strategic and makes the best use of available resources.

3. Reiterate a comprehensive approach to Health Promotion and the Healthy Islands approach.
4. Define Health Promotion strategies.
5. Guide the preparation of plans and programs at National, Provincial and Local levels.
6. Ensure budget allocation for Health Promotion activities.
7. Coordinate activities being conducted by different sectors and levels of government.
8. Encourage multidisciplinary approach involvement in Health Promotion.
9. Define responsibilities of different sectors, levels of government and communities.
10. Define human resource needs to implement Health Promotion Policy.

### **2.3 Policy Principles**

Principles provide guidelines for making decisions. The following principles underpin health promotion in Papua New Guinea and should be upheld.

#### **Holistic Approach**

Health promotion considers the individual as a whole and social being. Health promotion is concerned with physical, mental, social and spiritual well-being.

#### **Comprehensive Approach**

A **comprehensive approach** to health promotion should be practiced in Papua New Guinea. A comprehensive approach is one that uses the five action areas outlined in the Ottawa Charter; that is: developing healthy public policy, creating supporting environments, strengthening community action, developing individual skills, and reorienting health services.

#### **Healthy Islands Concept**

Health is the prime responsibility of the individual, family, and the community.

Health is an investment and a healthy person can contribute to national development.

Health promotion and health protection remain the core business in health development.

The Healthy Islands concept is the vision within which all community participation in health activities and programs operate.

The Healthy Islands concept is not static but is a responsive, adaptable process of identifying and resolving health related issues.

### **Targeted Health Promotion/ Selection Of Priority Conditions**

Health promotion programs should target those health conditions that are the leading causes of suffering, death and disability and promote healthy behaviors, which can reduce the incidence, increase early detection or minimise the effects of those conditions in PNG.

### **Reducing Health Inequalities**

Health promotion programs and resources should be directed to reducing the differences in health status between groups within the population. These include groups based on gender, age, language and culture, place of residence and religion.

### **Ownership And Sustainability**

Sustainable development refers to the use of resources in ways that do not compromise the health and well-being of future generations. In health promotion, sustainability is important in terms of building healthy public policy and supportive environments for health in ways that improve living conditions, support healthy lifestyles, and achieve greater equity in health both now and in the future.

### **Evidence Based Program Planning**

A continuous quality improvement cycle should be adopted in the practice of Health Promotion so that activities are planned and monitored and the information obtained used to inform and improve subsequent activities. The cycle includes four stages: assessment, planning, implementation and monitoring (analysis).

## CHAPTER 3

### CURRENT SITUATION

Some analysis of the current trends and conditions in PNG against the 5 key strategies of the Ottawa Charter has been conducted. Also, in May 2001 the NDoH's Health Promotion Branch conducted a situational analysis for health promotion in seven of Papua New Guinea's twenty provinces. The key findings of these analyses are summarized below.

#### **Policy Development**

With the high level government support expressed for international agreements on health promotion and the Healthy Islands approach, there is great potential for healthy public policies in Papua New Guinea. Donor organizations also advocate for sustainable development through health promotion.

However, decision makers are often not fully informed or aware of the health implications of their policies and there are conflicting views about priorities at different levels of government. There are competing demands on limited resources and health remains consistently under funded in provincial budgets. Little attention is being paid to legislative and taxation changes that would support health promotion.

#### **Supportive Environments**

Decentralisation in planning and budgeting through the Organic Law can greatly assist health promotion if National level support is reflected at Provincial, District and Local Government Levels. Collaboration between different levels of government and the creation of partnerships with other organizations such as Non Government Organisations (NGOs), Community Based Organisations (CBOs), Women's Groups and the private sector underpin the creation of supportive environments.

Engagement of NGOs to organize and help manage certain community-based initiatives in resource poor areas might be possible. However many NGO groups are in a fledgling stage with few resources and staff. Many are community-based organizations that need the support and guidance of external agencies. If these agencies are willing to support and conduct health promotion activities some skills development may be required. Coordination of activities conducted by different sectors will also be needed.

In order to roll out the Healthy Islands concept and see Healthy Settings established throughout the country, capacity and intersectoral partnerships at the provincial and district levels need to be strengthened.

## **Community Action**

Community Action is fundamental to implementation of the Healthy Islands Concept. Many communities have been trained in community action and participation processes. The link between these training programs and health promotion activities needs to be defined more clearly. While many CAP training programs have been conducted communities need continued support to take responsibility for and initiate their own health programs is required. In some areas there is no evidence of established community-based health projects and little capacity to initiate such projects. It is also important that Community Action and Participation is formally monitored and evaluated so that a body of knowledge can be developed.

### **Personal Skills**

People are concerned about their own health and are keen to learn more about how to prevent and treat common diseases. Many rural people want to be involved in improving their own health and have requested information and guidance as to how they can achieve health improvements. The educational level and public awareness of development, health and welfare issues remains low. PNG's rural populations are generally not informed nor are they aware of everyday behaviours that could greatly improve their health. Language diversity and low literacy levels mean that health information needs to be disseminated through a variety of communication channels including non print options.

Information must be available in appropriate forms and through appropriate channels, ie in simple words, local languages, using pictures and videos. As the main providers of health information Healthworkers, teachers and community leaders must be trained in how to use health promotion resources and how to communicate effectively with individuals, small and large groups. The national to provincial to district distribution system of health communication materials also needs to be improved.

### **Reorientation of Health Services**

In PNG Health Promotion continues to be undervalued, poorly coordinated, and under-resourced. Resources to invest in the preventive area are limited. Most health promotion has been done with little or no funding. Strong advocacy is needed so that Health Promotion receives the recognition and the resources it deserves. There is a perception, even among healthworkers themselves, that health promotion conducted by non-medical health workers is not as important as clinical practice. Health promotion is not included in health staff job descriptions and is not done in a coordinated manner. Each provincial plan should specify the appointment of a Health Promotion Officer as well as resources to support health promotion activities.

## **Health Promotions Programs/Activities**

In most provinces there is no identified health promotion program. Instead, program managers, whose main responsibilities are in areas other than health promotion, conduct disparate health promotion activities. While it is desirable that all health personnel undertake health promotion activities, it is unlikely that health promotion will receive the priority reflected in the National Health Plan without an identifiable program that attracts appropriate human and financial resources. Without these resources, the sustained coordination and implementation of planned, proactive health promotion activities inevitably suffers, and assumes a lesser priority than curative health programs.

Health promotion activities being conducted in provinces and districts focus on priority health issues including environmental health, TB, malaria, leprosy, maternal and child health and HIV/ AIDS. There was no reported health promotion activity specifically for 'Healthy Islands'. Community participation and empowerment activities which are the foundation of Healthy Islands are seen as critical to establishing sustainable and affordable health development activities. It is important that these types of activities are conducted at Provincial and District levels.

## **Health Promotion Workforce**

The health promotion workforce is potentially large although there are deficiencies in some key areas. Most importantly many provinces and most districts do not have designated health promotion officers. If responsibility for the overall coordination and management of health promotion activities is not designated to a specific position, important health promotion functions are likely to be overlooked.

It was apparent that health workers in particular as well as other health program managers play an active role in health promotion, representing a sizeable workforce for face-to-face communication which is a vital element of health promotion. It is very important to harness this workforce for health promotion and to ensure health workers are provided with accurate information, tools and strategies in order to facilitate their communication of health information.

In all provinces there appears to be great potential for collaboration and partnerships with government agencies, non-government organizations, churches and community groups.

## **Training Requirements**

There is little training in health promotion provided at provincial and district level that would ensure the workforce has the necessary skills to conduct health promotion activities. Further training in health promotion was highly sought after by people participating in the *Situational Analysis for Health Promotion* (2001). Health Promotion skills and concepts should be included in all health worker training courses at all levels.

## **Communication Channels**

A wide range of mass, group, individual, traditional and modern communication channels is reported to be available at provincial level. However, the range of channels used to communicate health information is much less extensive. Communication channels for health information appear to be mainly confined to face-to-face communication and radio.

There is an overwhelming reliance on face-to-face communication, which is mainly provided by health workers. This dictates that health workers must be skilled interpersonal communicators and provided with tools that facilitate their communication with clients such as posters, videos and leaflets. After face-to-face communication, radio was the next most popular source of health information. In fact radio appears to be the only form of mass media having significant reach and penetration in rural areas.

## **Communication Materials**

The main source of health promotion materials is the NDoH Health Promotion Branch. Posters, leaflets, videocassettes and comics are the types of materials most often ordered from Health Promotion Branch. Health Promotion Branch must ensure that quality health promotion materials are available to provinces.

The *Situational Analysis for Health Promotion (2001)* found a strong preference for health communication materials to be in Tok Pisin. Even in provinces where more than one language is commonly used, Tok Pisin was seen to be as good for understanding health information as other languages.

Most provinces reported problems with the distribution of health communication materials. Provinces indicated their preference for materials to be sent direct to the relevant program manager or end-user. More effective distribution systems should be further investigated.

## **Barriers to Health Promotion**

While provincial and district staff recognizes the importance of health promotion, a lack of resources of one type or another (funding, resources, transport, staff were most often cited) poses a major barrier to health promotion. Ironically, the scarcity of available resources is one of the very reasons that health promotion is given priority in the National Health Plan 2001-2010. If the importance attributed to health promotion is anything more than lip service, resources must be allocated to this important program area. Creative and collaborative efforts on behalf of national, provincial and district health sectors may be required to achieve this reorientation of resources. The main areas in which provinces thought Health Promotion Branch could provide assistance were the provision of training, resources (IEC and other) and technical assistance.

## CHAPTER 4

### POLICIES AND STRATEGIES

#### Summary of Policy Statements

<b>Planning</b>	Health Promotion will conform to standards of best practice.
	Health Promotion will target priority health issues.
<b>Advocacy</b>	Health Promotion will be well understood by leaders and communities.
	Community participation will be integral in Health Promotion.
	Healthy public policies will be developed and implemented.
<b>Workforce</b>	Adequate resources will be allocated to Health Promotion.
	Health Promotion activities will be coordinated at all levels.
	All health workers will act as health promoters and educators.
	All appropriate health workers will have knowledge and skills in Health Promotion and adult education.
<b>Partnerships</b>	Community participation and partnerships are fundamental to Health Promotion.
	Relationships with communities will be built to implement Health Promotion programs.
	Partnerships with NGOs, CBOs and other government and corporate sectors will be built to promote Health Promotion approaches.
<b>Communication</b>	Effective communication strategies that reach both urban and rural areas, and are culturally relevant will be implemented.
	High quality communication strategies will be available.

#### 4.1 Planning for Health Promotion

- Defining health promotion and health promotion activities.

*'Health Promotion is the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.'*  
(WHO Health Promotion Glossary, 1998)

Health Promotion in PNG will be delivered within the concept of Healthy Islands. Health Promotion activities are guided by the key action areas of the Ottawa Charter, that is: developing healthy public policy, creating supporting environments, strengthening community action, developing individual skills, and reorienting health services. The exact combination of health promotion activities will vary according to local circumstances but may include: health education, training, skills development; community participation and empowerment, partnership development; policy and strategy development, advocacy;

communication for health awareness, social marketing and publicity; needs assessment, research, monitoring and evaluation; leadership and program management.

- Health promotion in PNG will conform to accepted standards of best practice.

#### Principles

The Ottawa Charter for Health Promotion and the Healthy Islands Framework for Plan of Action should be the basis of planning health promotion activities.

At every level of the health system, participatory processes will be used in planning health promotion activities.

Provincial health activity plans will include a health promotion component.

Health Promotion programs will have clear objectives and strategies appropriate to the relevant target group and include mechanisms for measuring performance and evaluation. An appropriate allocation of resources will be provided.

The impact of health promotion programs will be monitored and evaluated to assess performance against objectives and develop a knowledge base of what is effective health promotion. Planning for subsequent activities will be informed by such evaluations, as part of a continuous quality improvement cycle.

The National Health Information System may be modified to include routine collection of health promotion indicators.

The NHPB will maintain up-to-date knowledge of current developments in health promotion in the national and international arena.

- Health promotion in PNG will target identified priority health issues in order to achieve the greatest gains in health status within the resources available.

#### Criteria for selection of priority conditions:

- Diseases/ conditions that are among the leading causes of morbidity and mortality in PNG,
- Diseases/ conditions for which cost effective health promotion interventions exist,
- Diseases/ conditions for which the causative factors can be altered by health promotion interventions,
- Diseases/ conditions for which there is a high prevalence of health risk behaviours.

## 4.2 Gaining Recognition and Resources for Health Promotion

- Health promotion will be understood and recognized by all stakeholders including community leaders, government and non-government organizations, private sector and the community themselves.

### Principles

Advocacy and networking will be conducted with all stakeholders (NGOs, CBOs, other government sectors, communities) whenever opportunities arise.

Health and health promotion will be part of the curriculum and training programs for health sector personnel, teachers, and church workers at all levels and in pre, in and post service training courses.

Media coverage of health issues and health promotion will be obtained to further the understanding and recognition of health and health promotion among opinion leaders and the general public.

Information about successful health promotion activities in PNG and/ or other countries will be shared.

Best practice in health promotion will be recognized through the PNG annual health promotion awards.

- Community participation will be fundamental to the development of healthy public policies.

### Principles

Community participation will be solicited through the use of strategies such as:

- Collaborating with interest groups,
- Consulting with individuals/ groups,
- Conducting opinion polls to demonstrate the extent of public support.

Policy makers will be made aware of community attitudes to policies.

- Healthy public policies will be developed and implemented.

### Principles

As stated in the Ottawa Charter the development of healthy public policies is an important part of health promotion. This may include legislation, fiscal measures, taxation or organizational change at the community level. Through interagency collaboration and partnerships, policy makers across all sectors and at all levels of the community will be made aware of the health consequences of public policies and encouraged to develop and implement policies that create conditions that are favourable to good health.

Public policies will be monitored for their impact on health.

- Adequate resources (including human, financial and social capital) will be allocated to health promotion by a range of stakeholders.

#### Principles

Within the health sector, sufficient resources will be reserved for health promotion.

Provincial annual activity plans will allocate sufficient resources in order to implement an effective range of health promotion activities (refer 1.4).

Resources for health promotion will be sought through partnerships with communities, non-government organisations and the private sector both at national and provincial levels.

### **4.3 Health Promotion Workforce**

- Health promotion activities will be coordinated at National, Provincial, District and local levels.

#### Principles

To ensure it is not overlooked, the responsibility for coordinating health promotion activities needs to be officially delegated to a specific officer either as the officer's exclusive (full-time) responsibility or in combination with other duties (part-time). At Provincial level health promotion coordination responsibilities will require a full-time health promotion officer.

- All health workers will fulfill their role as health promoters and educators.

#### Principles

Duty statements of all local level health workers in government, church, non-government and private sector organizations will include a health promotion/education function.

- All health sector personnel with a responsibility for health promotion will have an appropriate level of knowledge and skills in health promotion and adult education theory and practices.

#### Principles

All personnel with a responsibility for health promotion should have received relevant training. The extent of training considered appropriate depends on the worker's level of responsibility for health promotion. Designated Health Promotion Officers should receive training at a recognized institution. Other

personnel with a responsibility for health promotion should have received competency based training in basic health promotion skills.

All health-training institutions should have a health promotion component in the curriculum, which includes the Healthy Islands approach, the five strategies of the Ottawa Charter and competency in facilitating community participation.

Health promotion programs and training will be pursued in partnership with relevant government agencies, non-governmental organisations, community groups and the private sector.

#### **4.4 Partnerships in Health Promotion**

Partnerships are vital in health promotion. This Health Promotion Policy recognizes and is consistent with the *Policy on Partnerships in Health* (Ministry of Health, 2002).

- Community participation and partnerships will be recognized as the fundamental basis of health promotion and the Healthy Islands settings approach.

##### Principles

Healthy Islands is the vision within which all community participation in health activities and programs operate.

The Healthy Islands standard for Community participation in health activities and programs specifies a 6 step process which includes:

1. Getting to know the community.
  2. Assessing community needs.
  3. Deciding on action priorities.
  4. Planning for change.
  5. Taking action together.
  6. Evaluating action and participation.
- Relationships with communities will be built to implement the Healthy Islands settings approach and other health promotion programs.

##### Principles

Support will be provided for the delivery of community action and participation programs through:

- Provision of promotional materials and expertise where appropriate,
- Central coordination of the Healthy Islands approach,
- Maintenance of a data base of community participation programs,
- Supporting provincial health divisions to monitor the effectiveness of community participation programs,

- Sharing with all provinces the lessons learned from community participation programs in different parts of PNG.

Communities will be supported to take responsibility for identifying and addressing their own priorities and it should be within the capacity of local communities to sustain local health promotion initiatives.

Health promotion initiatives will be relevant and acceptable to local communities and responsive to cultural sensitivities.

- Partnerships with NGOs, CBOs other government sectors and the corporate sector will be built and strengthened to promote the Healthy Islands concept and/ or develop health promotion activities.

#### Principles

Partnerships will be developed through:

- Identifying and consulting with agencies working in health,
- Advocate for Healthy Islands/ health promotion with agencies not currently working in health,
- Working with agencies to implement health promotion activities,
- Establishing a multi-agency Healthy Islands task force and coordinating mechanisms,
- Developing a formal system for sharing information about successful partnerships.

## **4.5 Communication**

Communication is an important part of health promotion but in PNG it is challenging. The majority of the population lives in rural areas with limited access to any mass media communication channels and just over half the population is illiterate. To be effective, health promotion needs to overcome these barriers.

- An effective and sustainable health communication network that reaches people in both rural and urban areas and is appropriate in the PNG cultural context will exist.

#### Principles

Communication strategies will be determined collectively through dialogue and debate with communities and partner organisations.

As the main providers of health information for people in both urban and rural areas health workers will be equipped with the skills and materials to fulfill their role as communicators.

Community ownership of local communication channels increases the likelihood that they will become sustainable and permanent features. Community ownership will be established by involving communities in developing local communication channels.

A wide range of communication channels will be used for health promotion in Papua New Guinea acknowledging the preference for interpersonal, visual and aural communication channels.

The reach and impact of various health communication channels will be evaluated.

- High quality communication materials will be available.

#### Principles

All health promotion materials will be research-based and field-tested in development.

Health promotion materials will be technically accurate and based on information endorsed by the National Department or Provincial Divisions of Health.

Health communication materials/ strategies should be produced/ developed in Tok Pisin English, Motu and/ or the language used by the intended target group.

The supply and distribution of health communication materials will be sustained.

## CHAPTER 5

### IMPLEMENTATION PLAN

#### **5.1 Resource Implications**

Implementation of the policies outlined above will have significant resource implications for health sector organisations particularly at National and Provincial levels. These need to be considered in deciding whether or not the policies are feasible.

For many health promotion personnel, adopting a comprehensive approach to health promotion will mean expanding the range of health promotion activities they conduct. Many of the strategies on which implementation of the policy is based, call for a participatory approach, networking, advocacy and support. These are functions with which most health promotion personnel should already be quite familiar.

Implementation of the policy also calls for a significant increase in the availability of training for health promotion. Various levels and types of training are required. There is a need to liaise with the coordinators of existing training programs to ensure health promotion is included in their programs. Some new training modules/ courses may need to be developed.

Evaluation arises repeatedly throughout the policy strategies. In particular there is a need to evaluate health promotion activities to determine the comparative effectiveness of different activities. Additional resources may be required to implement the training and evaluation required within the policy. In addition the policy has significant staff and financial resource implications.

To comply with the policy, the minimum staffing requirement is for a health promotion officer in every province. Those provinces that do not already have a full time health promotion officer (approximately half of the 20 provinces) need to allocate funds to this position and program.

The policy calls for additional training, evaluation and staff. These activities need to be funded. The policy also calls for resources at national, provincial and district levels to be reserved for health promotion. If resources are to be allocated for health promotion training, evaluation and staff, and the overall health budget does not increase there may be fewer resources available for other health programs. While this may be a difficult resource allocation decision, it is consistent with the priority given to health promotion in the National Health Plan.

#### **5.2 Responsibility for Implementation**

The policy seeks to engage a wide range of partners in health promotion. Partners are at national, provincial, district and local levels and include other government sectors, NGOs, CBOs, private sector organizations and communities. All of these partners need

to be involved in implementing the policy. For a coordinated approach, partners need to understand each other's roles and responsibilities and National or Provincial Health authorities should assume responsibility for overseeing the implementation of the policy.

The mechanism by which the policy is implemented is at the discretion of each province, but should occur within existing structures and systems so that the intent of the policy becomes institutionalized.

At national level, the National Department of Health is responsible for overseeing the implementation of the Health Promotion Policy and providing progress reports to the National Health Board. It is proposed that a National Health Promotion Advisory Committee (NHPAC) will advise National Department of Health on matters relating to health promotion. NHPAC is an expert group with cross-sectoral membership including representatives from other government sectors, non-government organizations, private sector organizations and the community. Terms of reference for NHPAC are provided in Annex 2. Equivalent committees and structures may be used to oversee implementation of the policy at provincial level.

### **5.3 Monitoring Policy Implementation**

Monitoring and evaluation is important to assess the extent to which the objectives of the policy may have been achieved and for continuous quality improvement.

Monitoring of the Health Promotion Policy will be done through the collection of data for a series of Performance Measures (listed on the next page). The data sources identified beside each performance measure indicate that monitoring will be coordinated at the national level however, most performance measures will rely on data being provided to National Health Promotion Branch (or the National Health Promotion Advisory Committee) by provinces.

To facilitate the collection of data for the purpose of monitoring and evaluating the Health Promotion Policy the National Health Information System will be expanded to include performance indicators relevant to health promotion. In this way provinces would provide the required information to National Department of Health on a regular basis as part of routine reporting. The data collection requirements imposed by the policy may provide an inducement for more widespread implementation of the policy at least among the health sector.

### **5.4 Review Arrangements**

The National Department of Health shall establish a unit to monitor implementation of the policy. The Health Promotion Policy is to be reviewed in conjunction with mid term reviews of the National Health Plans.

## 5.5 Performance Measures

Policy Issue	Performance Measure	Data Source	Frequency of Measure
Planning	Percentage of Provincial Health Activity Plans that include a health promotion component.	Policy and Projects Branch	Annual
Recognition and Resources	Percent increase in positive media coverage for health issues.	Media Watch – Health Promotion Branch	Quarterly
	Percentage of health budget (recurrent, non-salary) allocated to health promotion at National and Provincial levels.	Finance and Management Branch	Annual
Workforce	Number of provinces with a full-time health promotion officer.	Human Resources Information System	Annual
	Number of Health Promotion Officers who have completed Health Promotion Training.	Human Resources Information System	Annual
Partnerships	Number of Healthy Islands settings developed.	Healthy Islands Information Database	Annual
	Number of partner organisations (public, NGO & private sector) in health promotion.	NGO Database	Annual
Communication	Percent of IEC materials distributed that are research-based.	National Health Promotion Branch	Annual
	Number of health promotion materials distributed by health facilities.	Health Information System	Quarterly
Evaluation	Number of health promotion strategies/ activities that have been evaluated.	National Health Promotion Branch	Annual

## ANNEX 1

### Glossary

<b>Advocacy for Health</b>	A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program. (WHO Advocacy Strategies for Health and Development, 1992)
<b>Communication Channels</b>	Mode by which communication is conducted. Can be interpersonal (health-workers, community leaders, peers), group, (community theatre, musical performances, small group discussions), mass (TV, radio, newspaper). Graphic and print materials such as posters and brochures are supportive communication channels.
<b>Community</b>	A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time.
<b>Community Based Organisations</b>	Formal organizations that exist within and to serve communities but having no formal links to government.
<b>Determinants of Health</b>	The range of personal, social, economic and environmental factors which determine the health status of individuals and populations.
<b>Empowerment for Health</b>	In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.
<b>Health</b>	A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. (WHO Constitution, 1948)
<b>Health Communication</b>	Interpersonal or mass communication activities which are directed towards improving health status of individuals and populations. Health communication may involve the integration of mass and multi-media communication with more local and/ or personal traditional forms of communication. (See Communication Channels for examples.)
<b>Health Communication Strategy</b>	Planned approach to communicating information about specific health issues that incorporates goals, objectives, a combination of targeted communication channels/ activities and performance measures.
<b>Health Education</b>	Health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

<b>Health Literacy</b>	Health literacy fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.
<b>Health Policy</b>	A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures.
<b>Health Promotion</b>	Health Promotion is the process of enabling people to increase control over, and to improve their health. (WHO Ottawa Charter, 1986) Health Promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.
<b>Healthy Islands</b>	A healthy island is one that is committed to and involved in a process of achieving better health and quality of life for its people, and healthier physical and social environments in the context of sustainable development. (WHO (WPRO) Yanuca Island Declaration, 1995)
<b>IEC</b>	Information, Education, Communication
<b>Intersectoral Collaboration</b>	A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.
<b>Non Government Organisations</b>	Formal organizations that exist within and to serve communities but having no formal links to government. (Includes community based organizations.)
<b>Policy</b>	Formal (as in legislation) or informal (as in agreement that this is the usual way of doing things) guidelines for coordinated action across institutional settings.
<b>Primary Health Care</b>	Primary health care is essential care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable. (WHO, Alma Ata Declaration, 1978)
<b>Public Health</b>	The science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society.
<b>Settings for Health</b>	The place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being.

<b>Social Capital</b>	Social capital represents the degree of social cohesion that exists in communities. It refers to the processes between people which establish networks, norms and social trust, and facilitate coordination and cooperation for mutual benefit.
<b>Sustainable Development</b>	Sustainable development refers to the use of resources, direction of investments, the orientation of technological development in ways which ensure that the current use of resources does not compromise the health and well-being of future generations.
<b>Village Health Initiatives (VHI)</b>	Village based health activities are initiated and carried out by the village or in partnership between the village and a health service, local government, NGOs, churches, CBOs and the corporate sector. Village Health Initiatives address problems that the villagers identify in ways that they determine are appropriate for the community.
<b>Village Health Volunteer (VHV)</b>	A name used to describe and include the roles of all village health workers in PNG, including village birth attendant, community based distributor, marasin meri, village health promoter, men's health educator, village health assistant and others. They are village members chosen by their families, clans, or villages to support the community members to improve their health and the healthy living of the village.

## **ANNEX 2**

### **NHPAC Terms of Reference**

#### **National Health Promotion Advisory Committee**

The National Health Promotion Advisory Committee (NHPAC) will consist of high level, representatives from various sectors. NHPAC will provide a mechanism for coordination across government and non-government sectors. With a broad focus on the social determinants of health, NHPAC will advocate for health using a comprehensive range of strategies to address the issues that affect the health of people in the community. NHPAC will set the agenda for health promotion in PNG.

The terms of reference for the NHPAC will be:

1. Provide expert advice to the National Health Board in matters relating to health promotion and the underlying social determinants of health.
2. Oversee and advise on the overall planning, implementation and coordination of health promotion activities in accordance with the National Health Plan 2001 – 2010 and the Health Promotion Policy.
3. Oversee the development and implementation of monitoring and evaluation indicators for health promotion activities.
4. Advocate and conduct public relations activities for health promotion, including advocating for healthy public policy that creates conditions and environments that are supportive of health.
5. Consolidate and expand partnerships with other government sector organizations, non-government organisations and private sector organizations.
6. Secure resources and infrastructure for health promotion including a skilled health promotion workforce.
7. Prepare annual progress reports for parliamentary briefing by the Minister of Health.
8. Prepare a progress report for presentation at the National Health Conference.
9. Review and advise on health promotion and public health implications of policies.

Health Promotion Branch, NDoH will provide the Secretariat to NHPAC.

## ANNEX 3

### Role Of National Health Promotion Branch

#### Definition of Health Promotion

*'Health Promotion is the process of enabling people to increase control over, and to improve their health.'*

Health Promotion represents a comprehensive social and political process. It not only embraces actions directed at strengthening skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health.

#### Vision for Health Promotion in PNG

*'To empower individuals and communities thereby enabling them to control the status of their own health.'*

#### Role of National Health Promotion Branch

To realise the vision for health promotion in PNG requires the participation of individuals, communities and political leaders at all levels. While it is the individual that ultimately chooses a health lifestyle, government and society as a whole have a responsibility to make healthy choices 'easy, early, exciting and everywhere' by ensuring that supportive environments are available in various settings. *National Health Promotion Branch has a key role in encouraging governing agencies (such as other health programs, other sectors, NGOs, provinces and communities) to fulfil this responsibility and in assisting others to conduct best practice health promotion activities.*

#### Policy

Health needs to be on the public agenda. Policy makers in all sectors and at all levels should be aware of the health consequences of their decisions. Healthy policy can be created through legislation, fiscal measures, taxation and organisational change. Health promoters have a role in advocating (at the appropriate level) for public policies that foster greater equity and ensure safer and healthier goods and services, healthier public services, and healthier social, cultural and physical environments.

In consultation with stakeholders, National Health Promotion Branch has developed a National Health Promotion Policy. Standards for health promotion are enshrined within this policy.

### Quality Assurance

National Health Promotion Branch is responsible for ensuring that health promotion in PNG is based on accepted standards of best practice. A continuous quality improvement cycle should be adopted so that health promotion activities are planned, monitored and the information obtained is used to inform and improve subsequent activities.

The quality assurance role of National Health Promotion Branch includes: using behavioural research to design and pre-test resources and programs; monitoring and evaluating the impact and outcomes of health promotion programs to build a solid evidence base for effective health promotion strategies and programs.

### Resource Centre

National Health Promotion Branch is responsible for providing a resource centre to support programs and provinces to conduct health promotion activities. This means not only ensuring that health communication productions are available but also being a centre of expertise on all aspects of health promotion in PNG. National Health Promotion Branch provides consultation, advice and technical support on Healthy Islands, community participation, behavioural research, evaluation, health education, communication strategies, social marketing and advocacy.

### Workforce Development

The health promotion workforce includes anyone who has an active role in health promotion, such as Health Promotion/ Education Officers, health workers and other health personnel. Since much health education in PNG is through face-to-face communication, having an extensive, skilled network of health educators is essential.

National Health Promotion Branch is responsible for liaison with and coordination of the network of health promotion officers and ensuring health workers are provided with accurate, up-to-date information, tools and strategies in order to facilitate health education. National Health Promotion Branch also designs, conducts or assists other institutions to conduct training programs for Health Promotion officers and health communicators.

### Health Promotion Programs

National Health Promotion Branch plans, implements, and evaluates national level health promotion programs to encourage health-enhancing behaviours in consultation with other health sector programs, other sectors and different levels of government. National Health Promotion Branch also develops, conducts and evaluates demonstration or pilot programs in order to determine the effectiveness of various strategies. The main health promotion actions used in delivering these programs are: **education** (IEC materials using print, audio and audio-visual media, popular media, community theatre, mass media); **social mobilisation** (through community participation in health activities, the Healthy Islands

initiative, special events); and *advocacy* (through use of mass media, lobbying opinion leaders).

### Partnerships

Strategic partnerships can strengthen, extend and amplify the impact of health promotion. There is great potential for collaboration and partnerships with government agencies, non-government organizations, churches and community groups and others. National Health Promotion Branch has a role in promoting and developing partnerships for health promotion.