

Government of Sierra Leone

Ministry of Health
NATIONAL HEALTH PROMOTION POLICY
OF
SIERRA LEONE

November 2023

Foreword

Based on an all-inclusive consultative process, this policy will facilitate the Ministry of Health to address the risk factors and the determinants of health that contribute to preventable ill-health, disability and premature deaths. It sets out the Goal, vision, mission, objectives, and guiding principles of health promotion in Sierra Leone.

The health promotion policy is linked to the National Health Policy, National Health Strategic Plan, World Health Assembly Resolutions, WHO Regional Office policies on health promotion and other international statements on the progress of health promotion in various countries.

The 2010 health promotion policy was reviewed by a core technical working group of experts headed by the Directorate of Primary Health Care which supervises the Health Education Programme, Contributions from a wide range of stakeholders in the country were also considered.

Dr. Austin Demby
Minister of Health

Acknowledgement

The Health Promotion Policy is essential for achieving 'Health for All' and health related Sustainable Development Goals. Currently, it is the renewed focus of the Ministry of Health to use health promotion policies and strategies in all government ministries and departments and not just the Ministry of Health. It is against this background that the Ministry of Health wishes to acknowledge the invaluable contribution of all actors who were involved in the review of this policy document.

The Ministry of Health is particularly grateful to the technical working group for their invaluable contribution and the leadership role of the Health Education Programme in the Directorate of Primary Health Care in the review of this policy are also highly appreciated.

Finally, we wish to acknowledge the role and contributions of the Minister of Health for his leadership role throughout the policy review process.

Dr Sartie M. Kenneh
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Table of Content

Foreword
Acknowledgement
Definition of terms and concepts
1. Introduction……..6
2. Vision, Mission, Goal, Objectives…….……..…7
3. Organizational Structure (Directorate of Health Promotion)……..8-9
4. Organization and delivery of Primary Health Care in Sierra Leone……..….10
5. Guiding Principles……...11
6. Leadership, Governance and Management……12
6.1 Financing Health Promotion Activities…….……..13
6.2 Health Promotion Workforce……..14
6.2.1 Training in health promotion……..…….…..14
6.2.2 Pre-service training…… …...14
6.2.3 Continuing Education……..……..15
6.3 Public Health Emergencies (Emerging and Re-emergencies) ……..…..….15
6.4 Essential Equipment, Materials and Technologies……...16
6.5 Risk Communication……....16-17
6.6 Climate Change…….……17
6.7 Crisis Communication……..…….17

7.0 Improving service delivery in health promotion, documentation etc……18
7.1 Information system and documentation of Information System and Promotion of health literacy for health information materials……..……...…18-19 8.0 Community Ownership and Partnership for health promotion…….……19
8.1 Linking health facilities to communities……...19
8.2 Social Mobilization……20
8.3 Innovative Communication……20
8.4 Social Change Communication……..20
8.5 Behavioural Change Intervention…….....20
9.0 Policy for healthy settings…….……21
9.1 Health care settings……...22 9.2 Educational Settings……...22
9.3 Family settings……...22
9.4 Recreational Settings……22-23
9.5 Urban Settings……23
9.6 Rural Settings……...23-24
10. Monitoring the impact of health promotion policy……..24-25
10.1 Research in health communication……25-26

Definition of Terms or Concepts

- **Preventing Health Issues:** Promoting behaviors and practices that prevent the onset of health problems, such as encouraging regular physical activity, a balanced diet, and vaccinations.
- **Raising Awareness:** Increasing awareness and knowledge, influencing attitudes about health-related issues, such as the risks associated with smoking, excessive alcohol consumption, or unhealthy eating habits.
- **Empowering Individuals:** Empowering individuals to take control of their own health by providing them with the information and tools they need to make informed decisions and manage their health effectively.
- **Creating Supportive Environments:** Building environments that promote and support healthy choices. This can include creating walkable communities, implementing smoke-free policies, and improving access to nutritious foods.
- **Promoting Equity:** Ensuring that health promotion efforts reach and benefit all segments of society, with a particular focus on reducing health disparities and addressing the social determinants of health.
- **Lifestyle Modification:** Encouraging individuals to adopt and maintain healthy behaviors, such as regular exercise, a balanced diet, stress management, and not engaging in risky behaviors like substance abuse or unprotected sex.
- **Preventing Disease:** Reducing the risk of chronic diseases, communicable diseases, and injuries through interventions like vaccination campaigns, early detection, and screenings.
- **Policy Advocacy:** Advocating for policies and regulations that support health, such as promoting clean air and water, safe food, and workplace safety.
- **Community Engagement:** Involving communities and individuals in the planning, implementation, and evaluation of health promotion programs to ensure they are culturally relevant and effective.

1. Introduction

The global commitments such as Sustainable Developments Goals, Thirteenth General Programme of Work 2019-2025, the Declaration of Astana and the global framework for wellbeing are all people-centred and build on the principles of Health in All Policies. The World Health Organization (WHO) recognizes the fact that 75% of illnesses in the world could be prevented through health promotion. The need to harness different and varied resources is needful to improving health.

Sierra Leone has not achieved the desired level of health outcome because it has not holistically addressed the key determinants of health in the country. Health promotion therefore has been strategically positioned as core to the achievement of quality health outcomes.

In this policy, the focus is to integrate physical, mental, spiritual, and social well-being respecting human rights, social and environmental justice, solidarity, gender equity and peace. This will empower health promotion, inclusivity, equity and meaningful participation.

Recent pandemics such as Ebola Virus Disease (EVD), COVID-19 and the impact of climate change, poverty, emerging and re-emerging diseases signal future crisis that may be more severe. Community engagement policies will be strengthened to enable equitable and resilient health system in Sierra Leone. A sustainable relationship network will be maintained at that level to address issues and promote well-being.

With the changing trends in the causes of the disease burden and health outcomes notably the rise of non-communicable diseases, Sierra Leone needs to put in place structures, policies and programmes that can address the public health challenges.

The National Health Promotion Policy is an initiative of the Ministry of Health to address the risk factors and the determinants of health that contribute to preventable ill-health, disability and premature deaths.

The National Health Promotion Policy calls for restructuring the Health Education Program and to create a Directorate of Health Promotion.

2. Vision, Mission, Goal and Objectives:

2.1 Vision

To strengthen the importance of health promotion by integrating its initiative into various health programmes reaching diverse population groups and addressing disease specific concerns.

2.2 Mission

To provide Health promotion policy guidance for addressing risk factors and the underlying determinants of preventable health issues, disability, and premature deaths.

2.3 Goal.

To encourage and enable individuals, communities, and societies to improve and maintain their overall health and well-being. It aims to empower people to make healthy choices, adopt healthy lifestyles, and take actions that reduce their risk of illness and enhance their quality of life.

2.4 Objectives

The objectives of the National Health Promotion Policy are:

- To provide policy framework to the Ministry of Health for coordination and management of health promotion activities addressing risk factors and social determinants of health across programs, disease-specific issues, and population groups.
- To advocate for sustainable health promotion practice, capacity building, financing options, and documentation and dissemination of evidence.
- To support mainstreaming of health promotion across health and non-health sectors, priority public health programs and population groups to reduce the disease burden and premature deaths from preventable causes including social determinants of health.
- To strengthen modalities for responding to emerging health threats, health effects from climate change and epidemics.
- To establish an evidence-based practice through documentation of health promotion experiences including health promotion information management system.
- To facilitate establishment of new and strengthen ongoing partnerships, alliances, and networks at national, regional, and global level to promote health.
- To improve financing and resource allocation for health promotion as well as establishing a sustainable mechanism for efficient management of health resources.

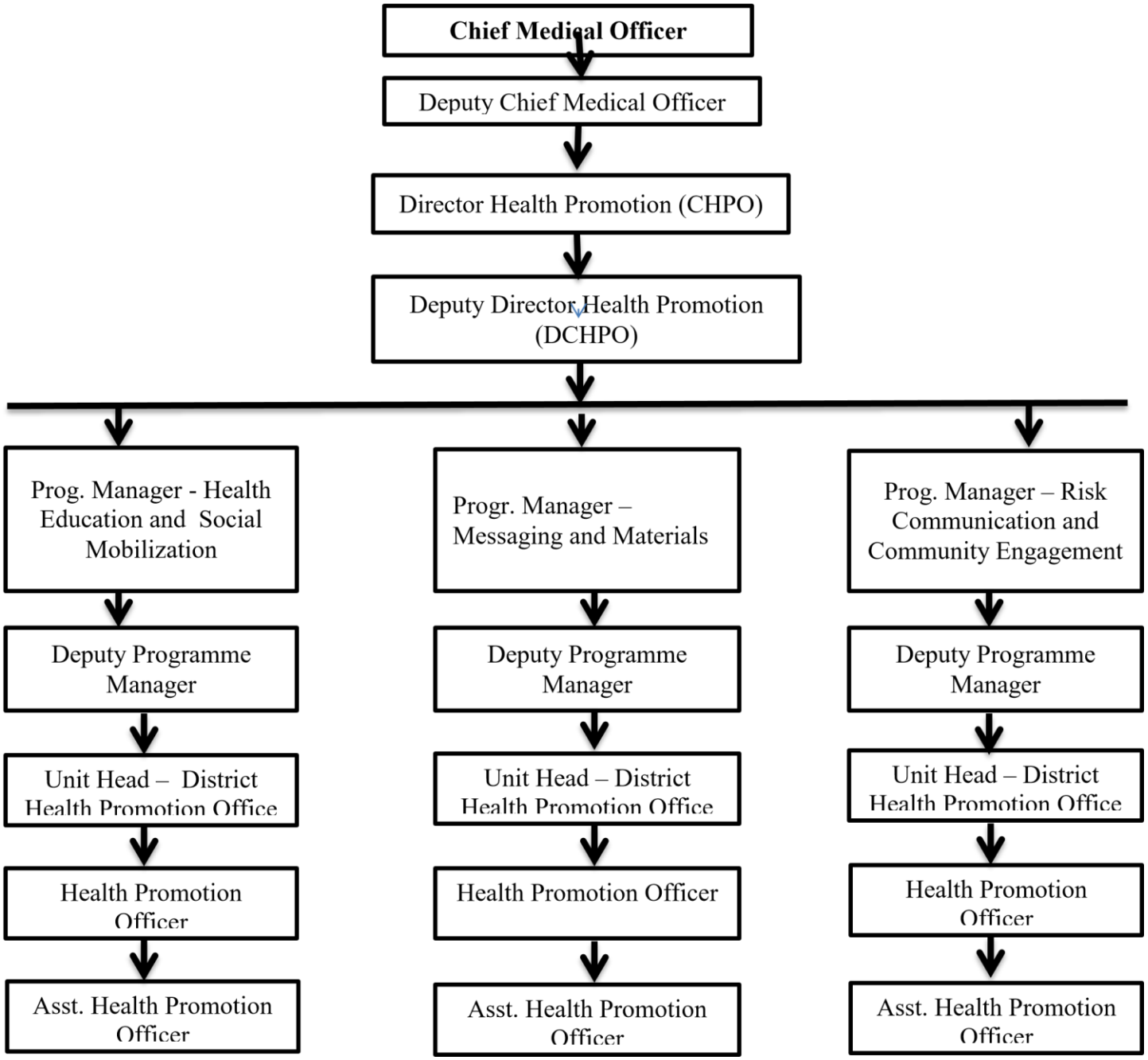
3. Organizational Structure (Directorate of Health Promotion)

The implementation of the National Health Promotion Policy shall be the responsibility of the Health Promotion Directorate, Ministry of Health. At the district level, Health promotion units comprising multi-sectoral and multidisciplinary teams shall be established to address risk factors and determinants of health. The various health promotion activities are implemented as part of primary health care (PHC). The Directorate shall consistently monitor implementation of Health Promotion programme to ensure that promotion activities remain aligned to the objectives of the policy.

The Health Promotion Directorate plan revolves around key commitments and actions contained in the Bangkok Charter (2005); Ouagadougou Declaration (2008) and the Nairobi Call to Action (2009). In that regard, the Policy calls for the Health Promotion Directorate to:

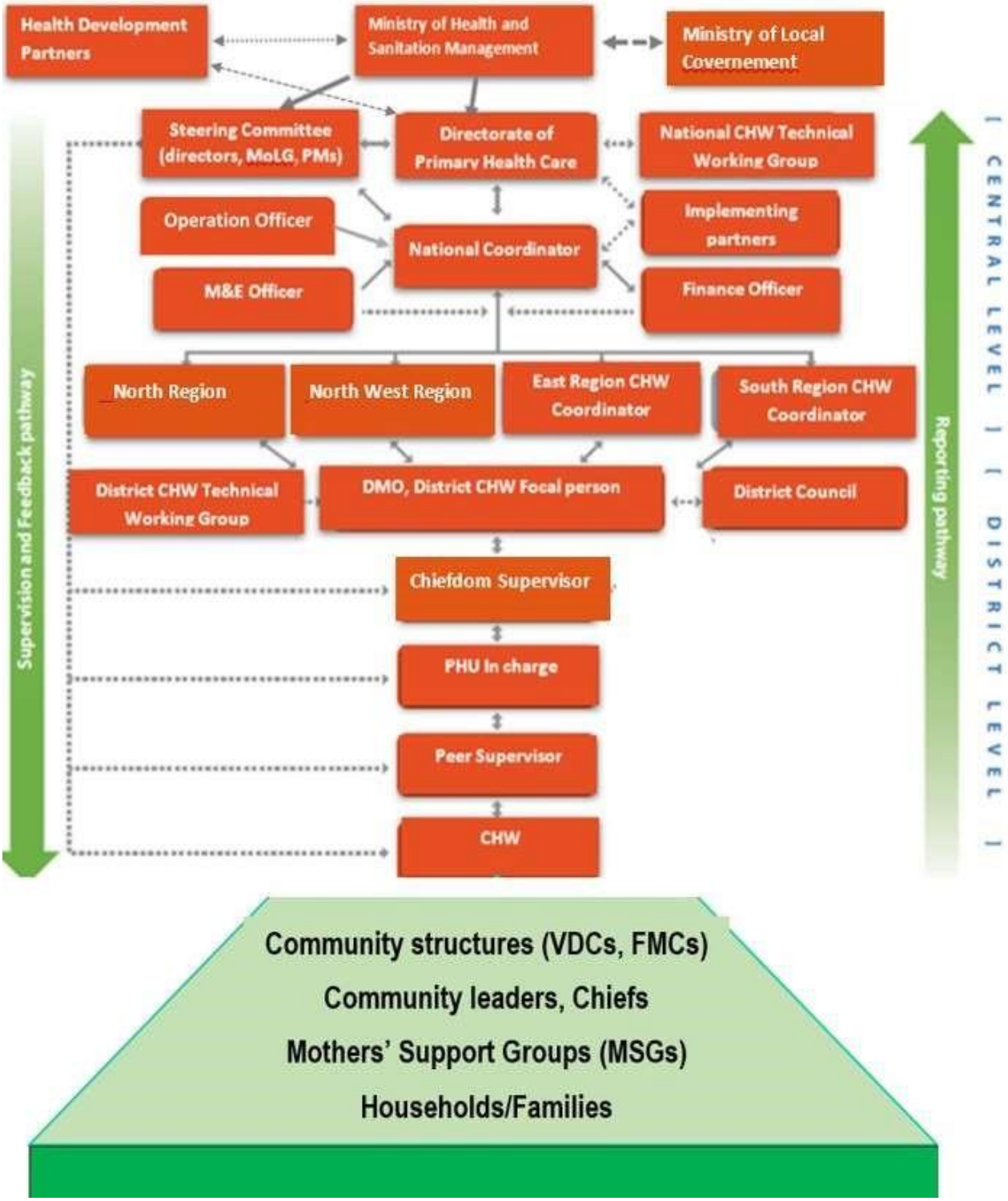
- Ensure that health promotion is a core function of all government ministries and departments and not just the Ministry of Health;
- Involve various players including individuals, communities, civil society, public and private sector, and development partners;
- Ensure that health promotion is a requirement of good corporate practice. Both private and public sector companies shall not engage in actions that harm the health of individuals but shall contribute to community initiatives that seek to promote health;
- Make health promotion central to national, regional and global development agenda. The Directorate shall represent Sierra Leone in regional and global meetings on Health promotion;
- Conduct workshops to disseminate the policy at all levels of government;
- Ensure coordination in the development of health promotional materials

Figure 1: Proposed Health Promotion Organogram



Note below: Prog Manager (PHPO) Deputy Prog Manager (SHPO) District HP Unit (SHPO)

Figure 2: Organization and Delivery of Primary Health Care services in Sierra Leone



5.0 Guiding Principles

The National Health Promotion Policy is guided by the following Health promotion guiding principles:

- Health is not just a personal concern but a societal investment and a fundamental human right for everyone to have access and enjoy good health.
- Equity must be applied throughout the promotion of health to achieve fairness in outcomes and social justice.
- Health promotion policy creates an enabling environment for accessing health information and services, and voluntary behavior change.
- Health promotion policy shall create an environment that facilitates access to health information and services while encouraging voluntary behavior change.
- Health promotion involves multidisciplinary and multi-sectorial approaches.
- Health promotion constitutes partnership, networks and alliances comprising communities, civil society, public and private sectors, and development partners.
- The public and private sectors have a social responsibility to promote, support and protect health.
- Participation of individuals, families and communities in all program activities is a prerequisite to success.
- Health promotion requires a sustainable infrastructure for coordination and management including innovative financing approaches to ensure ongoing support for health promotion initiatives.
- Gathering and disseminating evidence is integral to health promotions programs and policies.
- The health promotion practices are guided by Professional Standards and Ethics ensuring that they are conducted with integrity, and commitment to the wellbeing of individuals and communities.

6.0 Leadership, Governance and Management

Health promotion is a highly cost-effective strategy to foster a healthy nation and shall be the core business of Ministry of Health and line ministries, departments and agencies. Leadership and Governance shall provide the coordination and management role at local, regional, national and global levels through the Directorate of Health Promotion.

To achieve the desired leadership and governance, the Ministry of Health shall:

- Clearly define the leadership and governance structure/ organogram of the proposed Directorate of Health Promotion.
- A Directorate shall be established with technical programs such as:
    - Health Education and Social Mobilization
    - Messaging and Materials
    - Risk Communication and Community engagement

The Director of the established Directorate shall possess a master's degree in health promotion and/or other related qualifications (master's in public health and other social sciences) with over ten years' experience.

- A well-defined inter-collaborative structure shall be developed to identify key partners to strengthen support for the Directorate.
- Health promotion shall be integrated in all government policies to address risk factors and the health equity gap:
    - There should be an established new and ongoing partnership, alliances and networks at national, regional and global level to promote health
    - The policy shall clearly define and guide the Directorate to effectively coordinate and implement health promotion activities by all Programs and Health Directorates of the Ministry of Health and Health Partners.

- Retain professional staff and re-assign them to the newly established Health Promotion Directorate.
- Recruit additional staff as may become necessary in order for the Directorate to be staffed with a multi-sectoral and multi-disciplinary core of qualified and experienced professionals in order to give it the required administrative and technical authority
- Ensure professional progression for Health promotion staff at all levels through variety of incentives as part of a retention scheme;
- Ensure that adequate funding is made available to the Directorate of Health Promotion for both program and administrative matters.

6.1 Financing Health Promotion Activities

Health Promotion and empowerment of individual, families and communities cannot occur unless adequate resources made available in a timely manner. Health promotion faces inadequate financial resources against a huge demand for services. The inadequate allocation of resources and financial inputs has resulted in the diminished role of health promotion in public health programs that require critical health promotion inputs. However, lessons learnt from other countries like Switzerland, Finland, Singapore and Thailand show that innovative financing mechanisms for health promotion do exist.

The National Health Promotion Policy shall:

- Recommend a roll out of the health promotion policy with respect to financing for implementation.
- Seek for increase and sustained funding for health promotion by the Ministry of Health.
- Seek to establish a sustainable financing mechanism for health promotion using regular government budget and dedicated ear- marked taxes (e.g. Tobacco and Alcohol sales)
- To advocate for funding options and to improve financing and resource allocation for health promotion.
- All government ministries and departments to earmark funds for health promotion in order for the Directorate to implement health promotion activities addressing risk factors and social determinants of health across the respective sectors;

- The Government of Sierra Leone to consider exploring the possibility of establishing a Health Promotion Foundation using revenue from special dedicated earmarked tax. The Health promotion Foundation provides a financial management structure that guarantees that the dedicated tax funds are not applied for other purposes other than Health promotion activities.

- Government of Sierra Leone to maintain a functional partnership with the private sector, civil society groups and other international organizations to mobilize more resources for health promotion.

- The Directorate of Health Promotion to make transparency, accountability and efficiency a cardinal management pre-requisite for Health promotion resources and a benchmark for future funding.

6.2 Health Promotion Workforce

The health promotion work force refers to people who deliver at local, district and national levels. The aim of policy direction is to ensure that the Ministry of Health clearly designates Health promotion cadre at national and district levels to reflect the expanded roles and responsibilities of the directorate of health promotion.

The Ministry of Health facilitates capacity building initiatives to strengthen human resources for health promotion to respond adequately to risk factors and the determinants of health associated with disease burden and preventable causes of deaths and disability.

The Directorate shall seek to:

- Define core health workforce to be employed that can give the required administrative and technical authority to the Directorate.
- Define career pathway as per approved scheme of service developed by the Ministry of Health for the Directorate.
- Change the nomenclature from Health Education to Health Promotion to reflect the expanded role and responsibilities of the Directorate of Health Promotion
- Intensify Pre- service and Introduce Continuing education in Health promotion at both Private and Public Universities and Health training institutions.

6.2.1 Training in Health Promotion

- Training at various levels (Diploma, Certificate, Undergraduate or Graduate levels) shall be attained within Sierra Leone or abroad;
- Fellowships or scholarships shall be made available to qualified candidates to further studies in Health promotion including short courses.

6.2.2 Pre-Service Training

- Universities in Sierra Leone, shall offer Health Promotion courses at Certificate, Diploma or Degree level;
- Both private and public universities shall be encouraged to establish Health Promotion training courses at Certificate, Diploma or Degree level;
- Health promotion competencies and standards to be delivered through the academic curriculum shall be identified and periodically revised jointly by the Health Promotion Directorate and the academic institutions.

6.2.3 Continuing Professional Education

- All Health promotion practitioners at different levels and backgrounds shall maintain their knowledge and skills through Continuing Professional Education;

- The Directorate of Health Promotion jointly with academic institutions and development partners in Sierra Leone shall offer health promotion courses as part of continuing education. The courses shall enroll both health and non-health professionals working for various public health organizations.

- Senior and mid-level health promotion professionals shall maintain their skills and professional knowledge by attending workshops, seminars or conferences within Sierra Leone and outside the country.

- Establishing a health promotion human resource development plan to promote career opportunities;
- Conducting regular performance appraisals of health promotion professionals to uphold professional integrity and development.

6.3 Public Health Emergencies (Emerging and Re-emerging diseases)

Emerging and re-emerging diseases are a significant concern in the field of public health. These terms refer to diseases that are newly identified or are experiencing resurgence after a period of decline.
Emerging diseases are those that have appeared in a population for the first time or have existed before but are rapidly increasing in incidence or geographic range.

They are often associated with new pathogens, changes in pathogens, or increased human exposure due to factors like global travel, urbanization, or changes in agricultural practices. Examples of emerging diseases
Include HIV/AIDS, Ebola virus disease, and SARS (Severe Acute Respiratory Syndrome).
Reemerging diseases are those that were previously well-controlled but have experienced resurgence in recent years.

Factors contributing to the reemergence of diseases may include the development of drug resistance, changes in the environment, lapses in vaccination programs, or waning immunity. Examples of reemerging diseases include tuberculosis, malaria, and some vaccine-preventable diseases like measles.
Health promotion plays a vital role in preventing and controlling emerging and reemerging diseases by promoting healthy behaviors, awareness, and effective public health responses. It is an essential component of the public health approach to disease prevention and management.

The policy shall aim to:

- Provide mobility to facilitate awareness in hard to reach areas on health promotion
- Ensure sufficient funding for health promotion activities on public health emergencies response
- Formulate a national harmonized policy document on health promotion for emergencies response.

6.4 Essential equipment, materials and technologies

Creating essential health promotion materials requires careful planning and consideration of the target audience's needs and preferences.

The policy shall aim to:

- Provide sufficient communication tools notably, drones, satellite phone, standardized digital camera, android phones, internet modem, power banks and top up.
- Ensure adequate media engagement on emerging and reemerging diseases (TV & Radio discussions, jingle productions, microphones, Folk media, social media, and community engagements.
- Provide communication materials for health promotion include brochures & pamphlets, flyers, hand-bills, hand-bans, posters, newsletters, banners

6.5 Risk Communication

Risk Communication during outbreak response on emerging and reemerging diseases indicates that during an outbreak response, the public is at risk of a real or potential health threat. Treatment options may be limited, direct interventions may take time to organize and resources may be few.

Early and regular communicating of advice and guidance is the most important public health tool in managing a risk. Adopt the strategy of pro-active communication. This encourages the public to adopt protective behaviors, facilitates heightened disease surveillance, reduces confusion and fear and allows for a better use of resources.

The policy shall aim to perform the following actions:

- Public Health Emergency Management Committee (PHEMC) through the Public Health National Emergency Operation Centre (PHNEOC) at national and PHEMC at district should ensure communications are consistent and reflect the data that has been analyzed. Prepare and disseminate targeted messages to health workers, media, civil society, general population and affected community and stakeholders.

  Communicate with health workers, the affected community and their respective stakeholders including the media.

- Ministry of Health and its partners to strengthen the capacity of health promotion personnel across the country.

- Ministry of Health should improve on technical training of risk communication personnel and provision of necessary equipment to monitor and report on rumors trending on health promotion activities.

- Ministry of Health and Partners should formulate a national harmonized risk communication plan on health promotion

- All key target audiences should be identified and recognized on health promotion issues.

6.6 Climate Change

Climate change presents a fundamental threat to human health. It affects the physical environment as well as all aspects of both natural and human systems including social and economic conditions and the functioning of health systems.

Consequently, it intensifies weather and climate events which are observed, including storms, extreme heat, floods, droughts and wildfires. These weather and climate hazards affect health both directly and indirectly, increasing the risk of deaths, non-communicable diseases, the emergence and spread of infectious diseases, and health emergencies.

Nevertheless, climate change is impacting health in a myriad of ways, including by leading to death and illness from increasingly frequent extreme weather events, such as heat waves, storms and floods, the disruption of food systems, increases in zoonosis and food, water and vector-borne diseases, and mental health issues.

The policy shall aim to:

- Incorporate climate change related issues in all health promotion activities across the country.

- Strengthen collaboration in response to climate change issues with all one-health partners.

- Make provision on annual work plan on climate health promotion issues.

6.7 Crisis Communication

Crisis Communication suggests a deeper alliance where each values the other's interdependence and promotes equal input of participants in shared decision making. Collaboration is based on shared goals of effective crisis response and mitigation, share value and usually in longer history of interaction, communication, and community engagement.

The policy shall aim to:

- Make provision for soliciting funds for crisis communication from Ministry of Health and Partners.
- Spell out the need for clear, accurate, factual and timely information during public health crisis.

7.0 Improving Service Delivery in Health Promotion, Documentation of Information System and Promotion of Health Literacy.

Health service delivery relies on proper health education, communication, and outreach. These elements are core to ensuring people have the information they need to make informed decisions about their health. Health literacy, awareness promotion, and behavioral change are crucial to empowering individuals to action for their well-being.

Health information systems are comprehensive frameworks incorporating various technologies, processes, and people to capture, store, process, and exchange health-related information.

The Policy shall endeavor to :

- Include the one health approach: animal health, environment, traditional Healers, Mother Support Groups (MSGs) etc in the delivery of health promotion activities.
    - Ensure that every health facility has an assigned Health Promotion focal person that should work with community structures (Paramount Chiefs, Bike Riders, Traditional/local authorities), promoting routine immunization services, emerging Public Health events and healthy lifestyles in communities

- Ensure a Health Promotion core module is introduced at all Tertiary and Health training institutions as part of the civic responsibility of the individual.

- Reaffirm the teachings of Health Promotion concepts at all levels in the schools system.

- Strengthen health promotion at informal sector, community and household levels.

- Integrate Health Promotion across all Programs, Directorates and Ministries, Departments and Agencies (MDAs)

7.2 Information System and Documentation for Health Information Materials

The policy shall:

- Include Social Media (Facebook, Whatsaap, Twitter etc) as a means of communication
- Shall have a dedicated Webb site for real time digital information sharing as part of global connectivity

- Cater for a sustainable means of supporting the Knowledge Gateway
- Strengthen the link between HEP to ensure that SBC/HP indicators are captured in the Ministry of Health digital reporting tool

8.0 Community Ownership and Partnership for Health Promotion (CHWs)

Health promotion is an essential component of public health policies, aimed at enhancing the well-being of individuals and communities by preventing disease, promoting healthier lifestyles, and improving overall health outcomes. Central to the success of health promotion strategies is the principle of community ownership and partnership. This policy review delved into the critical aspects of health promotion, with a key focus on community ownership and partnership, as well as the central role of linking health facilities to communities. Additionally, the existing policy was used to assess its coverage on Social Mobilization and Social and Behavior Change Communication (SBC) which are quintessential tools for empowering communities and individuals to take charge of their health.

The Policy shall aim to:

- Strengthen the roles of community members/Community Based Organizations in the development, promotion and monitoring of health information at all levels to enhance ownership and sustainability.
- Adopt the Terms of Reference done by Primary Health Care to revive the Facility Management Committees (where it existed and form new ones) and encourage communities to support its functioning. Traditional leaders to monitor the Facility Management Committees execution of its tasks.
- Strengthen the roles, responsibility, and selection criteria for Community Health Workers.
- Advocate for Government to lead the formation of structures at all levels with support from partners.

8.1 Linking Health Facilities to Communities

The Directorate shall:

- Develop the framework under which Facility Management Committees (FMC), Community Health Workers (CHWs), Community Health Task Force (CHTF) and Village Development Committees (VDCs) can function to promote effective coordination and collaborative in health promotion.
- Strengthen the capacity of FMCs, CHWs, VDCs and CHTF to deliver on their roles and responsibilities.
- Capture current trends and special needs to enhance innovative communication.

- Improve and maintain effective traditional communication methods, recommend the training of sign interpreters, and prioritize investment in modern communication technologies, such as mobile apps, social media, and community radio, to disseminate health information.
- Encourage the use of culturally sensitive and appropriate communication methods in disseminating health promotion messages.
- Train community health workers in using innovative communication tools to reach diverse populations.

- State the framework to guide the development/strengthening and reporting of the referral system
- Mandate existing PHUs to conduct weekly outreach and mobile clinics on health promotion.

8.2 Social Mobilization

- Community members shall be actively involved in developing health promotion activities and delivery of health routine services and participation in health initiatives at their level.
- Communities shall devise ways to generate funds and other resources to support community actions on health promotion through training and capacity building.

The reviewed policy shall foster inclusive and gender sensitive one health approach.

8.3 Innovative Communication

The policy shall capture current trends and special needs to enhance innovative communication.

- Maintain effective traditional communication methods, recommend the training of sign interpreters, and prioritize investment in modern communication technologies, such as mobile apps, social media, and community radio, to disseminate health information.
- Encourage the use of culturally sensitive and appropriate communication methods in disseminating health promotion messages.
- Recommend for the training of community health workers in using innovative communication tools to reach diverse populations
- Ensure that all health information should be popularized by the Health Promotion Directorate.

8.4 Social Change Communication

The reviewed policy shall clarify the roles of community in dissemination of health information.

- Community members shall lead the establishment and implementation of feedback mechanism structures for health information. Integrate the one health approach into health promotion.
- Support periodic assessment to ascertain the impact of communication campaigns on behavior change.

- Include Persons Living with Disability (PWDs) in the development, review, and validation of Social Behavioral Change (SBC) materials.

- Include traditional healers in the development, review, and validation of Social Behavioral Change (SBC) materials.

8.5 Behavioral Change Intervention

The reviewed policy shall adapt but not be limited to the following high-impact interventions that can be implemented to impact attitudes and influence behaviors:

- Educate the target audience to increase their knowledge and understanding.
- Through communication persuade the audience and stimulate positive feelings and action.
- Through incentives create an expectation of reward, while coercion can create an expectation of punishment or cost. Training can help improve communication skills.
- Apply Legal instruments or rules to effect behavior change.
- The modeling and use of local or influential leaders can also be effective in bringing about change.

Finally, environmental restructurings, such as changing the physical or social structure or Context can also influence behavior.

9.0 Policy for healthy settings

Human behavior and health outcomes are produced through interaction between the individual and the environment in which they exist. The individual is inseparable from their environment or setting and the relationship between the two is regarded as continuous or interrelated. Therefore, the setting or environmental context is a critical entity in the promotion of health of individuals and communities. The National Health Promotion Policy identifies various settings where health promotion integration is essential. The Policy calls for priority needs of communities to be addressed by involving the intended beneficiaries throughout the program cycle within each setting.

The settings approach

The "settings approach" framework will be directed at establishing health promoting environments and policies within specific contexts in Sierra Leone, with the aim of enhancing the overall well-being of its population. This approach acknowledges the significant impact of the environments where individuals live, work, learn, and engage in

recreational activities on their health. Its primary objective is to improve the health and well-being of the population by introducing and enforcing policies and interventions that encourage healthier choices and behaviors within these settings.

9.1 Health Care Settings

- All health care settings shall integrate health promotion activities in their daily functions;
- All health care settings shall provide health promotion activities in the communities where they are located as part of social responsibility.

9.2 Educational Settings

The Policy calls for:

 All schools (public and private) at all levels shall implement the essential components of the health Promoting School Concept or Child Friendly Schools in order to address health needs of learners, teachers and the community.

9.3 The Family Setting

The Policy encourages that:

- Parents be educated on positive, harmful and harmless health practices and equipped with health knowledge and skills conducive to a healthy life style including hygiene and sanitation.
- Parents are the main link between the school and the community in order to have continuity between what is taught and practiced at school and at home.
- Dietary practices and other lifestyle related practices that contribute to non communicable diseases such as diabetes, hypertension and heart diseases shall form the family health promotion package as well as the maternal and child health issues.
- Population ageing is a major concern as the population of those above 60 years continues to rise. Strengthening the health care services for the elderly is critical and the policy recognizes that there will be a huge burden in terms of care and financial resources due to population ageing.

9.4 The Recreational Settings

The Policy calls for:

Sports and leisure settings offer excellent opportunities for youths and adults to build self-confidence, positive attitude and healthy life styles.

- Advertisement of all harmful products shall be prohibited from the setting.
- Health promotion concepts and practices shall be integrated in all recreational and sporting programs.
- Policies and legislations to keep harmful products out of school premises such as tobacco, guns or junk foods shall be advocated and enforced;

9.5 Workplace Settings

The Policy calls for:

- The workplace to address employment conditions that impact negatively on the well-being of the workers such as pollution, safety promotion or stress.
- The workplace to implement education programs on accident prevention and other health hazards for the workers and their families;
- Policies, regulations and legislations to safe guard the health and welfare of workers.

9.6 Urban Settings

The Policy calls for:

- Interventions that seek to address health and urbanization e. g., Health Cities to be implemented in order to address the negative impact of rapid urbanization on health outcomes due to urban inequities associated with globalization, commercialization, trade, environmental hazards, road safety, social relations, housing and other health related issues.

- Implementation of multi-sectoral and multi-disciplinary actions to address health and urbanization concerns for vulnerable populations including slum dwellers.

9.7 Rural Setting

The majority of the vulnerable population is in rural areas. These are women, children and the elderly and are often health illiterate and poor.

The Policy calls for:

- Community empowerment through dialogue, participation and listening to concerns of rural communities including women, young people and the elderly;
- Health service providers including civil society and nongovernmental organizations to strengthen community health education initiatives, advocacy, capacity building and health information dissemination.

10.0 Monitoring the impact of health promotion policy

In order to determine whether stated Health promotion policies are still aligned to the national public health goals, continuous monitoring and periodic assessments of the implementation of the National Health Promotion Policy and its impact using a set of indicators will be conducted. Both internal and external resource persons shall conduct assessments to determine the relevancy of the Policy within agreed time-frames. Before the end of five (5) years, a comprehensive review shall be conducted and a national consultation convened to consider the overall impact of the National Health Promotion Policy with a view to revise, sustain, revoke or strengthen existing health promotion policy directions or actions.

The Directorate of Health Promotion and the Ministry of Health shall:

- Develop a mechanism to monitor progress towards meeting the objectives of the National Health Promotion Policy.
- Compile indicators for monitoring the impact of the National Health promotion policy implementation.

- Identify specific short and medium-term Health promotion policy targets for assessment during policy implementation.

- Develop guidelines for the evaluation of the health promotion policy impact against agreed set indicators.

- Document and share the findings from the implementation of the National Health Promotion Policy across programs and population groups.

- Through periodic reviews, any of the stated policies deemed to be no longer useful or not serving its intended original purpose shall be revised or rescinded as may be necessary.

- Timeline, indicators, and methods for monitoring the infodemic management system, such as monitoring of rumors, misinformation, and concerns from the public through new media scanning (online), 117 hotline call centers, local TV, and newspapers from the public for public health action

- Re-popularization of 117 hotline call center core functions at all levels (village, community, chiefdom, districts, regional, and national) through stakeholder and community engagement meetings, radio discussion programs, and the VAI digital platform
- Map out the exciting health reporters in the country and conduct orientation and refresher training to revive health promotion. Network (Function) The incorporation of the new media (social media) into the health promotion network for effective and timely dissemination of health-related messages

- How to monitor progress towards meeting the objectives of the National Health Promotion Policy, such as base-line and end-line studies. The base line starts at the time the policy is launched.

- Identify specific short-term (a period of two years) and medium-term (three years) health promotion policy targets for assessment during policy implementation;

- Compile indicators for monitoring the impact of the national health promotion policy, such as the prevalence of common diseases, risk factors, etc., after every five years of the implementation of the policy.

10.1 Research in health communication

The policy stipulates the formation of the Sierra Leone Health Promotion Network (SLHPA).

One major function of the SLHPA is to facilitate the exchange of information, experiences, and research findings relating to health promotion. However, there is a lack of evidence relating to the sharing of research findings about health promotion since the creation of the policy. Generally, research in health promotion enables the Health Education Directorate to:

- Increase the knowledge and understanding of diseases and their treatments
- Provide better care and treatment for patients
- Make advances in medical technology
- Increase safety and efficacy of drugs and treatments
- Improve quality of care at health facilities

Lifestyle-oriented Concept:

- Research will enable health promoters to focus on discovering behaviors that are risk factors for disease and strategies to reduce or modify them. Unhealthy behaviors are identified in general through retrospective or cross-sectional studies.

Making in health promotion usually takes place in terms of whether or not to change harmful behaviors on the basis of the information provided and the research conducted. Two main reasons for the limited effectiveness of health promotion campaigns are:

- **A general** lack of awareness that existing evidence that relates factors such as physical environment, individual socioeconomic status, and morbidity, mortality, health, etc.
- Those individuals should shoulder all the blame and responsibility for their own behavior on the assumption that individuals should always have the autonomy and freedom to make decisions about healthy lifestyles. This raises the issue of external factors beyond the control of the individual, which discourage healthy behaviors.

Integrating Concepts:

The limitations of the lifestyle-oriented concepts above produced the integrated concept that focused on generating knowledge implies research-generated knowledge that can lead to the modification of individual behavior and actions leaning in that direction.

Generating knowledge related to actions tending to modify the living conditions that will determine individual and collective well-being and affect unhealthy living styles. Using the *integrating concept*, seven areas can be identified for research activities:

- Healthy public policies

- Social participation

- Favourable environments
- Lifestyles
- Reorientation of health services
- Personal and community empowerment
- Evaluation of interventions