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**FINAL REPORT ON THE IMPLEMENTATION OF THE HEALTH PROMOTION
STRATEGY FOR THE AFRICAN REGION 2013–2022**

Information Document

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BACKGROUND

1. The Sixty-second session of the WHO Africa Regional Committee adopted Resolution AFR/RC62/R4 and endorsed the *Health Promotion: Strategy for the African Region*. The strategy aimed to facilitate multisectoral actions and innovative financing to promote and protect health in the African Region.¹

2. By 2018, the strategy targeted all or most Member States to have: (a) developed or revised their health promotion policy or plans; (b) established national associations of health promotion practitioners; (c) established innovative financing through multisectoral dialogue, and (d) incorporated health promotion in training curricula.

3. A mid-term assessment was presented at the sixty-fifth session of the Regional Committee (AFR/RC65/INF.DOC/4). Progress highlighted in the report included 13 Member States were provided support to develop national health promotion plans² and reorientate focal points in all the 47 Member States on health promotion strategies. Support was also provided for community participation in the Ebola Virus Disease outbreak response in Guinea, Liberia, and Sierra Leone. Challenges included inadequate financial and human resources, incomplete transformation of Health Promotion Departments to provide policy-level leadership and lack of monitoring and evaluation frameworks.

4. The final assessment, conducted from August 2022 to April 2023, aims to generate evidence for the next-generation Regional Health Promotion Strategy. This final report summarizes the achievements against the 2013 targets and challenges and proposes the next steps.

PROGRESS MADE

5. In 2022, an end-term assessment questionnaire was sent to all 47 Member States with a 100% response rate.³ From the total number of responding Member States, 29 (61.7%) reported having developed or revised their national health promotion policies and strategic plans.⁴ Of those, 18 (40%) Member States had already launched their policies and strategic plans.⁵ The remaining 11 countries reported ongoing work to facilitate the development or revision of a national health promotion strategy.

6. Progress was made in the area of leadership, with 26 Member States (58%) reporting having established a Health Promotion Directorate in their Ministry of Health.⁶ In addition, 25 (56%)

¹ Health promotion: Strategy for the African Region | WHO | Regional Office for Africa

² Botswana, Burkina Faso, Congo, Côte d'Ivoire, Eritrea, Gambia, Ghana, Liberia, Lesotho, Niger, Rwanda, Senegal, and South Africa

³ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, DR Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

⁴ Benin, Botswana, Burkina Faso, Cabo Verde, Central African Republic, Congo, Côte d'Ivoire, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, Uganda, Zambia, Zimbabwe

⁵ Benin, Burkina Faso, Cabo Verde, Congo, Gabon, Gambia, Ghana, Guinea, Liberia, Madagascar, Malawi, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sierra Leone, Uganda

⁶ Algeria, Angola, Burkina Faso, Burundi, Cabo Verde, Chad, Comoros, Congo, DR Congo, Eritrea, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Madagascar, Malawi, Mozambique, Niger, Nigeria, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia

Member States reported having multisectoral coordination mechanisms.⁷ The assessment also showed that 22 (49%) Member States had established at least one national mechanism for multisectoral engagement on innovative financing using taxation regimes.⁸ This is a significant achievement against the overall target of having at least 20 Member States engaged in multisectoral dialogue to establish innovative financing.

7. Further, good practices and lessons on multisectoral engagement can be drawn from Botswana, where levies have been instituted under the central fund of the Ministry of Finance, including levies on tobacco (2014) and on sweetened beverages (2021). Similarly, seven other Member States also reported imposing ‘sin tax’ levies.⁹ This falls short of the set target of having at least 10 additional Member States engage in multisectoral dialogue to establish innovative financing using dedicated tax.

8. Limited progress was reported in research, monitoring, evaluation, learning, and reporting. Only 18 (40%) of the responding Member States reported having undertaken health promotion-related research, and nearly all the studies were on COVID-19.¹⁰ In addition, more than half of the responding Member States, 26 (58%), did not have a framework for planning, implementing, and evaluating health promotion interventions.¹¹

9. Progress has been made in improving the human resource capacity for health promotion, but gaps also persist. National academic training institutions with a core module in health promotion were reported in 27 (60%) Member States.¹² This exceeds the set target in the strategy of at least 20 Member States. However, 18 (40%) of the Member States still lack national training institutions with the capacity to deliver a basic health promotion module.¹³

10. Member States surveyed also highlighted the following key challenges: limited implementation of the health literacy approach at the country level, lack of an evaluation framework to document progress against priority health promotion interventions, and absence of a central mechanism for knowledge management and sharing of good practices on health promotion policy, research, and practice.

NEXT STEPS

11. Member States should:

- (a) Establish and strengthen national multisectoral coordination mechanisms to support the implementation of health promotion interventions.

⁷ Botswana, Burkina Faso, Cabo Verde, Central African Republic, Côte d'Ivoire, DR Congo, Equatorial Guinea, Eritrea, Gambia, Ghana, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Uganda

⁸ Algeria, Angola, Cabo Verde, Central African Republic, Comoros, Congo, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea Bissau, Kenya, Madagascar, Malawi, Mozambique, Niger, Senegal, Seychelles, South Africa, South Sudan, Uganda, Zambia

⁹ Chad, Cote d'Ivoire, Ethiopia, Gambia, Kenya, Mauritania, Seychelles

¹⁰ Algeria, Angola, Benin, Botswana, Burundi, Cabo Verde, Central African Republic, Eritrea, Gambia, Ghana, Kenya, Mozambique, Rwanda, Senegal, Seychelles, South Africa, Uganda, Zambia

¹¹ Angola, Benin, Botswana, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, DR Congo, Equatorial Guinea, Eswatini, Gabon, Guinea, Guinea Bissau, Malawi, Mali, Mauritius, Namibia, Niger, Rwanda, São Tomé and Príncipe, Seychelles, United Republic of Tanzania, Zimbabwe

¹² Algeria, Angola, Benin, Botswana, Cabo Verde, Comoros, Congo, DR Congo, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zimbabwe

¹³ Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Eritrea, Eswatini, Guinea, Guinea Bissau, Mali, Mauritius, Namibia, Niger, São Tomé and Príncipe, Senegal, South Sudan, Zambia

- (b) Support academic training institutions to incorporate or strengthen health promotion curricula and certification at different levels of specialization.
- (c) Build on progress made in multisectoral dialogue for innovative financing and prioritize resource allocation.
- (d) Update or develop comprehensive and costed national health promotion strategies and action plans.

12. WHO and Partners should:

- (a) Develop an evidence-based third-generation health promotion strategy for the African Region with a framework for monitoring and reporting progress.
- (b) Establish a repository to serve as a central mechanism for knowledge management and sharing good practices between Member States to improve evidence-based health promotion strategies implementation.
- (c) Establish a mechanism to help Member States strengthen their capacity to monitor, evaluate and report on health promotion policies and strategic plans.
- (d) The Regional Committee is invited to note this progress report.