

National Health Promotion Programme Sri Lanka

Strategic Plan 2024 -2030



Health Promotion Bureau
Ministry of Health
Sri Lanka
2024



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List of abbreviations

AGA	Assistant Government Agent
AI	Artificial Intelligence
CBOs	Community-Based Organizations
CSOs	Civil Society Organizations
DALYs	Disability Adjusted Life Years
DDG PHS I	Deputy Director General Public Health Services I
DDG PHS II	Deputy Director General Public Health Services II
DPRD	Disaster Preparedness and Response Division
E & UH	Estate & Urban Health
FHB	Family Health Bureau
GIS	Geographic Information System
GN	Grama Niladhari
HPB	Health Promotion Bureau
IEC	Information, Education and Communication
IT	Information Technology
M & E	Monitoring and Evaluation
MoH	Ministry of Health
MOOH	Medical Officers of Health
NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
PDHS	Provincial Director of Health Services
PHDT	Plantation Human Development Trust
RDHS	Regional Director of Health Services
SDGs	Sustainable Development Goals
TOR	Terms of Reference
UN	United Nations
WHO	World Health Organization

FOREWORD

The Health Promotion Strategic Plan for Sri Lanka, 2024 –2030, has been strategized by the Health Promotion Bureau, adapting to the constantly changing circumstances of the COVID-19 pandemic and economic crisis. The necessity of a national health promotion strategic plan was highlighted in the face of these challenging circumstances. The critical importance of safeguarding health and addressing health determinants was seen more clearly than ever before, both by policy makers and by multiple sectors and communities.

Health promotion encompasses multiple sectors, with responsibility and ownership not being limited to any one stakeholder. Collectively addressing health determinants with each sector fulfilling their roles and obligations is essential for health promotion to succeed. Empowering individuals and communities and ensuring the environment friendliness of health promotion and development initiatives would go a long way to reach the Sustainable Development Goals (SDGs) which are emphasized in this plan.

Relevant stakeholders inclusive of those within and outside the health sector and development partners have contributed to this plan and their contribution is gratefully acknowledged. The successful implementation and achievement of the expected outcomes and objectives of this plan are very greatly dependent on it being worked with as a joint venture with collective accountability and ownership by all stakeholders.

While many activities relevant to health promotion and achieving the Sustainable Development Goals occur at different levels in several sectors, the urgent need of the moment is for all partners to work closely together with well-coordinated efforts to reach common goals. These collaborative efforts would significantly contribute to an optimally healthy and developed nation, utilizing scarce resources economically and efficiently, with Sri Lanka being then well geared to surmount current challenges and reach the pinnacle in health promotion and sustainable development.

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National Health Promotion Programme

Introduction

Health promotion is defined as the “process of enabling people to increase control over, and to improve, their health”. It “represents a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future”.

The World Health Organization (WHO) defines health as a state of physical, mental, social, emotional and spiritual well-being that varies at different stages of the life course. Health is an asset that accumulates as individuals and communities gain increased life control. Health is understood to mean well-being, functional capacity and balanced interaction between people and the environment and can be influenced by many different everyday choices. The choices made and actions taken by individuals have the effect of either strengthening or weakening their health. The ability of the service system to respond to people's health needs and political decision-making in society support or undermine population health. Health effects come about as a result of collective action with responsibility resting with people themselves, the immediate community and society collectively.

Health promotion is a multifaceted venture, inclusive of policy, legislation, advocacy, education, training, research, community empowerment and community development. It builds on existing health knowledge, good practices and healthy community settings to innovatively incorporate into and further expand on already prevailing wholesome conditions and behaviours. Gaps between health knowledge and attitudes, practices and behaviours need to be narrowed through innovative approaches which are community friendly, participatory and all inclusive, considering diverse populations and geographies.

The principles of health promotion stated by the WHO would be the foundation, which is built upon to optimize the health of all Sri Lankans, with special focus to minimize disparities between different population sectors, to ensure that health security and wellness is achievable by all, irrespective of sociodemographic and geographic boundaries.

Community development approach to health promotion is very important in addressing the determinants of health and reducing risk factors inclusive of those associated with poverty and social exclusion. Community development contributes strongly to achieving health and wellbeing outcomes. This is a holistic approach based on the principles of empowerment, human rights, inclusion, social justice, self-determination and collective action⁽¹⁾. The community development approach has been incorporated into this national strategic plan.

Health promotion is also an integral part of the medical treatment and rehabilitation of health care customers. An important role as a health promoter is to contribute actively to the implementation of national programmes and recommendations together with other administrative branches. Thus, it is clear that for health promotion to occur holistically, there should be close

ties and collaborations not only between the different branches of health, but also with other sectors outside health. Synergistic collaborations with multiple sectors outside health together with Community Based Organizations (CBO) and academia is crucial for optimal achievement of health and wellness of all. It is only through well integrated and collaboratively implemented activities from multiple platforms, with shared ownership and accountability, that the complete benefits of the health promotion programme can be reaped.

The background

Sri Lanka has achieved remarkable progress in many health indicators in the last few decades. Widespread access to healthcare and education has accelerated the demographic and epidemiological transitions as Sri Lanka's population ages. An Increase in the prevalence and burden of Non-Communicable Diseases (NCD) is seen.

At the same time, the country continues to face a burden of communicable diseases such as tuberculosis, dengue, and influenza. Furthermore, malnutrition is a problem affecting many aspects of health and wellbeing. Disparities in health indicators are seen across sectors, geographies and population pockets, highlighting the importance of timely district and population specific data sharing and GIS mapping for further health improvement. This is especially important when considering relatively stagnant indicators, which need very specifically targeted, multi-sectoral interventions for identified vulnerable populations. This further highlights the need for intersectoral collaboration and data sharing, not only within health, but also between relevant other sectors such as agriculture, education, social welfare, etc. in combating the predominant health issues Sri Lanka currently faces. These issues have been further aggravated in the recent past due to the COVID-19 pandemic and economic crisis Sri Lanka is facing.

Robust information systems are fundamental for a strong and accountable health system. Very significant improvements in health and social determinant indicators could be achieved by data pooling, sharing and inter-operation between sectors. A wide gamut of health issues such as malnutrition, NCD and emerging new diseases inherently hinge on social determinants extending beyond the scope of the health sector. Thus, there is a great need and scope for collaborative inputs and efforts by many sectors, as the roots to good health are multifactorial and significantly dependent on social determinants.

Considering new and emerging diseases, a recent challenge to health seen globally has been the Covid-19 pandemic. This pandemic took the entire world unaware and by storm. The negative impacts of globalization on health were very clearly portrayed with this health emergency. However, the importance of addressing health emergencies, risk communication and hazard management together with disaster preparedness plan implementation were highlighted with subsequent steep progress being made in these areas in the last 2-3 years. The Covid-19 pandemic also altered the response of health and health promotion systems globally to meet population needs. Virtual meeting and discussion platforms and work from home were some of the new developments seen as lasting social changes resulting from the pandemic. The possibility of emergence of new, similar health challenges and pandemics remain very real threats. This is especially so considering recent challenges to health posed by SARS, Ebola and Monkeypox in the recent past, highlighting the

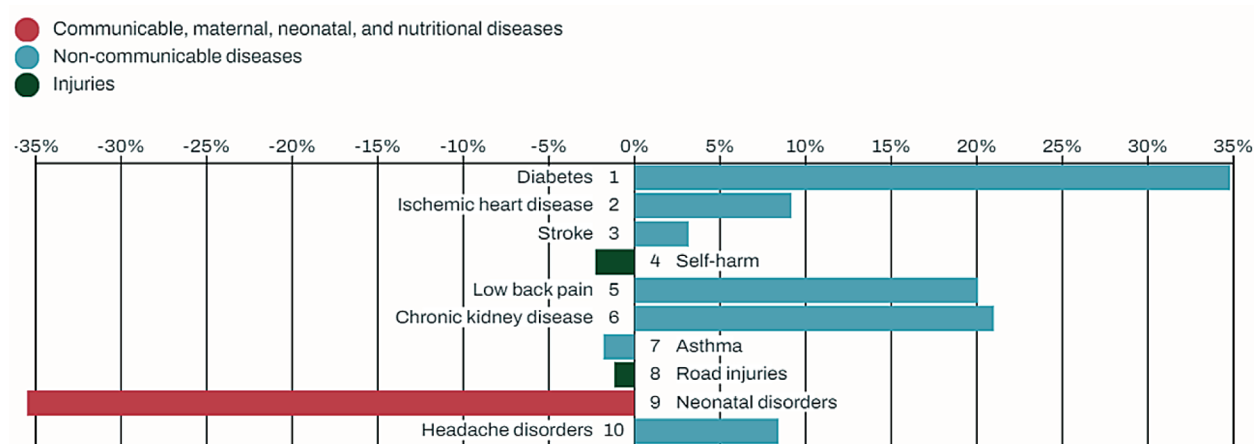
possibility of epidemics, some of which could be associated with very high mortality and morbidity rates.

In the light of this recent grave challenge to health and life globally, the development of advanced technological platforms is a very real necessity. The conduct of virtual meetings and reviews with inputs from greatly experienced resource persons inaccessible in real time and innovative use of information technology for data gathering and dissemination of timely health information, health education and promotion, training and social marketing has never been felt with greater need and urgency as now. The use of virtual platforms and optimal use of new technologies such as artificial intelligence can be used very efficiently in working amidst economic, physical and human resource constraints currently faced.

Thus, we may consider this decade to be the golden era for paving the pathway for opportunities for virtual connectivity and online platforms of health promotion, advocacy, empowerment and innovation. Use of artificial intelligence, as a time saving means of obtaining relevant knowledge and technology to innovate and facilitate health services is a timely need. The importance and necessity of multisectoral collaboration in achieving common goals is also highlighted in this decade with risks and costs to all sectors due to epidemics, economic crises, brain drain and resultant shortages of essential goods and services. In the long term, using advanced technological platforms with strong networking between sectors and stakeholders could be very much more effective and efficient in achieving set goals and impacts of health promotion ventures than reliance on traditional approaches alone. The health promotion strategic plan presented here, for the time period 2024 -2030 aims to address the current national and global challenges mentioned, together with strategies to overcome these impediments in a manner which converts threats to new opportunities. This is hoped to pave the way to a new era in innovative and imaginative strategies of health promotion, reaping maximum benefit through optimal outreach and engaging multiple partners with cost effective & efficient technologies and partnerships.

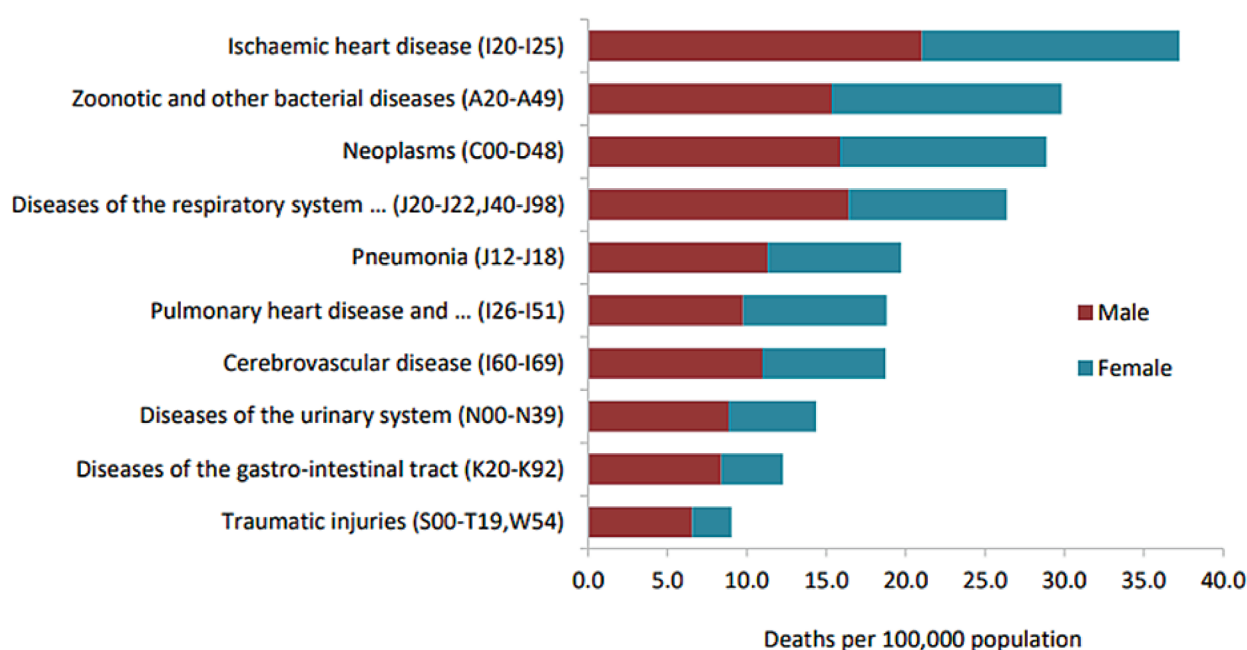
Situation Analysis relevant to health promotion in Sri Lanka

Figure 1: Disease morbidity with the highest impact on DALYs



Top 10 causes of death and disability (DALYs) in 2019 and percentage change 2009-2019 (all ages combined)

Figure 2: Leading causes of hospital deaths 2019 (2)



NCDs, where the burden could be significantly reduced through preventive and health promotion strategies, were estimated to account for 83% of all deaths nationwide in 2016(3). Cardiovascular diseases accounted for 34% of the mortality proportionally, while the respective rates for cancer, injuries, diabetes and chronic respiratory diseases were 14%, 10%, 9% and 8%. It is clear that a significant reduction in mortality, morbidity and Disability Adjusted Life Years (DALYs) can be achieved through a strong health promotion strategic plan. Such a strategic plan together with timely, accurate, relevant registries and databases with geographic mapping and multisectoral collaborative partnerships for specifically intervening in identified, well targeted population pockets would make it very possible to bridge gaps and achieve health equity nationwide.

In 2016, 8% of proportional mortality was estimated to be due to communicable, maternal, perinatal and nutritional conditions(3). These causes of mortality may be linked to poor social determinants of health, with more vulnerable and socio-economically poor populations being more burdened with these negative health impacts.

Health Inequities – The Sri Lankan context

There is ample evidence that social factors, including education, employment status, income level, gender and ethnicity have a marked influence on how healthy a person is. In all countries, whether low, middle or high-income, there are wide disparities in the health status of different social groups. The lower an individual's socio-economic position, the higher their risk of poor health.

Leaving such inequalities unidentified and the health system ill-equipped to address them, results in inequity of healthcare service provision. These inequities have significant social and economic costs to individuals and societies.

Sri Lanka has shown better health outcomes in many spheres compared to countries with similar per capita income levels. However, these outcomes are mainly in maternal and child health (morbidity and mortality rates), communicable diseases and life expectancy at birth. Sri Lanka has been praised as a model to achieve 'good health at low cost'(4). However, the apparently 'good' overall figures conceal a wide variation in outcome between regions and population groups. For example, the Infant mortality rate in the lowest and highest wealth quintiles in Sri Lanka is 15 and 8 per 1000 live births(5).

Sustainable Development Goals and Health promotion

Healthy lives and increased well-being for Sri Lankan people of all ages can be better achieved by promoting health through all the Sustainable Development Goals (SDG) and by engaging the whole of society and government in the health development process. The transformative, practical, high impact and evidence-based strategies developed in the wake of the Ottawa Charter for Health Promotion provide us with a compass. There is a huge need to act decisively on all determinants of health, empowering people to increase control over their health and ensuring people centered health systems. (Figure 3)

The SDG agenda, addresses a wide array of social and environmental factors implicitly associated with community health. It provides all countries and societies with a clear roadmap for action and an ethical imperative to leave no one behind. It is a roadmap of 17 goals or destinations that informs the prioritization of resources and the development of national targets and responses. Undoubtedly health promotion impacts all the SDGs in some way. However, of the SDGs, there are ten which can be very greatly impacted by a good health promotion programme. These ten SDGs, and their specific targets of relevance to the Sri Lankan Health Promotion strategic framework (Annexure I) are very important to work by, in order to optimize reaching both health promotion and sustainable development goals.

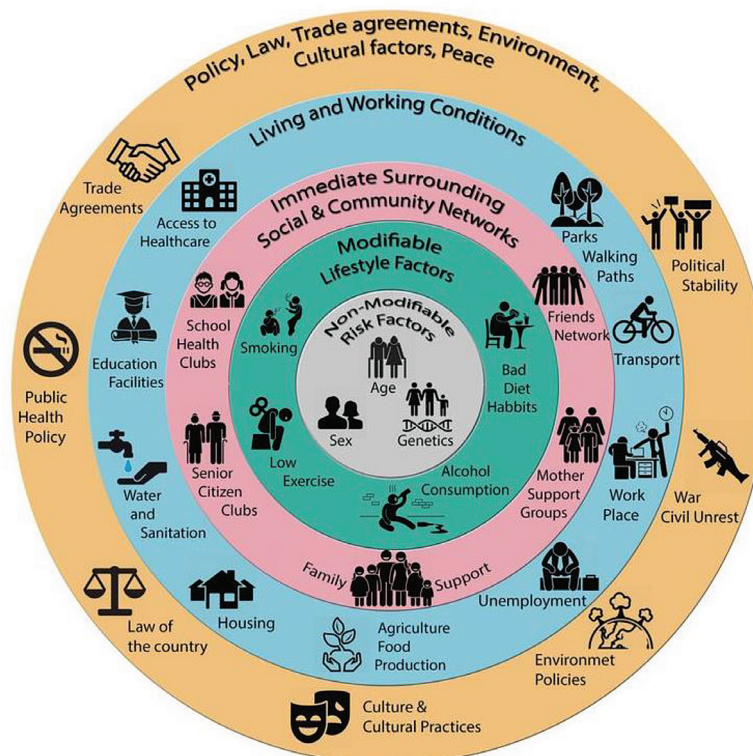
The SDGs also bring into sharper focus the many unprecedented and multi-faceted threats to health and well-being. Overconsumption and an unmitigated exploitation of natural resources have fundamentally changed the planet and now threatens human survival. Ecological changes, ease of travel and gaps and weaknesses in systems, have enabled infectious diseases to spread at alarming rates, disrupting health security, peace and order.

Largely uninhibited manufacturing and sale of unhealthy commodities (e.g. tobacco, alcohol, sugar-sweetened beverages) with sophisticated marketing mechanisms continues to contribute to the disease burden of Non-Communicable Diseases.

Enormous social inequalities may deny people from accessing even the most basic healthcare services and medicines. This widens gaps between people and has the potential to result in civil unrest.

Advances in information and communication technology have altered the way people interact with the environment and each other, giving rise to unprecedented and unforeseen health threats as well as health promotion opportunities.

Figure 3: Social Determinants of Health and Health Promotion



A plethora of factors have a combined effect on the health and general well-being of a person.

These include (from inner to outer circles in Figure 3)

- Non-modifiable factors such as age, sex and genetics as well as modifiable lifestyle factors including dietary practices, physical activity smoking and alcohol consumption at an individual level
- Factors such as family support, friend networks, family income and neighbourhoods
- Living and working condition related factors such as access to healthcare, education facilities, water & sanitation, food production and transport
- Policies, Laws, cultural and macro-economic factors exerting its influences on above factors at a macro level

Many modern public health conundrums are known to be intertwined in complex adaptive systems. There are many factors in different spheres- be it individual, family, community or societal that play an important part in determining a person's wellbeing. While all these factors affect a person's health they interact with each other as well, forming emergent patterns and feedback loops. Therefore, in designing successful public health interventions, identifying this "public health system with interacting, self-regulating and evolving elements" has assumed a role of paramount importance as acknowledged by guidelines put in place by leading public health bodies elsewhere in the world as well. Recognizing the complex system of social and environmental determinants of health and utilization of health promotion approaches for disease control and prevention, with

optimal mitigation of detrimental social determinants of health at national, provincial, district, divisional and grass root level is of immense importance in reducing gaps and achieving better health outcomes.

Health Promotion and Health as a universal right

Considering health to be a universal right is an approach to bringing about social change to improve health and wellbeing of populations.

Health promotion uses as its foundation the five pillars of the Ottawa Charter(6).

Figure 4: Building Healthy Public Policy



An important concept introduced during the Ottawa charter was the healthy settings development. It states that “Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love” (7). Emphasizing the value of addressing determinants of health at places people live will be the ultimate determinant of health and wellbeing of individuals. Health promoting settings development is a very important aspect of having sustainable supportive environments. The key health promotion settings are preschools, schools, workplaces, hospitals, villages and cities.

The Ottawa Charter remains a source of global guidance and continues to shape the development of health promotion, alongside other important documents including the Jakarta Declaration(8), the Bangkok Charter(9) and the Shanghai declaration in 2016(7).

The Shanghai declaration in 2016, describes policy orientations and approaches that can unlock the transformative potential of health promotion for sustainable development through

1. Good governance
2. Healthy cities
3. Health literacy
4. Social Mobilization

Focusing on all these action areas and approaches would pave the way for social justice and the rights based approach to health.

Health Promotion Bureau: Role in the National Health Promotion Programme

Health promotion Bureau will be promoting health, supporting other national programmes to achieve their health targets through

1. Advocating to reduce health inequities by addressing social determinants of health
2. Developing innovative strategies to address behaviour change at individual and community level.
3. Establishing supportive physical and psychosocial environments
4. Improving capacities of relevant staff on communication, health promotion and health education
5. Building collaborative partnerships with stakeholders in multiple sectors to achieve mutual health and social development goals through streamlined, well targeted and co-ordinated interventions

The national health promotion policy was developed after 2 years of consultation in 2010 and approved by the cabinet in 2013. Policy coherence of the National Health Promotion Policy with the National Health Policy 2016, Policy on Health Care Delivery for Universal Health Coverage, National Multisectoral Action Plan for Prevention and control of NCD's was ensured by studying these policies, reflecting on the gaps in their implementation and identifying new health priorities. Based on this health promotion policy, many annual action plans have been developed since 2013, addressing different priority areas of the policy.

This strategic plan was developed following multiple consultations done within the Health Promotion Bureau, other public health programs and provincial health authorities and links the health promotion policy with annual action plans and health promotion activities at grass root level.

The National Health Promotion programme is to be implemented nationwide with the collaborative support of all relevant national, provincial and district level stakeholders inclusive of those outside the health sector, who play a critical role in improving the social determinants of health and thus promoting health.

The Health Promotion Bureau seeks to facilitate the collaborative achievement of wellbeing goals through the roadmap laid out in this national strategic health promotion plan. The lead is required to be taken by stakeholders outside the health sector in certain areas such as food security,

water and sanitation and social welfare, with health sector playing a supportive role, as these are areas outside the direct purview of health. Many other examples of sectors outside health which are also very important to health can be seen (education, transport, urban planning etc. can be seen to have key roles to overall health and wellbeing of populations). Behavioural surveillance for healthy lifestyles is also an important area which needs to be focused on by all relevant sectors. Each sector needs to understand their role in health, which should be reflected in all national policy. Collaborative work to achieve common goals in sustainable development should be the goal of all sectors working in partnership.

Key proposed means of addressing health promotion challenges

- Integrate health promotion into all other programmes, plans, reviews and agendas of committees meeting at national, provincial, district and divisional levels
- Further develop and strengthen collaboration within health sector and sectors and institutions outside health to enable health promotion to be a responsibility of all, with common ownership and accountability
- Modify behaviours for positive health impacts through health promoting settings, innovative communication, improving health literacy and specific, targeted interventions
- Facilitate making the healthier choice the easier choice
- Strong collaboration with engagement of all relevant sectors to support healthy lifestyle factors and practices
- Strengthen relevant data sharing and dissemination between relevant institutions and sectors
- Develop robust, user-friendly monitoring and evaluation tools and systems to assess health promotion impacts

National Health Promotion Strategic Plan 2024 - 2030

Vision

An empowered healthy nation living happily and harmoniously with each other and nature

Mission

Empowering people to take ownership of their health and wellbeing, to address the determinants of health affecting individuals, communities and the environment, as the Center of Excellence for health promotion

Goal

To strive for optimal health and wellbeing of individuals, communities and individuals in Sri Lanka with social justice and equity in health and social determinants reached through health promoting environments, multisectoral partnerships, environment friendly initiatives, well capacitated work forces and empowered individuals and communities

Expected Key Outcomes from the Health Promotion Strategic Framework

1. Health included in all national policy
2. Health promotion an integral component of all health programmes
3. Improved health and wellbeing of all people and especially more vulnerable populations
4. Sustainable, supportive environments for health developed across all geographies and populations, with multisectoral collaboration
5. Reduced health inequalities paving the way to health equity and social justice
6. Reduced disease, disability and premature mortality
7. Healthy ageing with age-inclusive communities
8. Reduced costs to the healthcare system

The strategic objectives in the health promotion strategic Framework are;

1. To advocate for health in all policies by working with all stakeholders to achieve Sustainable Development Goals
2. To develop enabling environments for health promotion through settings, community empowerment and mobilization to facilitate healthy behaviours and good health throughout the life cycle
3. To mediate strategic partnerships with all sectors for health promotion
4. To improve health literacy of individuals and communities
5. To enable optimal health promotive practices through innovative communication
6. To safeguard health of all populations through ensuring equitable health services
7. To synthesize evidence for best practices in health promotion through research
8. To enhance health emergency protection through optimizing risk communication and community engagement
9. To efficiently monitor and evaluate the national health promotion program
10. To improve human resource and capacities, financial and logistic resources for health promotion.

Strategic Objective 1

To advocate for health in all policies by working with all stakeholders to achieve Sustainable Development Goals

Rationale

Health is a commodity which is currently almost exclusively catered to by the health sector. However, health is multifactorial in origin and requires the firm support of other sectors if steady progress in health and sustainable development goals is to be achieved. Health promotion requires collaborative support and leadership to be taken by sectors outside health. For example, poverty alleviation, good sanitation and reducing burning social gaps through a rights-based approach with health as a right and not a privilege, are key areas for which high level advocacy and co-ordination in implementation are of utmost importance.

Health promotion requires policy makers across all government departments to make health a central line of government policy. This means they must factor health implications into all the decisions they take and prioritize policies that prevent people from becoming ill and protect them from injuries, together with safeguarding and promoting their wellbeing. This is necessary to reach common goals effectively and efficiently.

These policies must be supported by regulations that match financial incentives with public health goals. For example, by aligning tax policies on unhealthy or harmful products such as alcohol, tobacco, and food products which are high in salt, sugars and fat and contain carcinogens, with measures to boost trade in other areas beneficial to health. Legislation that supports healthy urbanization by creating walkable cities, reducing air and water pollution and carbon footprints, enforcing the wearing of seat belts and helmets, etc. are also important. Responsible urban development has a key role to play in promoting good health. Strong leadership and commitment at local level is essential to healthy urban planning and in building up preventive measures in communities and primary health care facilities. Healthy countries evolve from healthy living spaces.

For community-wide policies and programs to succeed, local governments need to work with all sectors, government and non-governmental organizations, businesses and citizens. The necessary support for enabling environments, infrastructure and workforce capacity for health promotion is needed, if optimal outputs are to be obtained. Even gaps in basic communication facilities such as Wi-Fi data availability and poor information technology skills are stumbling blocks on the road to better health, which can be rectified with immense payoff for every rupee invested. Addressing such gaps is extremely important in the current context of post Covid-19 and economic challenges where virtual platforms are encouraged and promoted for networking for effective and efficient team work within health and with multiple other sectors, to meet common goals.

Strong political commitment is essential for all this. Visible political commitment through inclusion of health promotion in all national policies and agendas of national level steering committees with sufficient fund allocation for health promotion projects is essential.

Key strategies:

- 1.1. Advocate policymakers, politicians and key stakeholders of health to support policy and programmes to promote health and reduce gaps in social determinants of health
- 1.2. Obtain collaborative support at all levels and across sectors to reach health related Sustainable Development Goals
- 1.3. Build advocacy capacity at all levels across sectors to address prevailing health inequalities

Key Strategy 1.1	Advocate policymakers, politicians and key stakeholders of health to support policy and programmes to promote health and reduce gaps in social determinants of health			
	Main activities	Key Indicator	Responsibility	Time Frame
	1 Inclusion of health in all relevant national policy	No. of relevant policies with health included, No. of relevant policies for which advocacy has been done for health inclusion	MoH, Ministry of Parliamentary Affairs	2024 - 2028
	2 Advocacy on health promotion and its social determinants to parliamentarians and policy makers	No. of parliamentarians advocated, No. of policy makers advocated	MoH, HPB	2024 - 2028
	3 Inclusion of health promotion as an agenda item in all national & regional level committees and other policy making bodies	No. of national committees with health promotion on its agenda, No. of regional committees having health promotion on its agenda	HPB	2024 - 2028
	4 Development of advocacy packages relevant to health policy and prioritized health issues at national level	No. of advocacy packages relevant to health promotion policy developed	HPB, relevant technical units of the MoH, relevant Ministries outside Health	2024 - 2030
	5 Development of advocacy packages to address social determinants of health	No. of advocacy packages developed to address social determinants of health	Relevant Ministries outside Health, MoH, HPB	2024 - 2030
	6 Facilitate implementation of national policies & regulations relevant to health promotion and its determinants, through collaboration with other institutions and departments	No. of institutions/ departments collaborated with for implementation of health promotive policy and regulations	MoH, Ministry of Parliamentary Affairs, Legal Department, Food and Drugs Authority, Consumer Affairs, Police Department, other relevant sectors outside Health	2024 - 2028
	7 Facilitate the process to ensure that health related information and advertisements in media are in compliance with national guidelines and regulations	No. of advertisements screened for compliance, % of advertisements screened which comply with national guidelines/ regulations	MoH, Ministry of Media, HPB	2024 - 2028

Key Strategy 1.2	Obtain collaborative support at all levels and across sectors to reach health related Sustainable Development Goals				
		Main activities	Key Indicator	Responsibility	Time Frame
	1	Identification of priority advocacy needs for reaching SDGs	Priority advocacy needs identified, Stakeholders to be advocated for partnership to reach SDGs identified	HPB, relevant technical units of MoH	2024 - 2025
	2	Development of advocacy packages to facilitate reaching SDGs relevant to health promotion and health equity	No. of advocacy packages developed to reach SDGs relevant to health promotion	HPB, relevant technical units of the MoH, relevant units of Ministries outside Health, Academia, relevant professional Colleges	2024 - 2030
	3	Facilitate implementation of advocated activities to achieve SDGs relevant to health promotion and health equity	% of advocated activities implemented to reach SDGs relevant to health promotion/equity	MoH, relevant Ministries outside Health, CBO	2024 - 2030
Key Strategy 1.3	Build advocacy capacity at all levels across sectors to address prevailing health inequalities				
		Main activities	Key Indicator	Responsibility	Time Frame
	1	Build advocacy capacity to address gaps contributing to health inequities	List of health staff who received training on advocacy	MOOH, RDHS, HPB, Ministry of Health Development partners	2024 - 2030
	2	Obtain evidence for best approaches to narrow health gaps through advocacy	No. of research studies conducted to identify best approaches to reduce health gaps through advocacy	MOOH, RDHS, HPB, relevant sectors outside Health, Academia, CBO	2024 - 2030

Strategic Objective 2

To develop enabling environments for health promotion through settings, community empowerment and mobilization to facilitate healthy behaviours and good health throughout the life cycle

Rationale:

The rationale for the settings approach is based on the recognition that health is largely determined by people's environmental, economic, social, organizational and cultural circumstances. Environments which are conducive to the practice of healthy behaviours are essential pre-requisites to the adoption and sustainment of these behaviours and habits. In the absence of such environments, communities are not equipped with the necessary conditions to integrate these behaviours easily into their lifestyles. For example, however good health knowledge and literacy maybe, in the absence of healthy, easily available foods, the consumer does not have the opportunity to purchase and consume these. Thus, the consumer is induced to consume unhealthy or less healthy food options which may be more accessible physically and economically, even though preference is for healthy foods. Similarly, provision of open green spaces, with easy accessibility and walking or cycling pathways, increase the use of these spaces for recreation, exercise and cycling, automatically bringing about greater physical activity into lifestyles, even without special efforts to promote these spaces.

Environments which enable good health and are creatable through the healthy settings approach, focus on converting key settings into healthy environments. Common settings such as schools, preschools, workplaces, hospitals, market places, villages, estates and cities, which are key environments in which people live are made healthy through this approach.

It is recognized that to have maximum impact, policies and programmes designed to address healthy living must be accompanied by broader environmental changes in areas like urban design, transportation, food pricing and advertising. Thus, it is clear that the development of health promoting environments, extends beyond healthy settings to wider areas such as pricing, ethical advertising and policy which necessitates these factors being considered in areas beyond health, such as trade and media. Improved affordability and access to healthy choices is a must, to bridge health inequalities between communities and reach health equity.

Community empowerment and mobilization are always needed together with enabling environments to achieve sustainable healthy behaviors and lifestyles. Health promotion is never a top down approach. Active involvement of communities to embrace healthy change and lifestyles, with community ownership is essential to good health throughout the life cycle. Adoption of healthy lifestyles and sustainability of health promotion endeavours is always important.

Empowered communities, with people working together to reach common goals can achieve a lot. Community empowerment and mobilization are also very important in bridging together endeavours of all sectors, to develop healthy environments and settings.

Key strategies:

- 2.1. Develop national standards for health promoting settings and environments
- 2.2. Mediate to facilitate establishment and enhance quality of Health Promoting settings
- 2.3. Build capacity of workforces in all sectors to establish healthy settings.
- 2.4. Support formation and mobilization of community groups to optimize health and wellbeing
- 2.5. Enhance healthy lifestyles through effective use of multiple platforms
- 2.6. Monitor settings, enabling environments and community support groups with geo-technological support, performance appraisal and incentives based on performance.

Key Strategy 2.1	Develop national standards for health promoting settings and environments				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop national guidelines and standards for health promoting settings and environments	No. of key health promoting settings (preschools, schools, workplaces, hospitals, villages, cities, estates, marketplaces, etc.) with national guidelines/ standards	HPB, relevant stakeholders from sectors outside Health (Education, Children's Secretariat, Labour Department, PHDT, Consumer Affairs, etc.)	2024 - 2026
	2	Develop tools to evaluate each setting/ environment to qualify as health promoting in accordance with national standards	No. of key health promoting settings and environments with evaluation tools developed	HPB, relevant technical units of the MoH, relevant Ministries and institutions outside Health	2024 - 2026
	3	Monitor the progress of establishment and functionality of the health promoting settings	Percentage of MOH areas with functional health promoting settings as per the national health promotion targets	MOOH, RDHS	2024 - 2030

Key Strategy 2.2	Mediate to facilitate establishment and enhance quality of Health Promoting settings				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Conduct advocacy, mediation, enabling programmes for health promoting settings development	No. of advocacy / mediation/ enabling programmes conducted annually/ MOH division % of MOH areas with functional health promoting settings as per the national health promotion targets	MOOH, RDHS, PDHS, HPB, relevant Ministries/ institutions outside Health	2024 - 2030
	2	Enhance numbers and quality of healthy settings through multisectoral provincial & district level committees	% of districts with at least 3 different types of model health promoting settings in accordance with guidelines (preschool, school, workplace, hospital, village, city, etc)	MOOH, RDHS, Divisional Secretaries, AGAs	2024 - 2030
	3	Develop model health promoting settings in every health division	% of MOOH divisions with at least one model health promoting setting	MOOH, RDHS	2024 - 2026
Key Strategy 2.3	Build capacity of workforces in all sectors to establish healthy settings.				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Conduct programmes to advocate and build capacity of key stakeholders to develop health promoting settings	No. of programmes conducted to develop health promoting settings	MOOH, RDHS, HPB, relevant stakeholders outside health	2024 - 2030
	2	Develop IEC material for health promoting settings	No. of IEC material developed for health promoting settings	HPB	2024 - 2030

Key Strategy 2.4	Support formation and mobilization of community groups to optimize health and wellbeing				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop National Guidelines for community empowerment groups	National guidelines for community empowerment groups developed	HPB	2024 - 2025
	2	Develop a data base of community support groups at divisional, district, provincial and national level	% of divisions, districts and provinces having a data base of community support groups Availability of data base of community support groups at national level	HEO, HPB, CBO, MOH, UN partners	2024 - 2025
	3	Development of IEC material for community empowerment and mobilization	No. of IEC material developed for community empowerment	HPB, CBO. NGO	2024 - 2026
	4	Capacity building on community empowerment and mobilization	No. of trainings conducted for staff, No. of trainings conducted for community groups	RDHS, PDHS, HPB, CBO, NGO	2024 - 2030
	5	Circumvent ways to overcome road blocks to health access and empower high end communities	No. of road blocks to health access circumvented, No. of high-end communities identified, No. of high end communities mobilized for health promotion	Municipal Councils, MOOH, RDHS, HPB	2024 - 2025
	6	Review of the Mothers' Support Group programme at divisional, district & national level	No. of reviews conducted at all levels	MOOH, RDHS, PDHS, HPB	2024 - 2030
	7	Showcasing of Mothers' Support Group and other community support group success stories	No. of events conducted annually to showcase successes	MOOH, RDHS, PDHS, HPB	2024 - 2030

Key Strategy 2.5	Enhance healthy lifestyles through effective use of multiple platforms				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Mobilize communities to optimize health throughout the life cycle utilizing available services & resources (Healthy Lifestyle Centres, Well Woman Clinics, etc)	% of eligible population using available services	NCD Unit, FHB, Nutrition, E & UH, HPB, MoH, PHDT, CBO, UN partners	2024 - 2030
	2	Network settings and community groups for health promotion and community empowerment	Established community networks for health promotion at divisional, district levels	MOH, RDHS HPB, UN partners, CBO, relevant stakeholders outside health	2024 - 2025
	3	Promote healthy ageing throughout the life cycle	No. of healthy ageing programmes conducted, % of elderly with morbidities	MOOH, RDHS, PDHS, MOH, CBO, Academia, UN partners, relevant stakeholders outside health	2024 - 2030
	4	Facilitate development of age inclusive policy, environments and communities	No. of Ministries with policies and services specially for elderly	MoH, Ministries outside Health	2024 - 2030

Key Strategy 2.6	Monitor settings, enabling environments and community support groups with geo-technological support, performance appraisal and incentives based on performance				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	GIS mapping of health promotion settings & community support groups	% of districts with health promotion settings and groups mapped	MoH, UN partners, relevant stakeholders outside Health	2024 - 2030
	2	Regular monitoring and review of health promoting settings	No. of annual/ quarterly reviews conducted at national, provincial and district levels, % quarterly returns regarding health promoting settings received, No. of health literacy programmes conducted through health promoting settings, Annual review conducted	HEO, MOOH, RDHS, PDHS, HPB	2024 - 2030
	3	Showcase success stories of health promoting settings	No. of events conducted annually to showcase successes of health promoting settings	RDHS, PDHS, HPB	2024 - 2030
	4	Award of incentive for further development of MOH division with best healthy settings at district level	% districts awarding development support to MOH division with best healthy settings	HEO, MOOH, RDHS, HPB, MOH, UN partners	2024 - 2030

Strategic Objective 3

To mediate strategic partnerships with all sectors for health promotion.

Rationale

Sri Lanka is a country which can be very proud of its health indicators, and especially the public health indicators, which are recognized globally to be impressive. Sri Lanka is renowned for its public health successes such as excellent immunization coverage and low maternal mortality rates. There is clear evidence that diverse branches of health in Sri Lanka have worked hard and successfully to achieve these goals. Much further progress can be made by the health sector working together synergistically as a team with sectors outside health, as opposed to working separately. Much duplication of work can be avoided and goals achieved more efficiently and effectively with strategic partnerships, utilizing much less resources.

The importance of these synergistic, strategic partnerships is extremely important when considering relationships between health and other sectors in achieving common goals. This is especially so when considering issues such as malnutrition and social determinants of health, which need very significant inputs from sectors and areas such as Agriculture, Water and Sanitation and Social Welfare, etc. Indicators such as those related to nutrition, such as stunting, though having improved in the last decade have been relatively stagnant when compared with other health indicators. This is because inputs from sectors beyond health, such as agriculture and social welfare are equally or even more relevant to the improvement of these indicators, than inputs from health itself, when considering the roots of these problems. Collaborative, synergistic team effort is needed to remedy such situations.

SDGs are another area where mediating strategic partnerships with all sectors for health promotion is exceedingly important, as many areas of health and development are dependent largely on multiple and diverse efforts of many stakeholders, most of which lie outside the immediate scope of health. Even though stake holders from diverse sectors have been working hard independently to achieve these goals, not much emphasis has been given to the concept that these are common goals which can be more readily reached through working in partnership and employing health promotive strategies.

Strategic partnerships within health and between all sectors would pave the way to health being an integral component of all policy and development activities conducted in the country.

Key Strategies:

- 3.1 Build multisectoral partnerships with governmental and non-governmental organizations to facilitate the inclusion of health in all relevant policies
- 3.2 Establish public-private partnerships to promote health and bridge gaps in social determinants of health
- 3.3 Incorporate health promotion into existing social development programmes implemented by health and other sectors

Key Strategy 3.1	Build multisectoral partnerships with governmental and non-governmental organizations to facilitate the inclusion of health in all relevant policies				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Advocate health promotion integration in project partnerships with governmental and non-governmental organizations	No. of projects into which health promotion is integrated	MoH	2024 - 2026
	2	Capacity building of governmental and non-governmental organizations to integrate health promotion into partnered projects	No. of capacity building programmes conducted to integrate health promotion to partnered projects	HPB	2024 - 2028
	3	Social marketing of health promotion as a component of development projects	% of development projects with social marketing of health promotion	HPB, MoH, Ministries and institutions outside Health	2024 - 2030
	4	Address social determinants of health as an integral part of health promotion in partnerships, to minimize health inequalities	% of project partnerships conducted with health in which social determinants are addressed	MoH, Ministries and institutions outside Health	2024 - 2030

Key Strategy 3.2	Establish public-private partnerships to promote health and bridge social determinants of health				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop a template TOR for public-private partnerships in health promotion	Developed TOR for public private partnerships in health promotion	HPB, MoH, Private Sector	2024 - 2025
	2	Reach common goals in health promotion through public-private partnerships, in accordance with TOR	% of public-private partnerships in which health promotion goals are reached	MoH, other relevant Ministries, HPB, Private sector	2024 - 2030
	3	Advocate to promote health through bridging gaps in social determinants of health through Corporate Social Responsibility (CSR) programmes	No. of CSR programmes conducted annually to improve social determinants of health	HPB, MoH, Private sector, Chamber of Commerce	2024 - 2030
Key Strategy 3.3	4	Network for health promotion with all partners involved in health provision	No. of partners networking together for health promotion	HPB, MoH, Professional Colleges & Organizations, PHDT, Ministry of Indigenous Medicines	2024 - 2030
	Incorporate health promotion into existing social development programmes implemented by health and other sectors				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Identify social development programmes to which health promotion can be integrated	Available list of social development programmes to which health promotion can be integrated	HPB, MoH, Ministry of Social Welfare, relevant Ministries outside Health	2024 - 2025
	2	Achieve targeted health goals through integration of health promotion to social and development programmes	No. of social and development programmes to which health promotion is integrated, No. of social development programmes through which health goals have been achieved	HPB, Ministry of Social Welfare, relevant Ministries outside Health	2024 - 2030

Strategic Objective 4

To improve health literacy of individuals and communities

Rationale

Sri Lanka is a country which is known to have a very high level of literacy, with literacy stated to be over 90%. Literacy in Sri Lanka is defined as those over the age of 15 years who can read and write. However, health literacy differs from literacy and it cannot be said that all those who are literate are health literate. The Centre for Disease Control defines health literacy as the degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions.

Limited health literacy is associated with lower rates of participation in health promotion and disease detection activities, poorer health choices, more work accidents, poorer management of chronic diseases, poor adherence to medication, increased morbidity and premature mortality. Poor health literacy is a problem as people are sometimes unable to understand the health information that is conveyed to them. This results in people not acting in accordance with health advice and not applying recommended practices in their daily lives and within their households and communities.

Having good health literacy enables people to take control of their own wellbeing by making smart health choices. This is extremely important in empowering people and enabling them to take ownership for their own health and wellbeing. Thus, improving health literacy is very important to achieving optimal health across varied population strata of Sri Lanka.

Key Strategies:

- 4.1 Develop and deliver innovative, timely IEC materials to address diverse populations to improve health literacy throughout the life cycle
- 4.2 Conduct interactive training programmes for all categories of health care workers and relevant other staff on effective communication of health messages
- 4.3 Develop a strong and reliable social media presence to propagate health messages and orchestrate behaviour changes
- 4.4 Introduce new technologies and platforms to disseminate health information to the public
- 4.5 Liaise with media in improving health literacy of diverse populations

Key Strategy 4.1	Develop and deliver innovative, timely IEC materials to address diverse populations to improve health literacy throughout the life cycle				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Development of technical messages using easily understood, user friendly communication to improve health throughout the life cycle	No. of IEC material developed annually to improve health literacy throughout the lifecycle	HPB in collaboration with relevant technical units in MoH and ministries outside health	2024 - 2030
	2	Update & revise existing IEC materials according to evidence-based research & survey findings to deliver accurate health information through user friendly mechanisms	No. of existing IEC material revised	HPB in collaboration with relevant technical units, Academia, Professional Colleges	2024 - 2030
	3	Development of communication strategies and packages for key health needs throughout the life cycle	No. of communication packages developed	HPB in collaboration with technical units in MoH and other ministries outside health	2024 - 2030
Key Strategy 4.2	Conduct interactive training programmes for all categories of health care workers and relevant other staff on effective communication of health messages				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Build capacities of relevant health care workers in targeted, effective health messaging	No. of health care workers trained in effective health messaging and health education	HPB, MoH	2024 - 2030
	2	Build capacities of health care workers on basic communication & counseling skills	No. of health care workers trained in basic communication/ counseling skills	HPB	2024 - 2030
	3	Build capacities of relevant staff outside the health sector in optimizing the delivery of health messages in liaison with the health sector	No. of relevant staff outside health trained in health messaging and communication	HPB, relevant other sectors and staff categories (eg – CBOs)	2024 - 2030

Key Strategy 4.3	Develop a strong social media presence to propagate health messages and orchestrate behaviour changes				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Ensure reliability of health messages and build public confidence in messages disseminated via HPB social media platforms	Public reach of HPB social media messaging	HPB	2024 - 2030
	2	Strengthen delivery and outreach of health messaging through reliable social media	Public reach of reliable social media messaging	MoH	2024 - 2030
	3	Develop video clips to disseminate key health messages through social media	No. of video clips developed annually for dissemination through social media	HPB, MoH	2024 - 2030
	4	Develop and strengthen a monitoring mechanism to evaluate impact of social media messaging	Mechanism for social listening available	HPB, Development partners	2024 - 2030
Key Strategy 4.4	Introduce diverse technologies and platforms to disseminate health information to the public				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Enhance capacity to promote key health message dissemination through digital media/social media and hotlines	No. of officers trained in health digital media development and management	HPB, MoH	2024 - 2030
	2	Enhance user friendliness of health communication by using updated technologies (AI) for health message dissemination	No. of health communications developed using AI	HPB, MoH, CBO, Academia, UN Partners	2024 - 2030
	3	Utilize all available platforms for communication outreach through collaborative partnerships	No. of communication platforms used for health communication	HPB, MoH, Ministry of Media, Media companies, mobile phone companies, CBO, NGO, UN partners	2024 - 2030

Key Strategy 4.5	Liaise with media in improving health literacy of diverse populations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Build partnerships to improve health literacy through media	Guidelines for partnership with media to improve health literacy developed, Advocacy for subsidized media time for health promotion	HPB	2024 - 2025
	2	Promote media professionalism, responsibility and ethics in health-related news reporting and behaviour portrayal	No. of media personnel trained in ethical reporting	Ministry of Media, HPB, MoH	2024 - 2030
	3	Conduct media events to improve population health literacy	No. of media events conducted to improve health literacy	HPB	2024 - 2030
	4	Appraise and reward media personnel for contributions to responsible and innovative health advocacy and information dissemination	No. of media personnel awarded for responsible, innovative information dissemination	Ministry of Media, HPB	2024 - 2030

Strategic Objective 5

To enable optimal health promotive practices through innovative communication

Rationale:

Innovative communication plays a greater role now than ever before in improving awareness on health issues and positively impacting attitudes and practices. Globally many advances have been made in the field of communication. Digital innovative communication, the application of artificial intelligence to develop attractive communication materials and the widespread use of virtual platforms are currently trending and making further advancements at a very rapid pace. In this situation health communication too needs to capitalize on these new innovative means of communication to reach the masses and especially the youth, with whom modern, interactive communication methods are more popular than traditional modes of communication. The popularity and widespread use of social media and the internet can be successfully used to enhance the practice of advocated behaviours conducive to good health and wellbeing, through interactive communication and facilitated learning.

Developing health communication skills is vitally important to enabling widespread awareness on health issues and advocated behaviours, together with providing technical support for the development and sustenance of such practices. Health communication skills need to be built across diverse sectors and staff categories to achieve significant positive change across all populations. Innovative communication is very important in reaching those who are less responsive to traditional health communication. Innovative communication can be targeted specifically toward youth, the hard to reach and less literate groups who may be more amenable to change with interactive, relatable means of communication, which maybe as basic as street drama, which can be a powerful means of educating using entertainment. Edutainment is very popular as a means of learning across all populations and skills in using this means of communication should be enhanced among diverse staff categories, especially among those in leadership positions in health communication in all fields.

Key strategies:

- 5.1 Develop diverse communication strategies
- 5.2 Develop innovative communication material for health promotion training purposes
- 5.3 Develop innovative communication channels/platforms for disseminating health information to the general public

Key Strategy 5.1	Develop diverse communication strategies				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Identify communication strategies best suited for specific target audiences	Communication strategies list available.	HPB	2024
	2	Identify key priority areas of health communication for specific target audiences	List of priority health communication areas for specific audiences available	MOOH, RDHS, HPB, Academia, CBO	2024
	3	Develop tailor-made communication packages for prioritized health issues	No. of communication packages developed	HPB, MoH, CBO, UN partners	2025 - 2030
Key Strategy 5.2	Develop innovative communication material for health promotion training purposes				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop user-friendly innovative material for health promotion training	No. of interactive health promotion training materials developed	HPB	2025 - 2030
	2	Build capacities of staff in innovative health promotion	No. of staff in health sector trained on using interactive health promotion material, No. of staff in sectors outside health trained in health promotion	HPB in collaboration with MoH and other Ministries	2025 - 2030

Key Strategy 5.3	Develop innovative communication channels for disseminating health information to the general public				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop partnerships for innovative communication	Availability of list of stakeholders approached for innovative communication	HPB in collaboration with private and government sector stakeholders in communication	2024 - 2030
	2	Develop innovative communication packages for the general public and targeted populations	No. of communication packages developed	HPB in collaboration with government and private stakeholders in communication	2024 - 2030
	3	Disseminate health information in user-friendly packages to the general public and targeted populations using diverse channels of communication	List of channels of communication available	HPB in collaboration with media and other government and private partners in communication, CBO, UN partners	2024 - 2030

Strategic Objective 6

To safeguard health of all populations through ensuring equitable health services

Rationale

Reducing health inequalities is a matter of social justice. Sri Lanka has many vulnerable population groups spread throughout the country, spanning diverse sectors. These groups range from socio-economically disadvantaged populations residing in rural geographies to those in the estates and urban under settlement areas. Vulnerable populations are not merely defined by geographies or areas of residence, but also by other factors such as disease, disability, special needs, stigma and incarceration. Thus, it is seen that there are many diverse vulnerable groups which need special focus with regard to health needs and wellbeing. Some of these can be accessed and targeted as pockets residing in small areas, while there are other groups such as those with disabilities and special needs who are scattered widely across all community pockets.

While it is very important that vulnerable groups are especially focused and targeted for specific interventions, focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, with a scale and intensity that is proportionate to the level of disadvantage (10). This would be a feasible approach to addressing gaps in health inequalities and achieving health equity through the health promotion framework, which gives significant weightage to minimizing disparities through diverse strategies inclusive of advocacy, community empowerment, health promoting settings and collaborative partnerships.

As with many health systems in the world, Sri Lanka is trying to find middle ground in maximizing the efficiency of the health system while ensuring equity for population health. The Health Promotion Bureau strives to achieve overall population health with equity in service receipt. Thus, a two-fold approach is adopted that strives to achieve population health by addressing broader social determinants of health while identifying and addressing health inequities within high-risk vulnerable populations and specifically targeting these through tailor made communication interventions.

Key Strategies:

- 6.1 Identifying health interventions for vulnerable groups
- 6.2 Advocate a rights-based approach for obtaining basic health and health determinant services for vulnerable populations
- 6.3 Facilitate social justice and health equity for all vulnerable and marginalized groups
- 6.4 Improve health literacy of vulnerable populations
- 6.5 Incorporate health promotion into existing social development programmes implemented by health and other sectors

Key Strategy 6.1	Identify health interventions for vulnerable groups				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Mapping of vulnerable populations	List of vulnerable populations mapped available	MOOH, MoH, relevant Ministries outside Health, PHDT, CBO, GN	2024 - 2028
	2	Identifying priority areas requiring health interventions among mapped vulnerable groups	Priority areas for health intervention identified for specified vulnerable populations	MOOH, MoH, relevant Ministries outside Health, PHDT, CBO, GN	2024 - 2028

Key Strategy 6.2	Advocate a rights-based approach for obtaining basic health and health determinant services for vulnerable populations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Advocate inclusion of targeted service provision for vulnerable groups in strategic plans of all health programmes & institutions	No. of strategic plans with vulnerable groups included	HPB, MoH, relevant Central level public health programmes, PDHS, RDHS	2024 - 2026
	2	Facilitate easy access to basic health services to identified vulnerable populations	Reports on such activities available	E & UH Unit, HPB, RDHS, PDHS, DDG PHS II, Local Health Authorities, Municipal Councils, PHDT, Hill Country Ministry, relevant other departments/ Ministries outside Health	2024 - 2030
	3	Improve health determinants of vulnerable population groups in collaboration with other sectors	% improvement of selected health determinants	E & UH Unit, HPB, MoH, RDHS, PDHS, DDG PHS II, Local Health Authorities, Municipal Councils, PHDT, Hill Country Ministry, other sectors relevant to health determinants, Academia, CBO	2025 - 2030

Key Strategy 6.3	Facilitate social justice and health equity for all vulnerable and marginalized groups				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Advocate for equitable delivery of health promotion services for vulnerable groups	% increase of access to health services among selected vulnerable groups	E & UH, HPB, RDHS, PDHS, DDG PHS II, UN Partners	2024 - 2030
	2	Reduce gaps in health indicators and determinants through specifically targeted health promotive interventions	% improvement in specific health gaps among specific vulnerable groups	RDHS, PDHS, MoH, relevant Ministries outside Health, UN Partners	2024 - 2030
	3	Develop specific health promotive packages for diverse vulnerable and marginalized groups	No. of health promotive packages developed for marginalized groups	HPB in collaboration with other technical units in MoH and relevant stakeholders in other sectors	2025 - 2030
	4	Build capacities of staff in all sectors and community leaders in implementing health promotive packages for vulnerable groups	No. trained in implementing health promotive packages for vulnerable groups	MoH, relevant other Ministries	2025 - 2030
	5	Facilitate social justice for marginalised groups by linking health promotive activities with social welfare services	Health promotion activities linked with social welfare services for marginalized groups	MoH, Ministry of Social Welfare, Children's Secretariat, Hill Country Ministry, other relevant Ministries outside Health	2024 - 2030

Key Strategy 6.4	Improve health literacy of vulnerable populations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Survey health literacy of diverse vulnerable population groups	Availability of survey findings	HPB, MoH, Academia, CBO, UN partners	2025 - 2027
	2	Conduct training programmes to improve health literacy among vulnerable groups	No. of programmes conducted to improve health literacy among vulnerable populations, No. of persons trained	E & UH, HPB, MoH, CBO, other relevant stakeholders outside health sector	2025 - 2030
Key Strategy 6.5	Incorporate health promotion into existing social development programmes implemented by health and other sectors				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Identify existing social development programmes into which health promotion can be inbuilt	Availability of list of programmes identified	HPB, MoH, Ministry of Social Welfare, Samurdhi Authorities, Ministry of Urban Development, Hill Country Ministry, Children's Secretariat, Social Development Ministry	2024
	2	Lobby key stakeholders of social development programmes to integrate health promotion into them	Key stakeholders advocated	HPB, MoH	2024 - 2025
	3	Address social determinants of health through social development programmes, to minimize inequalities	Social determinants being addressed through programmes, % Improvement in selected determinants	HPB, relevant departments of Ministries working on social development projects, Academia, UN Partners	2025 - 2030
	4	Map out health determinant information data using GIS mapping with modern information technology methods	Health determinant data mapped	MoH IT Unit in collaboration with relevant Ministries and sectors outside Health	2024 - 2026

Strategic Objective 7

To synthesize evidence for health promotion through research

Rationale:

Policy and programme decisions need to be based on timely, regular and meaningful evidence. There is an urgent need for data and evidence sharing among all public health institutions, curative institutions and other sectors relevant to health, in order to enable specific audience targeting for specially designed intervention packages.

Furthermore, the following are needed;

- Easy, efficient and timely access by communities to knowledge (in a useable form) needed to influence decisions taken by community leaders (eg- CBO, Mothers' Support Groups, Happy Village leaders)
- Synthesis and translation of existing research for use by population and public health organizations
- Collaboration of key intersectoral stakeholders at all levels in various phases of knowledge development and exchange
- Integration of research, surveillance and evaluation with policy and program development

It is also understood that research, surveillance and best practices must consider the specific needs of various vulnerable communities and support knowledge development in the area of disparities reduction to reach health equity and social justice.

Research is needed to address current gaps, which include:

- lack of implementation and costing data, which are crucial for informed decision-making;
- sub-optimal coordination among and within sectors, especially in integrating research with policy and practice;
- limited capacity for research and surveillance related to health promotion and prevention; and
- little understanding of what interventions (for example, in the built environment) will best support healthy living.

Bridging these research gaps through the health promotion strategic plan will facilitate achieving health for all and the SDGs.

Key Strategies:

- 7.1 Identification of prioritized research areas and development of a research repository in behavior change communication, health promotion and health literacy.
- 7.2 Facilitate evidence-based health promotion through research
- 7.3 Establish a procedure to operationalize and implement research evidence relevant to health promotion

Key Strategy 7.1	Identification of prioritized research areas and development of a research repository in behavior change communication, health promotion and health literacy				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Establish a fully equipped behavioural and operational research unit at the HPB	Fully equipped and operational behaviour research unit established	HPB, MoH	2025 - 2030
	2	Establish behaviour surveillance sentinel sites to network behaviour surveillance in the country	No. of behaviour surveillance sentinel sites established at provincial & district levels	RDHS, PDHS	2025 - 2030
	3	Identification of prioritized research areas relevant to health promotion	Prioritized research areas for health promotion identified	MOOH, HPB, MoH, relevant sectors outside health	2024
	4	Facilitate conduct of research in health promotion	No. of training programmes conducted on behaviour and health promotion research, No. of persons trained (health and other sectors) in behaviour and health promotion research	HPB, MoH, Academia, RDHS	2025 - 2030
	5	Develop and publicize a research repository on health promotion	Research repository developed, Research repository publicized	HPB	2025 - 2030

Key Strategy 7.2	Facilitate evidence-based health promotion through research				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Conduct behavioural & other research relevant to health promotion	No. of research studies conducted	HPB, MoH, relevant stakeholders outside Health, Academia, CBO, UN partners	2024 - 2030
	2	Conduct behavioural research on health related lifestyles and environmental factors	No. of lifestyle related behavioural studies conducted, No. of studies on health and environmental factors conducted	Relevant stakeholders outside health, MoH, Academia, CBO, UN partners	2024 - 2030
	3	Identify & prioritize best practices to be researched to optimize health	List of prioritized best practices	HPB, MoH, relevant other stakeholders	2024
	4	Conduct health promotion interventions based on evidence of research findings	No. of interventions conducted based on research findings	HPB, MoH, relevant stakeholders outside Health, Academia, CBO	2024 - 2030
Key Strategy 7.3	Establish a procedure to operationalize and implement research evidence relevant to health promotion				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Ensure that research findings are disseminated to relevant implementation partners and bodies	No. of research studies with findings disseminated, No. of research studies published	HPB, MoH, Ministries Outside Health, Academia, CBO	2024 - 2030
	2	Facilitate the operationalization & implementation of research findings relevant to health promotion	No. of research studies with recommendations implemented	RDHS, PDHS, MoH, relevant stakeholders outside Health	2024 - 2030

Strategic Objective 8

To enhance health emergency protection through optimizing risk communication and community engagement

Rationale

The importance of risk communication has been highlighted globally and in Sri Lanka in the recent past. The COVID-19 pandemic was an eye opener to all on the importance of timely, accurate risk communication and community engagement. Risk Communication is an extremely important component of risk and emergency mitigation and management. More work to further strengthen and improve awareness and collaboration on risk communication, including generating greater awareness on its role in every sector, inclusive of those outside health is needed in Sri Lanka.

Risk communication refers to “the exchange of real-time information, advice and opinion between experts and people facing threats to their health, economic or social well-being ultimately enabling affected people to make informed decision to protect themselves and their dependents”(11). The purpose of risk communication is to inform the public about risks so that they can take informed decisions about preventive and protective behaviours and take timely and proactive measures to mitigate the risk. Risk communication is a two-way communication in which the views of the public need to be actively listened to, acknowledged and responded to, in order to reach optimal success. It can also be defined as an integral component of public health risk management which is focused on dialogue with those affected and concerned and which strives to ensure evidence-based communication strategies(11,12). Accountability to Affected Populations is also an integral component of risk communication and community engagement and a relatively new area, which will be worked on, supported by this strategic plan, together with the National Risk Communication Strategic Plan for Public Health Emergencies, Sri Lanka, in the next few years. Closing the communication loop by addressing prioritized concerns and gaps as perceived by communities is extremely important in risk communication and community engagement. Health promotion strategies are very useful in closing this communication loop.

Risk communication requires having a strong system in place nationally, with good resources, inclusive of capacities and designated funding, to function effectively and efficiently. The National Risk Communication Plan for Public Health Emergencies, Sri Lanka, 2023-2025 which has been developed by the Health Promotion Bureau aids the strengthening of systems currently in place. Adapting health promotion approaches to local needs can enhance the communities' power to act quickly when emergencies occur. The Health Promotion Strategic Plan 2024 -2030 enables further strengthening and implementation of this plan by bringing together many aspects of sectoral and intersectoral collaboration.

Key Strategies:

- 8.1 Strengthen the national risk communication system
- 8.2 Strengthen internal and partner communication and coordination
- 8.3 Strengthen public communication for risk situations
- 8.4 Strengthen community engagement of affected communities in risk situations
- 8.5 Support rumour management in risk situations

Key Strategy 8.1	Strengthen the national risk communication system				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Strengthen national capacity on risk communication through international training of central, provincial and district level health care staff on risk communication	No of trainings conducted with international trainers, No. of persons who have received training from international resource persons	HPB, MoH	2024 - 2030
	2	Develop & implement a National risk communication strategic plan	National Risk Communication Strategic Plan developed, No. of activities to strengthen systems being implemented	HPB, Epidemiology Unit, DDG PHS I & II	2024
	3	Develop a risk communication training module to address local needs	Risk communication training module developed	HPB, MoH, UN Partners	2024
	4	Build capacity of media personnel in risk communication	No. of media personnel trained in risk communication	Media Ministry, HPB	2025 - 2028
	5	Facilitate disaster preparedness plan development and implementation at health care institutions at all levels	No. of health institutions with disaster preparedness plan available	MoH, PDHS, RDHS, Disaster Management Unit, HPB	2025 - 2030
	6	Build capacity of health staff in risk communication	No. of health staff trained in risk communication	HPB, MoH, RDHS, PDHS	2024 - 2030

Key Strategy 8.2	Strengthen Internal and partner communication and coordination				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Strengthen internal communication and networking on risk communication within the health sector	Risk communication messaging reaching all divisional level within 24 hours of dissemination	HPB, RDHS, PDHS	2024 - 2025
	2	Facilitate networking between health and other sectors in implementing epidemic/ disaster mitigation plans	No. of sectors outside Health with which collaboration links have been developed for implementing disaster mitigation plans	DPRD, MoH, PDHS, RDHS, HPB, relevant sectors outside health, Private sector	2024 - 2026
Key Strategy 8.3	Strengthen Public Communication for risk situations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop communication material for the public, relevant to diverse risk situations	No. of communication material developed for risk situations	HPB in collaboration with relevant stakeholders	2024 - 2030
	2	Support timely delivery of IEC material to diverse risk groups, using different communication platforms in collaboration with relevant authorities	No. of stakeholders with which collaborated for IEC material to reach risk groups	HPB, RDHS, PDHS	2024 - 2030

Key Strategy 8.4	Strengthen community engagement of affected communities in risk situations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Network with community support organizations in safeguarding health during risk and emergency situations	No. of CSO with which links have been developed, No. of activities which public have been engaged in co-designing	HPB, CSO	2024
	2	Capacity building of volunteers for disaster management	No. of volunteers trained in disaster management	Disaster Management Ministry, CBO, HPB, UN Partners	2024 - 2030
	3	Strengthen message dissemination and behaviour change through community support groups (MSG, Happy Villages) in risk situations	No. of community support groups networked with for message dissemination	HPB, CSO	2024 - 2030
	4	Surveillance of community behaviours in health emergencies through sentinel sites	Number of sentinel sites which survey community behaviours in health emergencies	HPB, CSO, Disaster Management Ministry	2024 - 2030
Key Strategy 8.5	Support Rumour management and mitigation in risk situations				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop a rumour identification, verification & reporting system	Rumour management system developed	HPB	2024
	2	Rumour mitigation & management through networking with relevant stakeholders both within and outside health	No. of stakeholders with which collaborations have been developed for rumour mitigation	HPB	2024

Strategic Objective 9

To efficiently monitor and evaluate the national health promotion program

Rationale

Monitoring and Evaluation (M and E) is an integral component of any successful plan and programme. It is essential that monitoring and evaluation are considered, with much thought being given to them from the initial stages of planning a programme or activity schedule. This is important to ensure an objective and reasonable means of verification on a regular basis, as to whether activities are on track to meeting goals and to ascertain whether objectives have been met. Monitoring and evaluation need to be integrated into the basic structures of every programme or project to have optimal outcomes.

The use of efficient, user-friendly M and E tools, with feasible indicators is critical to successful implementation of monitoring. Thus, time and effort taken in developing and fine-tuning user-friendly tools and incorporating their use into regular programmes is important. Also, it is very important that M and E is seen by all as process to ensure that activities and programs are working well, and to be a procedure that is always supportive to implementers of programmes, and not seen as a threat to them or the programmes. Thus, M and E should not be seen as a fault finding mission or an endeavour which is to be avoided and discouraged. M & E provides critical information on the effectiveness, efficiency, and impact of interventions, which can be used to improve decision-making and program implementation. This would aid reaching of national and district level health education and health promotion targets. Thus, both internal and external monitoring measures need to be promoted to optimize programme implementation and outcomes. This is especially important in work areas such as health promotion where much collaborative work by multiple stakeholders is needed.

M and E helps ensure transparency, effectivity and efficiency of projects, optimal use of available resources and supports continuous strengthening of programmes by building on their strengths and avoiding pitfalls through lessons learned by identifying measures seen to be weak or sub-optimal in achieving desired outcomes. Thus, M and E enables the taking of immediate, timely remedial action where indicated, at the earliest opportunity and enables rapid escalation of successful measures identified. Appraisal of work with due recognition of good work done and results and outcomes achieved is also important in monitoring and evaluation.

Key Strategies:

- 9.1. Innovative, efficient and user-friendly monitoring of health promotion activities
- 9.2. Strengthen the electronic Health Education and Promotion Management Information System (e-HEAPMIS)
- 9.3. Conduct regular national and district level health promotion reviews and supportive supervision
- 9.4. Appraisal and award ceremonies for healthy settings, community support groups and journalists to appreciate contributions to health promotion work
- 9.5. Periodic evaluation of all health promotion programmes

Key Strategy 9.1	Innovative, efficient and user-friendly monitoring of health promotion activities				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop efficient, user-friendly tools for monitoring & evaluating health promotion activities	User-friendly monitoring tools developed	HPB, RDHS, PDHS	2024 - 2026
	2	Optimize national level supervision of health promotion programmes	No. of training programmes conducted in M and E of health promotion activities, No. of staff trained in M and E of health promotion activities	HPB, RDHS, PDHS	2024 - 2030
Key Strategy 9.2	Strengthen the electronic Health Education and Promotion Management Information System (e-HEAPMIS)				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Optimize efficiency and effectiveness of data quality with streamlined user-friendly Health Education and Health Promotion information flow	User-friendly data collection systems available	MOH, HEO, RDHS, HPB	2024 - 2030
	2	Minimize duplication of data collection in collaboration with other units and sectors	Availability of a shared data system	MoH, DDG PHS I, DDG PHS II, stakeholders in health & relevant other sectors	2024 - 2026
	3	Incorporate selected health promotion indicators into the existing health information system	Selected health promotion indicators incorporated into existing health information systems	HPB, MoH	2024 - 2030
	4	Disseminate health promotion data at all levels to relevant stakeholders to improve HP programmes	Data disseminated to relevant stakeholders	MoH, HPB, National/ Subnational level committees, all relevant health campaigns & programmes at National/ Subnational level, PDHS, RDHS	2024 - 2030

Key Strategy 9.3	Conduct regular national and district level health promotion reviews and supportive supervision				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Review all programmes relevant to health promotion regularly	Regular set reviews of health promotion programmes conducted	HPB	2024 - 2030
	2	Publish an annual report on health promoting indicator performance at district & national levels	Annual report published at national level, Annual report published at district levels	HPB RDHS	2024 - 2030
	3	Facilitate supportive supervision of health promotion programmes	No. of supportive supervisions conducted	MOH, RDHS	2024 - 2030
Key Strategy 9.4	Appraisal and award ceremonies for healthy settings, community support groups and media personnel to appreciate contributions to health promotion work				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Conduct appraisal and award ceremonies for health promoting settings	Annual appraisal and awarding for health promoting settings conducted	MOOH, RDHS, HPB	2025 - 2030
	2	Conduct appraisal and award ceremonies for community support groups	Annual awards ceremony conducted for community support groups	MOOH, RDHS, HPB	2024 - 2030
	3	Conduct appraisal and award ceremonies for media personnel	Annual appraisal and awarding for media personnel conducted	HPB, Ministry of Media	2026 - 2030

Key Strategy 9.5	Periodic evaluation of all health promotion programmes				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Inbuild regular monitoring and evaluation to every programme and project	No. of programmes with inbuilt monitoring indicators/ system	HPB in collaboration with other stakeholders	2024 - 2030
	2	Periodic review of health promotion outcomes	Health literacy, organizational action, health impacts, community mobilization programmes surveyed for selected outcomes	HPB, Academia, CBO, UN Partners	2024 - 2030
	3	Develop a TOR for working in collaboration with external evaluators for periodic programme evaluation	% change in selected health promotion outcome, TOR developed for external evaluation of health promotion programmes	HPB, MoH	2024 - 2030
	4	Organize periodic reviews conducted with support of external evaluators	Number of external reviews conducted	HPB, MoH, Academia, UN partners	2024 - 2030

Strategic Objective 10

To Improve human resources and capacities, financial and logistic resources for health promotion.

Rationale

Strengthening human resources and capacities together with facilities and logistics for programme roll-out is critical to the success of any programme. This is especially so when considering long term programmes such as health promotion endeavours which are actually investments for health and wellbeing. Fulfilling cadre requirements and strengthening capacities of workforces is very important, especially in the current situation of economic downturn and brain drain. Insufficient cadre, lack of facilities and logistics to conduct required activities to reach programme goals could lead to discouragement, demotivation and burnout of workforces and have very detrimental effects on population health status. Thus, making full use of available resources, by equitable distribution and pooling, out of the box thinking to even temporarily tide over staff and resource gaps, together with harnessing new resources innovatively and even on a staggered basis, to initially bridge gaps and then forge ahead to meet health promotion and sustainable development goals, will indeed be an investment which will pay rich dividends in the coming years.

Health promotion is a continuous process, with outcomes not being overtly or immediately visible. However, steadfast efforts with time and resources being invested in health promotion is sure to give huge returns over time, improving population health and cutting down costs on health care and emergencies. Health promotion is the link between communities and optimal utilization of available health and wellbeing facilities. Health promotion invests principally in preventing risk factors for disease from occurring, together with minimizing negative effects and complications of disease. Prioritization of health promotion with the availability of an allocated budget sufficient to meet its needs together with obtaining funding through innovative measures built into programmes, projects and policies will facilitate the achievement of necessary financing for sustainable and collaborative health promotion work. Health promotion costs are also seen to be significantly lower than the costs of treating and managing disease and negative conditions which are prevented through a strong and sustainable health promotive programme. Thus, its cost effectiveness has been seen to be high. Facilitating health promotion activities and integrating it as an inherent part of other health and development projects will yield many gains for the country and all its populations.

Key Strategies:

- 10.1 Strengthen leadership and capacity for health education, health promotion & communication at all levels
- 10.2 Develop additional sustainable health promotion financing systems from central, provincial and local authority levels & other agencies

Key Strategy 10.1	Strengthen leadership and capacity for health promotion at all levels				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Upgrade HPB to a model centre for health promotion meeting international standards	HPB developed as a model centre for health promotion	MoH, HPB	2025 - 2030
	2	Cadre revision with clear job descriptions of all categories of officers involved in health promotion	Cadre revised to meet health promotion resource needs, Availability of sufficient cadre for health promotion needs, Job description availability for staff in health promotion	MoH, HPB	2024 - 2030
	3	Continuous professional development of all officers involved primarily in health promotion at all levels	No. of officers working primarily in health promotion attending a professional development activity at least annually	MOOH, RDHS, PDHS, HPB	2024 - 2030
	4	Advocate for increased government budgetary and resource allocation to support health promotion at all levels and in all sectors	Funding availability for health promotion at all levels	HPB, RDHS, PDHS, MoH, Ministry of Public Administration	
Key Strategy 10.2	Develop additional sustainable health promotion financing systems from central, provincial and local authority levels & other agencies				
	Main activities		Key Indicator	Responsibility	Time Frame
	1	Develop sustainable financing for health promotion from projects at all levels of the health system	Identified budget sources for health promotion	HPB, DDG PHS II. MoH, Finance Ministry	2024 - 2030
	2	Advocate for financing for health promotion through corporate social responsibility projects and other ventures of private sector and other agency partners	No. of CSR projects through which health promotion activities conducted	HPB, DDG PHS II, MoH, Board Of Investment, Ministry of Industries and Commerce	2024 - 2030

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Annexure 1 : Sustainable Development Goals of special relevance to the Health Promotion Strategic Plan

Goal 2 : End hunger, achieve food security and improved nutrition and promote sustainable agriculture

- 2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round
- 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons

Goal 3 : Ensure healthy lives and promote well-being for all at all ages, considering targets yet to be achieved by Sri Lanka

- 3.4 By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8 Achieve universal health coverage, including access to quality essential health-care services and safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce
- 3.d Strengthen the capacity for early warning, risk reduction and management of national and global health risks

Goal 5 : Achieve gender equality and empower all women and girls

- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights
- 5.b Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women

Goal 6 : Ensure availability and sustainable management of water and sanitation for all

- 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- 6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- 6.b Support and strengthen the participation of local communities in improving water and sanitation management

Goal 10 : Reduce inequality within and among countries

- 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

Goal 11 : Make cities and human settlements inclusive, safe, resilient and sustainable

- 11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums
- 11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons
- 11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
- 11.5 By 2030, significantly reduce the number of deaths and people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations
- 11.6 By 2030, reduce the adverse per capita environmental impact of cities, including by paying special attention to air quality and municipal and other waste management
- 11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities

Goal 12 : Ensure sustainable consumption and production patterns

- 12.3 By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses
- 12.4 By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle, in accordance with agreed international frameworks, and significantly reduce their release to air, water and soil, to minimize their adverse impacts on human health and the environment
- 12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse
- 12.8 By 2030, ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature
- 12.a Support to strengthen scientific and technological capacity to move towards more sustainable patterns of consumption and production

Goal 13 : Take urgent action to combat climate change and its impacts

- 13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters
- 13.2 Integrate climate change measures into national policies, strategies and planning
- 13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

Goal 16 : Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

- 16.1 Significantly reduce all forms of violence and related death rates everywhere
- 16.6 Develop effective, accountable and transparent institutions at all levels
- 16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements
- 16.b Promote and enforce non-discriminatory laws and policies for sustainable development

Goal 17 : Strengthen the means of implementation and revitalize the global partnership for sustainable development

- 17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

Additionally, out of the total 169 targets of the 17 SDGs, there are several targets which are of great importance to health promotion, other than the ten goals which are discussed above. Those nine targets are listed below;

- 1.3 Implement nationally appropriate social protection systems and measures for all, and by 2030 achieve substantial coverage of the poor and the vulnerable
- 1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social, and environmental shocks and disasters
- 1.b Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions
- 4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education
- 4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- 4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all
- 8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value
- 8.6 By 2020, substantially reduce the proportion of youth not in employment, education, or training
- 9.5 Enhance scientific research, upgrade the technological capabilities of industrial sectors by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending

Annexure II : External Stakeholders

Ministries/ Departments

Ministry of Parliamentary Affairs
Ministry of Public Administration
Ministry of Public Services
Ministry of Finance, Economic stabilization and National Policies
Ministry of Mass Media
Ministry of Telecommunication
Ministry of Urban Development and Housing
Ministry of Rural Economic Affairs
Ministry of Education
Ministry of Environment
Ministry of Agriculture
Ministry of Plantation Industries
Ministry of Industries
Ministry of Disaster Preparedness and Relief
Ministry of Hill Country, New Villages, Infrastructure and Community Development
Ministry of Local Government and provincial councils
Ministry of Indigenous Medicines
Ministry of Social Services
Ministry of Women, Child Affaires and Social Empowerment
Ministry of Justice
Ministry of Labour and Foreign Employment
Department of Legal Affairs
Office of Chief of Defence Staff
Sri Lanka Police
Department of Commerce
Department of Animal Production and Health
Children's Secretariat
Department of Prison
Board of Investment

Councils / Authorities / Organizations

Food and Drugs Authority
Consumer Affairs Authority
Samurdhi Authorities
Plantation Human Development Trust (PHDT)
Ceylon Chamber of Commerce
Central Environmental Authority

Academia

Universities
Professional Colleges

UN Partners

WHO
UNICEF
WFP

Other development partners

World Vision
Asia Development Bank

CBO / CSO / NGO and other

Sarvodaya

Annexure III : Health Promotion Bureau Results Framework (2023 -2028)

HEALTH PROMOTION BUREAU – RESULTS FRAMEWORK (2023-2028)

Vision: An empowered healthy nation living happily and harmoniously with each other and nature
Mission: Empowering people to take ownership of their health and wellbeing to address the determinants of health affecting individuals, communities and the environment as the center of excellence for health promotion

Thrust areas: Communication, Advocacy, Mediation, Enabling, Establishment of supportive settings & platforms, Media & Publicity, Risk Communication & Accountability to Affected Populations, Community Mobilization & Engagement

Results (Impact)	Tertiary (overall health) Outcomes	Intermediate (health promotion) Outcomes	Preliminary (health promotion) Outcomes	Outputs
Impact 1 : Reduced burden of Non Communicable Diseases	1. Modifiable health determinants of individuals & communities improved	1. Improved health literacy among people	1 Capacity (K, A, P & Skills) of health and non health staff developed on health education and health promotion	1. Training modules and packages developed
	2. Risk behaviours of individuals & communities reduced	2. Social mobilization, Influence and action to improve health and wellbeing	2. Availability of communication and advocacy strategies and packages for improved health communication	2. Capacity building programs conducted
Impact 2: Improved nutritional status across all age groups	3. Supportive healthy environments established		3. Establishment & sustenance of functional health promotion settings and community platforms	3. Communication strategies developed/facilitated for health communication
	4. Improved usage of healthy environments		4. Improved communication through established and maintained communication platforms	4. Communication and advocacy packages developed/ facilitated
Impact 3: Reduced burden of communicable diseases	5. Improved quality and access to health services	3. Healthy public policy and organizational practice	5. Organizational partnerships established and maintained	5. Relevant health & non-health stakeholders advocated to facilitate establishment of HP settings and community platforms
			6. Health promotion system is strengthened for health communication, health promotion and publicity	6. Relevant health & non-health stakeholders mediated to facilitate establish HP settings and community platforms
Impact 4: Improved quality of life across life course			7. Evidence for health promotion generated	7. Health promotion settings established and maintained (Village, pre-school, school, hospital & workplace)
				8. Communication platforms established
				9. Advocacy channels & partnerships established
				10. Health Promotion Bureau and health promotion functional system are reorganized and strengthened
				11. Monitoring & evaluation mechanisms established
				12. Operational research conducted

Annexure IV : Vision and Mission of Health Promotion Bureau (Sinhala, Tamil, English)



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சுகாதார மேம்பாட்டுப் பணியகம்
Health Promotion Bureau



දැක්ම

පරිසරය හා එකිනෙකා සමග සතුටින් සහ සමගියෙන් ජීවත්වීමට බලගැන් වූ සෞඛ්‍ය සම්පන්න දැයක්

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විශිෂ්ට සෞඛ්‍ය ප්‍රවර්ධන කේන්ද්‍රස්ථානයක් ලෙස තමාටත් ප්‍රජාවටත් පරිසරයටත් බලපාන සෞඛ්‍ය

නිර්ණායකයන් හඳුනාගෙන, සෞඛ්‍ය හා යහපැවැත්ම සාක්ෂාත් කර ගැනීමේ

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நோக்கு

ஒருவருக்கொருவர் மகிழ்ச்சியுடனும், அமைதியுடனும். இயற்கையுடன் ஒன்றிணைந்து

வாழக்கூடிய வலுவூட்டப்பட்ட நாடு

செயற்பாடு

சுகாதார மேம்பாட்டிற்கான மத்திய நிலையம் என்ற வகையில் மக்கள் தங்களின் சுகநலன்

மற்றும் நல்வாழ்வு தொடர்பான பொறுப்பை ஏற்றுக்கொள்வதற்கு வலுவூட்டுவதுடன் தனிநபர்.

சமூகம் மற்றும் சூழல் என்பவற்றின் சுகநலனில் தாக்கத்தை ஏற்படுத்தக்கூடிய காரணிகள்

பற்றி அறிவூட்டல்

Vision

An empowered healthy nation living happily and harmoniously with each other and nature

Mission

Empowering people to take ownership of their health and wellbeing, to address the determinants of health affecting individuals, communities and the environment, as the center of excellence for health promotion

Annexure V: Health Education and Health Promotion targets and Key Performance Indicators

Health Education and Health Promotion targets

The HPB has identified 6 minimum targets of HE & HP to be achieved at district level. The 6 targets include, establishment and maintenance of the five health promotion settings and the community platform mentioned below. The main approach of health promotion process identified by the HPB is 'Settings Approach'. Other two are life course and disease centered approaches, which can be integrated within the settings approach.

1. **Happy Village Settings:** at least 2 new* happy village settings per Medical Officer of Health area are established and continued per year
2. **Health Promotion Preschool:** at least 5 new* functional preschool health promotion settings are established and continued per Divisional level Early Childhood Development Officer area per year (In most areas, one divisional ECDO area aligns with one MOH area).
3. **Health Promotion School:** should follow the circular on School Health Promotion sent by Family Health Bureau, 2015 and as per the commitment at the Inter-Ministerial Meeting to Revitalize Health Promoting Schools Implementation by the WHO South-East Asia Region, 2021.
4. **Health Promotion Work place:** at least 1 new* functional health promotion workplace per MOH area is established and continued per year
5. **Health Promotion Hospital:** at least 1 new* functional health promotion hospital per district is established and continued per year
6. **Mother's Support Groups (MSG):** at least 1 new* functional MSG per PHM area is established and continued per year

* newly established in each year should be considered separately. Cumulative numbers of settings which were established and maintaining the functional status over the previous years will also be monitored under total (new and old) functional settings.

Health Education and Health Promotion targets aims to reach the objectives of the HPB collectively. Targets are the benchmarks which are the desired change expected for achieving the objectives. Several targets will be responsible for achievement of an objective. The Key Performance Indicators are what we measure to assess progress towards the achievement of targets and thereby the objectives. Therefore, several KPI's will progress towards achievement of a target.

Definitions of functional status of a Health Promotion Setting

There are steps to establish health promotion settings. Those are described in detail in the guides provided for development of each setting separately. The criteria given below are the key factors to consider a health promotion setting as functional.

1. Functional Happy Village setting

- I. A functional Happy village should be one with an active committee, meeting at least once a month
- II. Committee should keep records and submit returns regularly. These should be available for observation during a field supervision.
- III. Should conduct activities as suggested by the HPB

2. Functional Preschool Health Promotion setting

- I. Preschool Health Promotion Committee (Preschool Development Committee) meets at least once in a quarter.
- II. At least one new sustainable health promoting activity started and continued during a quarter
- III. The activities conducted should be entered in the Monitoring checklist (Google form-PSHP form 4) developed and shared by the HPB. These can be seen on Preschool Health Promotion dash board of HPB

3. Functional School Health Promotion setting

- I. As categorized by the School Health Promotion Evaluation Criteria identified by the Family Health Bureau.
- II. A school with a score of >60 will be considered as a health promotion school setting.

4. Functional Hospital Health Promotion setting

- I. Health promotion committee meeting held at least once in a quarter
- II. At least one new sustainable activity started during a quarter
- III. Monitoring and evaluation report available for every quarter (online can be filled in future). These should be able to observe during the supervision.

5. Functional Work place Health Promotion setting

- I. Coordinating work place health promotion committee established
- II. The committee meets at least once a month

6. Functional Mother's Support Group

An active MSG should have conducted monthly meetings at least 6 times during a year

Health Education & Health Promotion Key Performance Indicators

The following KPI's can be used in the district level to monitor the performance in achieving the HE &HP targets. The formulars to calculate each indicator are given. The KPII from 1 to 7 the indicators are on establishment of settings. These will directly showcase achievement of HE&HP targets. Several advocacy, mediation and enabling sessions will be needed to establish and maintain the functionality of a health promotion setting. The KPII from 8 to 13 will showcase the progress of strengthening communication, health promotion, and health education in the district. The KPII 14 to 16 indicate the progress of supportive supervision, monitoring and evaluation of HE&HP activities in the district.

1. Percentage of MOOH areas with at least 2 functional Happy Villages¹
2. Percentage of MOH areas with at least 5 functional Pre-school Health Promotion settings²
3. Percentage of MOH areas with all Schools are functional Health Promotion settings¹
4. Percentage of MOH areas with 1 functional Work Place Health Promotion setting¹
5. Number of functional Hospital Health Promotion settings³ in the district
6. Percentage of PHM areas with 1 functional⁴ MSG
7. Percentage of MSG registered with the HPB via app/on-line¹
8. Percentage of supervisory health staff⁵ trained on basic health communication skills per district
9. Percentage of supervisory health staff⁵ trained on health promotion per district
10. Percentage of all other staff⁶ in health sector trained on health communication per district
11. Percentage of all other staff⁶ in health sector trained on health promotion per district
12. Percentage of MOOH areas where nationally developed health promotion programs implemented in accordance with guidelines
13. Percentage of MOOH areas where nationally developed health communication programs implemented in accordance with guidelines
14. Percentage of MOH offices sent the monthly e-HEAPMIS (H1282)
15. Number of quarterly e-HEAPMIS (H1283 A&B) sent from the district during the year
16. Number of district coordinating committee meetings had dedicated time for discussing progress of HE&HP activities

1 registered as HP settings in the HP app.

2 registered using the Preschool Registration Google Form

3 meet all 5 criteria as per Guideline on Hospital Health Promotion

4 should have conducted at least 6 monthly meetings during a year

5 includes RSPHNO, SPHID, PHNS, SPHI, SPHM, SSDT, Matrons and Sisters in curative sector

6 includes PHM, PHI, SDT, HENO, Liaison Nurses, any other health staff and ECD

Formulas to calculate the HE & HP Key Performance Indicators

1. Percentage of MOOH areas with at least 2 functional Happy Villages¹
$$\frac{\text{Number of MOH areas with at least 2 functional Happy village settings}}{\text{Total number of MOH areas in the district}} \times 100$$
2. Percentage of MOH areas with at least 5 functional Pre-school HP settings²
$$\frac{\text{Number of MOH areas with at least 5 functional Preschool HP settings}}{\text{Total number of MOH areas in the district}} \times 100$$
3. Percentage of MOH areas with all Schools are functional Health Promotion settings¹
$$\frac{\text{Number of MOH areas where all schools are functional HP settings}}{\text{Total number of MOH areas in the district}} \times 100$$
4. Percentage of MOH areas with 1 functional Work Place Health Promotion setting¹
$$\frac{\text{Number of MOH areas with at least one workplace is a HP setting}}{\text{Total number of MOH areas in the district}} \times 100$$
5. Number of functional Hospital Health Promotion settings³ in the district
6. Percentage of PHM areas with 1 functional⁴ MSG
$$\frac{\text{Number of PHM areas with at least 1 functional MSG}}{\text{Total number of PHM areas in the district}} \times 100$$
7. Percentage of MSG registered with the HPB via app/on-line¹
$$\frac{\text{Number of MSG registered with HPB using the HP app/online}}{\text{Total number of functioning MSG in the district}} \times 100$$
8. Percentage of supervisory health staff⁵ trained on basic health communication skills per district.
$$\frac{\text{Number of supervisory health staff}^5 \text{ trained on basic health communication skills}}{\text{Total number of supervisory health staff in the district}} \times 100$$
9. Percentage of supervisory health staff⁵ trained on health promotion per district.
$$\frac{\text{Number of supervisory health staff}^5 \text{ trained on health promotion}}{\text{Total number of supervisory health staff in the district}} \times 100$$
10. Percentage of all other staff⁶ in health sector trained on health communication per district.
$$\frac{\text{No of all other health sector staff}^6 \text{ trained on basic health communication skills}}{\text{Total number of other health sector staff}^6 \text{ in the district.}} \times 100$$
11. Percentage of all other staff⁶ in health sector trained on health promotion per district.
$$\frac{\text{No of all other health sector staff}^6 \text{ trained on basic health promotion}}{\text{Total number of other health sector staff}^6 \text{ in the district}} \times 100$$
12. Percentage of MOOH where nationally developed health communication packages implemented in accordance with guidelines.
$$\frac{\text{No of MOH areas where national health communication packages implemented}}{\text{Total number of MOH areas in the district}} \times 100$$

13. Percentage of MOOH where nationally developed health promotion packages implemented in accordance with guidelines

$$\frac{\text{No of MOH areas where national health promotion packages implemented}}{\text{Total number of MOH areas in the district}} \times 100$$
14. Percentage of MOH offices sent the monthly e-HEAPMIS (H1282)

$$\frac{\text{Number of MOH areas sent e-HEAPMIS (H1282) monthly}}{\text{Total number of MOH areas in the district}} \times 100$$
15. Number of quarterly e-HEAPMIS (H1283 A&B) sent from the district during the year (4 returns should be sent during a year).
16. Number of district coordinating committee meetings had dedicated time for discussing progress of HE&HP activities
 - 1 registered as HP settings in the Health Promotion app
 - 2 registered using the Preschool Registration Google Form
 - 3 meet all 5 criteria as per Guideline on Hospital Health Promotion
 - 4 should have conducted at least 6 monthly meetings during a year
 - 5 includes RSPHNO, SPHID, PHNS, SPHI, SPHM, SSDT, Matrons and Sisters in curative sector
 - 6 includes PHM, PHI, SDT, HENO, Liaison Nurses, any other health staff and ECDO

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