

National Health Promotion Policy



Ministry of Health and Medical Services, Solomon Islands

May 2021

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ABBREVIATIONS

AIDS	Acquired Immuno-deficiency Virus
AHC	Area Health Center
AHPO	Assistant Health Promotion Officer
BCC	Behavior Change Communication
CSO	Civil Society Organization
CBR	Community Based Rehabilitation
DHPS	Director Health Promotion Services
DHS	Demographic Health Survey
FBO	Faith-based Organization
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HOD	Head of Department
HP	Health Promotion
HPD	Health Promotion Department
HPFF	Health Promotion Foundation Fund
HPLSF	Health Promotion Lifestyle Fund
HR	Human Resource
HVP	Healthy Village Promoter
IEC	Information Education Communication
M&E	Monitoring & Evaluation
MHMS	Ministry of Health and Medical Services
MOU	Memorandum of Understanding
NCD	Noncommunicable Diseases
NGO	Nongovernmental Organisation
NHP	National Health Promotion
NHVSC	National Healthy Village Steering Committee

NHSCC	National Healthy Setting Coordination Committee
NHSP	National Health Strategic Plan
PEN	Package of Essential Noncommunicable Disease Interventions
PHPD	Provincial Health Promotion Department
PHSCC	Provincial Healthy Settings Coordination Committee
PHVCC	Provincial Healthy Village Coordination Committee
RDP	Role Delineation Policy
RHC	Rural Health Center
RWASH	Rural Water and Sanitation Hygiene
SHC	Strategic Health Communication
SMART	Specific, Measurable, Achievable, Realistic, time bound
STI	Sexually Transmitted Infection
TB	Tuberculosis

1. POLICY STATEMENT

The Ministry of Health and Medical Services will institute, manage and implement a health promotion programme that addresses the key objectives and strategies of its health plan especially in relation to the protection and promotion of good health in the country.

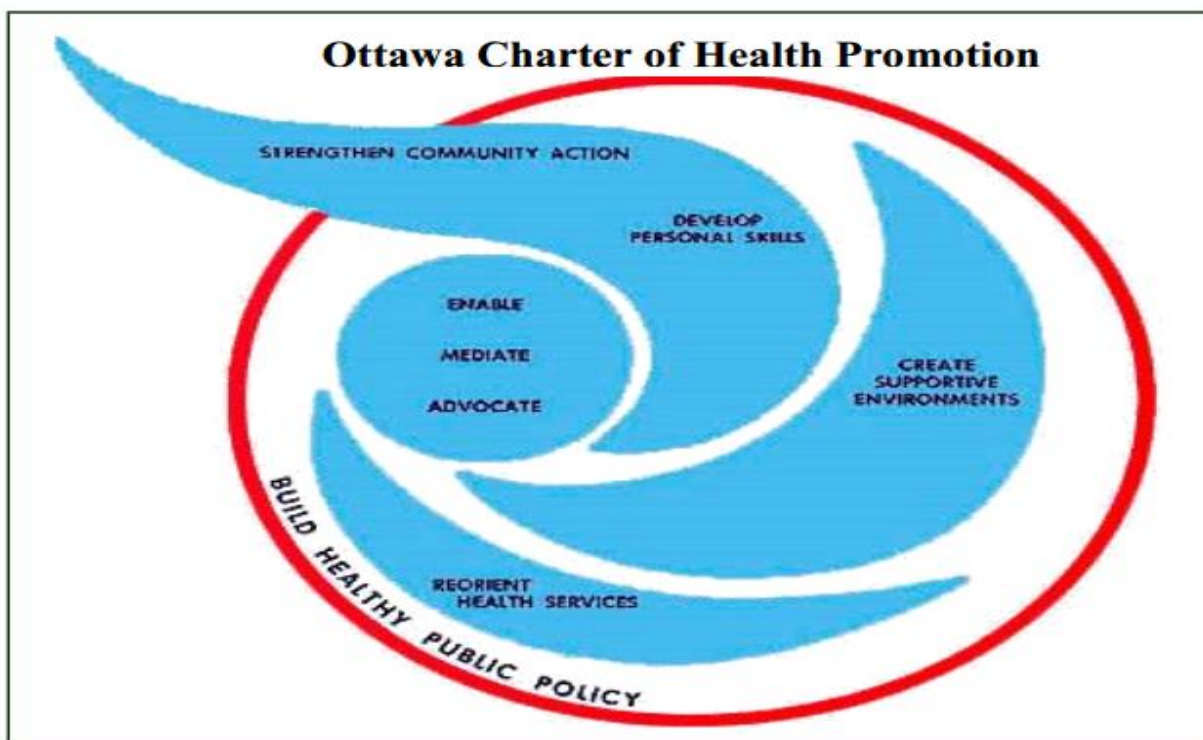
2. INTRODUCTION

This policy notes the definition of health promotion as being a combination of educational, political, regulatory and organizational support for behavior and environmental changes that are conducive to health and health education is a subset of health promotion application that are primarily based on education.

Health promotion has been evolving out of health education since 1970's and is the newest public health discipline. Following the Alma Ata Declaration in 1978, the first international Health conference in Health Promotion in the Ottawa in 1986 paved the way for the strengthening of health promotion in health systems around the regions.

The Ottawa Charter identified five health promotion Action Areas and three basic health promotion strategies. Health promotion goes beyond health care and places health on the agenda of policy makers in all sectors and at all levels. For the Pacific region the health promotion concept was further expanded under the WHO New Horizon in Health which proposed a structure for all health activities undertaken under three life stage themes – preparation for life, protection of life, quality of life in later years.

Later the Yanuca Island Conference of Health Ministers of the Pacific Islands in 1995 made a declaration of health in the Pacific. This declaration advocated that health promotion policy incorporates national government and health sector policies based on inter sectoral partnership and networking with the common belief that health interventions “must be people centered, wellness centered and positive health as part of human development” and a prerequisite to all facets of development in the Country. Furthermore, the policy declaration emphasizes community empowerment, participation and ownership through the ‘Healthy Settings Approach.



The 5 key action areas and 3 basic strategies.

The 5 action areas include; build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills, and re-orient health services.

The 3 basic strategies are; to enable, mediate, and advocate.

3. NATIONAL HEALTH TRENDS

Solomon Islands has an estimated population growth rate of 2.3% per annum in 2017 and it has a relatively young age structure with around 41% of the population are aged less than 15 years. The Life expectancy at birth has increased, up to 68 years for males and 71 years for females in 2015. The country currently faces a double disease burden with a high prevalence of communicable diseases and growth in non-communicable diseases (NCDs). The population with Diabetes recorded in the Health Information System (HIS) in 2018 was 28.9% and the population with Hypertension was 41.4 %. About 60% of the current deaths in the country is NCD related.

In terms of noncommunicable diseases, the 2015 STEPS survey revealed that 37% of the population between ages of 18 - 69 reported daily smoking (56% men and 21% women), and approximately 88% reported consuming less than five combined daily servings of fruit and

vegetables. 32% of the male population reported consuming alcoholic within the past 30 days. Approximately 36% of 18 – 69 years old were overweight and 23% (27% women and 18% men) were obese. About 26.4% of the population does low level of physical activity. 5.1% of the population has raised blood glucose; and 19.8% of the population has raised blood pressure. One in three people between the ages of 18 – 69 had 3 - 5 combined risk factors of NCD.

Regarding communicable diseases like Malaria and Tuberculosis (TB), an average of 118 cases of malaria were treated each day between 2014-2017. There was an average of 18 malaria deaths per year between 2015 and 2017. The burden of malaria is higher among infants and children. There is a whole society move to eradicate Malaria in 2030. For TB the case notification rate of 65 notified TB cases per 100,000 population in 2015 -2017. This means on average, around 395 cases of TB are confirmed and reported each year. Between 2014 and 2016, the country has an average treatment success rate of 92%. And TB mortality has been decreasing since the 1990s.

In terms of progress in reproductive, maternal, infant and child health, there has been a significant progress in 2017. Between 2014 and 2016, the average number of maternal deaths for the Solomon Islands was 19 women per year. This means that, on average, one woman dies from pregnancy or childbirth every 19 days. The Demographic Health Survey (DHS) reported that approximately 29% of married women were using a contraceptive method in 2015.

Between 2015 and 2017, the average infant mortality rate was 18 deaths (of infants aged less than one year) per 1,000 live births. The total number of infant deaths reported through routine HIS in 2017 was 309, or approximately six deaths per week. The increase in the number of infant and child deaths which is partly due an increase in the number of child deaths due to malaria in 2017. According to the HIS Health Facility Monthly Reporting, the average number of children (under five years old) who were classified as malnourished or severely malnourished was 10% (2015-2017).

According to the DHS Survey 2015, approximately 82.5% of households had access to an improved drinking water supply. In urban households, access to safe drinking water relatively higher at 94.6%. It is estimated that about 13% of rural and 67.8% urban households have access to a basic sanitation. For hygienic practices, it was only 16% of population who wash their hands in rural areas.

4. POLICY SCOPE

This policy provides guidance on the role of the Ministry of Health and Medical Services and its Department of Health Promotion in health promotion and health protection. It provides a platform for better collaboration and partnership with stakeholders. The policy also provides directions on health promotion priorities in the provinces including partners and stakeholders. It also outlines a planning framework for developing subsequent health promotion and healthy settings policies and intervention in the community.

This policy notes the following Guiding Principles for subsequent health promotion strategic planning purposes.

Vision: *A healthy, happy, productive and stable Solomon Islands*

Mission: *To improve the health of Solomon Islands by:*

- *Promoting healthy lifestyle, healthy setting, disease prevention and wellness.*
- *Empowering individuals, families, groups and communities to attain a desired state of health and well-being.*
- *Advocating for healthy public policy, create supportive environment, strengthening partnership and social support for healthy action.*
- *Monitoring and Evaluation towards the enhancement of quality and equitable health promotion services*

Values: *The Health Promotion Department Values*

- *Being receptive to feedback, challenging and improving processes*
- *Working in a collaborative manner.*
- *Respecting and valuing all those we come into contact.*
- *Fostering teamwork, innovation, learning and development.*
- *Being accountable and transparent.*

5. LINKAGES WITH OTHER POLICY

Health promotion function cuts across all health program areas in the MHMS and some programs have included health promotion in their policies and plans. The National Health Strategic Plan 2016 -2020 have captured Health Promotion functions especially the Healthy

Village under its key result areas (KRA2). Existing health program policies in the Ministry of Health and Medical Services which included health promotion are:

- National Health Strategic Plan 2016 – 2020
- Rural Water Sanitation Hygiene Policy
- Vector Borne Disease Control Program Business Plan
- NCD and Nutrition Strategic Plan
- Role Delineation Policy 2018.

6. GOVERNANCE

This policy recognized that there are existing governance structures for the National Health Promotion Department in the Ministry of Health and Medical Services. Health Promotion function is cross cutting and very fundamental to address Universal Health Coverage and it is the foundation to achieving the Sustainable Development goals. The department's structure included coordination mechanisms to enhance greater coordination and partnership with health programs, key government Ministries, NGOs, FBOs and CSO and the private sector. Health promotion staff are deployed at national and provincial level to deliver evidence-based health promotion intervention in the communities. It is anticipated that HP staff will be further deployed to the AHC level in accordance with the RDP policy to further connect and conduct more community empowerment activities at village level.

6.1 National Health Promotion Department

Health Promotion comes under the umbrella of the Under Secretary Health Improvement (USHI) in the Ministry of Health and Medical Services. The Director of Health Promotion Services (DHPS) is the HOD and he is directly responsible to the USHI. Situated at the national level are HP Component Managers who are responsible for the core functions of the department who execute coordination roles with national health programs and provincial health promotion officers. The core functions include the Healthy settings, Training and Capacity Building, Health Communication (Media and IEC), Community Mobilization and Advocacy, Social Research and Development and Policy Planning and Management.

Coordination mechanisms to ensure there is greater collaboration and networking at the national level includes the National Health Promotion Coordination Committee (NHPCC), National Healthy Settings Coordination Committee (NHSCC) and the National Healthy Village

Steering Committee (NHVSC) which is a subcommittee. Other departmental operational committees include the Social Research and the Health Communication Committee and IEC Production Committee.

6.2 Provincial Health Promotion Departments

Provincial Health Promotion offices are located in all provincial centers and are supervised by either a Chief or Principle Health Promotion Officer. The supervising Health Promotion officer is directly responsible to the Director Provincial Health Services (DPHS) for all provincial administration matters and he is directly responsible to the National Director of Health Promotion Services on all Health Promotion technical matters.

Mechanisms to enhance greater collaboration includes the Provincial Health Promotion Coordination Committee (PHPCC), provincial Healthy Settings Coordination Committee (PHSCC) and the Provincial Healthy Village Coordination Committee (PHVCC) and other Settings sub-committees. The provincial health structures have been provided with trained and skilled Health Promotion officer to advance the health promotion agenda in their Provinces. Provincial Health Promotion Officers have a responsibility for conducting various community health promotion interventions based on evidence from health programs, including conducting regular monitoring visits in coordination with developing/implementing partners and other Provincial Health Programme Officers.

6.3 Area Health Centre Health Promotion Unit

The Role Delineation Policy (RDP) provides for the deployment of Assistant Health Promotion Officers (AHPO) at the Area Health Centre level 2 to work closely with the Medical Officer and Zone Manager who will supervise the AHC1 and the RHC facility providing health services to the villages under its coverage area. The RDP also provides for other Public Health programs to be deployed to the AHC level 2 which will have a robust Public Health Committee coordinating health promotion and protection interventions at community level. A financial administrator will be posted at the AHC 2 level to coordinate funding for public health promotion interventions at the community level.

6.4 Community/ Village Level

A Healthy Village Promoter (HVP) will be selected by the community and they will be performing some responsibilities of the Health Promotion Officer at the village level. This HVP or Volunteer will be trained and deployed to his/her own village but it will not be part of the formal HPD structure. A Village Health Committee (VHC) will also be formed in the villages to support the HVP. The HVP is a member of the VHC and both will be managed by the people with the support from the RHC nurse and the AHC health promotion staff. The Provincial HPU and RHC nurse be monitoring the work of HVP and VHC at village level.

7. PARTNERSHIP AND NETWORKING

Partnership refers to the joint action between partners (national and local agencies and the public). It implies that there will be equal sharing of power. Health Promotion is a crosscutting function and therefore important to know why, where, how, and what all Stakeholders should work together with the Department. Areas including sharing of resources, expertise and reports etc. The NHP policy will provide a platform on which stake holders shall know where and how they will collaborate, integrate and network with the Health Promotion Department in the Ministry of Health and Medical Services.

8. HEALTH PROMOTION APPROACHES:

8.1 HEALTHY SETTINGS

This policy endorses the Healthy Setting as an approach for health promotion actions. A healthy setting is a context and complex set of relationships and structures within which people live, work, trade and socialized. The settings include village, school, market place, workplace, settlement, and township. Settings provide an entry point and access to specific population as well as channels for delivering health promotion programs.

Criteria for labeling as Healthy setting include:

- Existence of a profile developed through participatory processes
- Evidence of Community leaders/stakeholders training.
- Evidence of an action plan containing clear objectives.
- Evidence of implementation, monitoring and evaluation.

The monitoring mechanism for healthy settings will be strengthened by:

- a) Building capacity of various committees established within each setting so that the committee(s) take direct responsibility for monitoring implementation of their Healthy Setting initiative.
- b) Trialing the use of the Most Significant Change Technique and other M&E tools to enhance documentation of stories from selected or sentinel settings where appropriate. Provinces would be encouraged to adopt a “pro-poor” approach focusing on decreasing isolation and increasing development options

The current Healthy Settings implementation process involving the 6D approach – (i) Discovery, (ii) Dream, (iii) Direction, (iv) Design (v) Delivery and (vi) Driving will be adopted and maintained. Community ownership will be supported through building settings capacity during all the 6D process of the approach. At every level of health system, participatory processes will be used in planning health promotion activities.

8.2 STRATEGIC HEALTH COMMUNICATION

This policy further endorses Strategic Health Communication (SHC) approach for all program-based communication intervention. SHC comes from many years of commercial and social marketing and it is directed at the consumer (target audience) and focused on behavioral change. It is evidence based and developed in consultation with the target audience, with specific behavioral objectives followed with situation market analysis for communication keys. It recognizes the local context, based on the seven (7) SHC steps and the Five (5) Integrated Communication Action Areas. They are as follows:

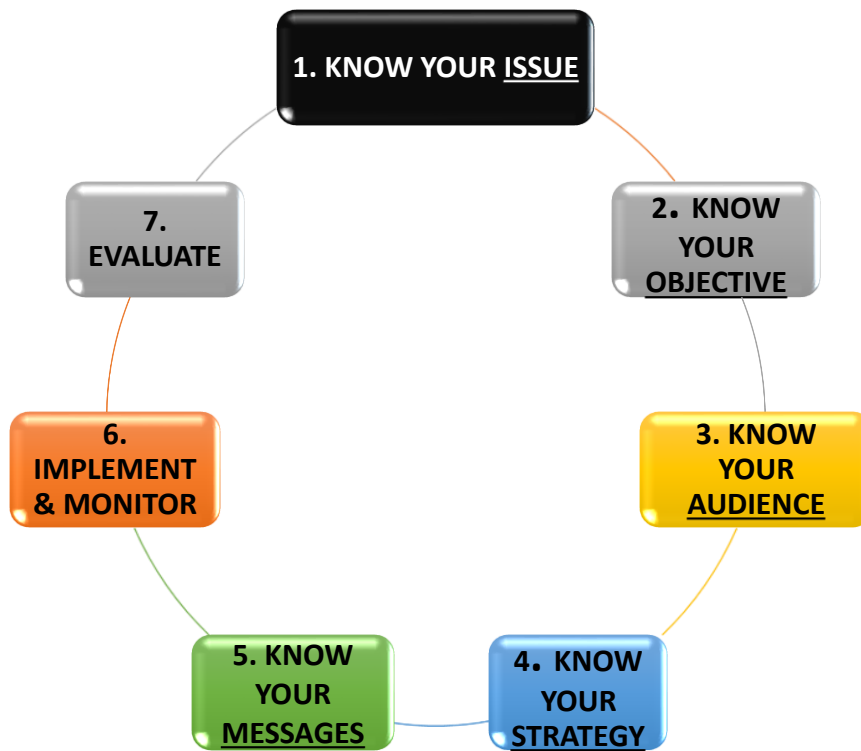


Figure 8-1: Seven (7) SHC Steps

Five (5) Integrated Communication Action Areas are:

- Administrative Mobilisation
- Community Mobilisation
- Advertisement and Media
- Interpersonal Communication
- Point of Service Promotion

SHC differs from traditional information, education and communication (IEC) approaches by moving beyond awareness raising to achieve evidence based behavioral objectives.



Healthy Village; Healthy Children

9. HEALTH PROMOTION INTERVENTION PLANNING: MAPPING

This policy promotes Intervention Mapping as additional tool and process for health promotion intervention. Intervention Mapping is a planning approach that is based on the importance of developing evidence informed programs taking an ecological approach to assessing and intervening in health problems and community participation.

There are 6 steps in Intervention Mapping and these are;

Step 1: An Assessment of Needs

Step 2: Setting aims – what is it is you intend to achieve

Step 3: Setting objectives – precise outcomes. Objectives should be SMART: Specific, Measurable, Achievable, Realistic, Time frame.

Step 4: Deciding which methods or strategies will achieve your objectives.

Step 5: Planning Program Adoption, Implementation and Sustainability

Step 6: Evaluating outcomes in order to make improvements in the future

Intervention Mapping ensures that theoretical models and empirical evidence guide planners in two areas namely; the identification of determinants of behavioural and environmental causes related to a specified health problem and the selection of the most appropriate method and applications to address the identified determinants to achieve change in behavioural and environmental outcomes related to a health problem.

10. HEALTH PROMOTION PRIORITY AREAS

The following areas of health promotion intervention will be given priority consideration in this policy. There is a dire need for a Strategic Health Communication (SHC) plan to be developed to support the rollout of these priority health issues. The priorities of the health promotion department are guided by the overall strategic approach of the MHMS, specifically, it works towards achieving the indicators laid out in the National Health Strategic Plan (NHSP) and focuses on most in need areas as defined by the role delineation policy. As these priorities change over time according to the situation in the country, so too does the focus of the health promotion department.

10.1 NON-COMMUNICABLE DISEASES

Policy position: 1. Support the awareness and communication strategies on NCD control as outlined in the National NCD Control Plan.

- Support the communication plan on tobacco and health.
- Support tobacco legislation enforcement.
- Support awareness activities on Diabetes including the foot care programme.
- Support and facilitate the awareness components of the PEN.

10.1.1 Smoking

- Create awareness on the ill effects of tobacco use.
- Support awareness strategies outlined in the tobacco control plan
- Support awareness on tobacco control legislation including its enforcement

10.1.2 Alcohol

- Create awareness on the dangers of alcohol use
- Support awareness strategies on alcohol in the NCD control plan
- Support health communication material targeting high risk population groups
- Support legislation that governs alcohol importation, production, sale and use
- Support the advocacy and enforcement of new alcohol legislation with public health focus.

10.1.3 Betel Nut and Kava

- Create awareness on the dangers of long term consumption of betel nut and kava
- Establish a multi-sectoral stakeholders to address and educate the communities on harmful effects of betel nut, alcohol and substance abuse (Marijuana) and so forth.
- Advocate for political support for legislation to control the use and selling of betel nut and kava.
- Support the enforcement of legislation to control the use and selling of betel nut and alcohol.

10.1.4 Physical Inactivity

- Create awareness on the importance of doing physical activities.
- Support awareness strategies on physical activities in the NCD control plan.
- Support physical activity plans in the Healthy Settings programs (Schools, Workplace, Village etc.)

10.2 COMMUNICABLE & VECTOR BORNE DISEASE

Policy Position: Support health promotion interventions as identified in key communicable disease control plans in Malaria, STI/HIV/AIDS and Disease Outbreak Control.

10.2.1 Malaria

- Support awareness and communication strategies on malaria control and elimination as outlined in the National Malaria Strategic Plan 2015-2020.
- Support Advocacy, communication and social Mobilisation in the Malaria Control and Elimination Corporate Business Plan.
- Support the whole Society rollout of the Road Map to eliminate Malaria in Solomon Islands by 2030.

10.2.2 STI/HIV and AIDS

- Support the health promotion and health communication strategies outlined in the STI/HIV/AIDS Control Plan
- Advocate and support and integrate the STI/HIV and life skill programme through the healthy settings approach.

10.2.3 Tuberculosis and Leprosy

- Promote and support TB & Leprosy program through awareness, advocacy, campaigns and development of appropriate IEC materials on prevention, case detection and early treatment.

10.2.4 Communicable Diseases & Outbreak Control

- Support disease specific Risk Communication plan to quickly respond before, during and after disease outbreaks
- Develop health promotion IEC material for disease outbreaks
- Archive all disaster related IEC materials for future use
- Coordinate with key health programs and stakeholders to provide emergency communication to affected communities.

10.3 REPRODUCTIVE HEALTH

Policy position: Supports the awareness and communication strategies for reproductive health as outlined in the Reproductive Health Strategy.

Facilitate and support awareness activities on reproductive health cancers control under the Cancer Action Plan.

- Facilitate and support awareness activities on maternal and new born care under the Obstetric and Newborn Care Action Plan.
- Facilitate and support awareness activities on family planning under the Family Planning Action Plan.
- Facilitate and support awareness activities on men's reproductive health under the Men's Involvement Action Plan.
- Facilitate and support awareness activities on adolescent reproductive health under the Adolescent Health Action Plan.

10.4 CHILD HEALTH

- Support the awareness and communication strategies on Child Health as outlined in the Child Health Plan.
- Support community awareness programme on childhood growth and development.

10.5 NUTRITION, FOOD SAFETY & SECURITY

- Support awareness and communication strategies on nutrition, food safety and food security as outlined in the National Nutrition Plan.
- Support the implementation of health promotion activities in the existing national nutrition policy.
- Support enforcement of food safety measures through awareness.

10.6 Rural water, sanitation and hygiene

- Support awareness and communication strategies on water safety, sanitation and hygiene indicated in the RWASH Plan.
- Support RWASH advocacy plans on access to safe water, sanitation and hygiene in rural communities and through healthy settings.

10.7 MENTAL HEALTH

Support the Promotion of Mental Health policy through advocacy, and community mobilization.

- Support the mental illness through primary, secondary and tertiary stages.
- Promotion of decentralized mental health services and prompts referral.
- Promote and provide support against abuse, stigma and discrimination.

10.8 SUBSTANCE ABUSE

Policy position: Support and implement strategies to reduce unhealthy risk taking behaviours related to the use of addictive substances of smoking, alcohol, betel nut and kava. (Kwaso and other local home brew)

10.9 OCCUPATIONAL HEALTH AND SAFETY AT WORK

- Assist advocacy initiatives for occupational health and safety
- Support development of health promoting workplaces as part of the settings approach.

10.10 PUBLIC SAFETY & ACCIDENT PREVENTION

- Support advocacy activities that promote public safety in all settings
- Support awareness and enforcement of regulations on public safety in all settings.
- Supports community efforts to improve safety especially drowning at home and in community settings
- Support the traffic police unit and MID on road safety.

10.11 SOCIAL WELFARE

- Facilitate the development of SHC strategies to support:
 - Child protection issues
 - Family maintenance and custody
 - Juvenile and destitute
 - Gender based violence

10.12 COMMUNITY BASE REHABILITATION

Policy position: Supports the awareness and communication strategies for Community Rehabilitation health as outlined in the Community Based Rehabilitation Strategy.

- Support advocacy activities that promotes Rehabilitation program
- Support awareness on Community based Rehabilitation health program.
- Supports community efforts to improve Community based Rehabilitation program at home and in communities
- Support the Community based rehabilitation program at all levels.

11. SUPPORTING AND ENABLING MECHANISMS FOR HEALTH PROMOTION

This policy notes that the Health Promotion Department will manage the following areas of works supporting health promotion intervention program.

11.1 Healthy Settings and Community Empowerment

- Strengthen people's health knowledge and skills to prevent diseases, promote and protect healthy behaviour will be advanced through SHC communication actions. The five (5) integrated communication actions are as follows:
 - Administrative Mobilisation
 - Community Mobilisation
 - Advertisement and Media
 - Interpersonal Communication
 - Point of Service Promotion

Healthy Setting approaches have been implemented in many different ways in multiple areas. These settings have included; Cities/Towns, Villages/Settlements, Schools, Workplaces, Markets and Hospitals/Clinics.

11.2 Research & Development

The Department of Health Promotion will seek to ensure that behaviour change interventions are guided by the evidence-based needs through health promotional research of the target population. Staff of the Department will be available to undertake or provide assistance for the following;

- Social research with national health programs with health promotion components.
- Collaborate with public health research, institutions and schools and other partners.
- School health research support to students
- Monitoring and evaluation of health promotion programs.
- Healthy setting profiling and pre-testing of IEC materials.
- Develop an internal data base on health promotion activities and research for evidence-based intervention.
- Collaborate and ensure that key national and provincial HPD activity data are captured in the HIS.

11.3 Coordination and Partnerships

- The HPD shall identify and collaborate with all stakeholders including Politicians, Government Ministries, Agencies, Donor Partners, NGOs, FBOs, CSOs, Media and those involved in health promotion for health development.
- Central data hub will be established for all Health Promotion and community engagement activities reported from all stakeholders.
- The HPD shall further collaborate with all health programs especially the provincial nursing services at the AHC and RHC to effectively rollout healthy settings interventions at the community level.
- Broadening the composition of National Health Promotion Coordination Committee (NHPCC) and Provincial Health Promotion Coordination Committee (PHPCC) to include influential players.
- Stakeholder analysis be conducted to ascertain networking and collaboration
- Creation and establishment of MOU with key stakeholders and churches.
- Engagement with the community for health promotion will be fostered.

11.4 Capacity Building

- The Ministry of Health and Medical Service will ensure that the health promotion at all levels are professionally trained and competent to meet the needs of all the programmes at all levels especially from National to community level
- The MHMS to ensure the HPD has adequately trained HR to be deployed at AHC1 level
- Ensure the regular improvement of the capacity of health and health related workers including community based workers.
 - Providing/soliciting fellowships for (overseas, local and community) study tours, attachments and academic trainings and short skill upgrading workshops/seminars.
 - Review the Organisational Structure to improve the career path and the health promotion Condition of Services including (Scheme of Service).
 - Ensure that all Health Promotion staff are registered under the Health Workers Act.

11.5 Health Communication

- All health promotion materials will contain specific objectives and evidence-based information.
- Strategic Health Communication steps will be used in the development of BCC materials
- Development of health communication material should be undertaken in consultation with key stakeholders including community representatives.
- HP material will be technically pretested, accurate, and based on information endorsed by the National Health Communication Committee.
- Health Communication materials/strategies should be produced/developed in English or language used by the intended target group.
- Production of IEC materials by health programs is encouraged and should be undertaken in consultation with the Health Promotion Department.
- Ensure all disaster related IEC materials be properly archived for emergency retrieval and printing.
- All health IEC health materials from local NGOs, Agencies and Stakeholders must be cleared by the National Health Communication Committee before any mass production and dissemination.

11.6 Resource Sourcing and Mobilisation

- MHMS shall ensure that future NHSP captures relevant health promotion interventions and provides adequate annual national and provincial budget provision.
- MHMS to support the establishment of a Health Promotion Foundation.
- MHMS to ensure that taxation and levies from tobacco, alcohol and unhealthy foods are used to promote health.
- MHMS to ensure that health village interventions on NCD prevention and enforcement of the Tobacco Control law is supported through the Healthy Lifestyles Promotion Fund (HLPF).
- MHMS to ensure that incentives for Healthy Village Promoters (Volunteers) is supported by the HLPF and the Health Promotion Foundation Fund (HPFF).

11.7 Risk Communication

Risk communication is a process of communicating risk to the public, internal audiences, and decision makers. It often results from risk assessment of an event or situation. It is on-going process of exchange of information, and laying out of options and details for actions and responses and Promote preparedness for public health emergencies.

- MHMS ensure risk communication intervention is supported during unusual events, disaster and disease outbreak.
- HPD is the risk communication cluster focal point in the MoHEC.
- Risk communication has three (3) key pillars, Operation Communication, Health Emergency Communication, and Behavioural Change Communication.
- Risk communication strategies are; Precautionary Advocacy, Outrage Management Crises Communication, Health Education and Stakeholder relations.

12. Monitoring & Evaluation

There will be review and agreement on key indicators to monitor the implementation of the health policy and impact the health promotion interventions. It is very essential for the Health Information system (HIS) to capture key indicators of community Health Promotion intervention at the village/community level.

13. Review of Policy

This policy will be reviewed when deemed necessary by the Department of Health Promotion and the Ministry of Health and Medical Services.

Endorsement declaration

This is to officially declare that this National Health Promotion Policy has been duly endorsed by the Ministry of Health and Medical Services to be used widely in all Provinces and Communities in the Solomon Islands. This document is liable for revision whenever deemed necessary.

19 May 2021



Ms. Pauline McNeil
Permanent Secretary
Ministry of Health and Medical Services
Solomon Islands



Health Promoting Village Project
Japan International Cooperation Agency