

**Draft Report of the A4HP International Health Promotion Workshop
held in Kitale, Kenya 3 August 2012**

The workshop carried the subtitle “Health Promotion as a pathway to the highest standard of well-being: Reflecting the potential for communities to contribute to effective Health Promotion,” and it was organized by The Alliance as a way to dialogue at the grassroots, gathering input that will allow it to better support the work of its member organizations through effective advocacy. The stated objectives of the workshop were:

1. To raise awareness of health promotion and its interaction with the social determinants of health.
2. To explore mechanisms of collaboration between WHO, governments and NGOs mainly at regional and community level in order to improve effectiveness in implementation.
3. To provide input for the Alliance’s 2nd Health Promotion Forum, Geneva, 19-20 November and contribute to improved outcomes of global health promotion conferences.

More than 100 people attended the workshop, including members of the local community, representatives of district public health ministries, regional NGOs, and health practitioners from across sub-Saharan Africa.

The workshop opened with a panel discussion on the meaning of “health”. Francis Namisi moderated the discussion.

In opening remarks, Mr Namisi noted that health is determined by many factors, including one’s experiences and frames of reference. Asked what health is, a doctor and a minister might give two different answers. He suggested Health is a right which people claim through their resources and skills, and by becoming empowered.

A volunteer with Prevention International: No Cervical Cancer (PINCC), Maria Montano described her recent experiences in Kenya and the health promoting work of this US-based nonprofit whose mission is to prevent cervical cancer by educating and treating women, training medical personnel, and equipping facilities in developing countries. In the US, 500,000 cases of cervical cancer are diagnosed each year, and each year 4,000 women die due to lack of care or timely diagnosis. That number is much higher in low and middle income countries (LMIC). PINCC provides inexpensive diagnostic testing, and trains health workers to provide the tests.

Gabriel Oguda, a Nairobi-based programme officer with the African Institute for Health & Development, defined health from a health promotion perspective. Health is more than the absence of disease, he said. It is a state of complete physical, mental and social well-being (WHO Constitution). And, citing the Ottawa Charter, he emphasized “process” and “control,” as in health is an ongoing process to control the conditions and resources that determine health.

Dr. Tapfuma Murove, Director of Advocacy and Communication for Regional Psychosocial Support Initiative (REPSSI), argued that health promotion will not work in situations where people are not psychologically and socially healthy.

Another perspective on challenges to effective health promotion came from infectious disease researcher Dr. Tom Kollars who said we often see top-down solutions for health and well being that are not practical. Dr. Kollars has interviewed thousands of people in LMIC while searching for cost-effective ways to kill malaria-carrying mosquitoes and says the widely-distributed mosquito net works well in some communities, but not in others. He argued for empowering communities in a bottom-up approach by collecting statistically significant data and feeding it up to policymakers.

Ordinary Women Inc. (OWI) founder and president Marjaana Selionen described her organization's grassroots work in the village of Kiminini near Kitale. OWI sponsors 100 children in foster care, operates a cyber café and holds an annual women's conference promoting education and unity.

The topic of cancer was clearly important to workshop participants as it inspired a number of questions and comments, and a call for extending cervical cancer screenings to more locations. One individual said that she sees a lot of cancer of all sorts in the villages and wondered whether there is an increase in occurrence or rather better identification. Another commented on the difficulty in diagnosing cervical cancer because it affects reproductive organs and, thus, is a taboo subject. Dr. Geoffrey Kasembeli, a local obstetrician, reported that he has partnered with PINCC in training midwives to encourage women to get screened. He said breast cancer is also a serious issue because most women do not do regular self-exams and only present to a doctor when the cancer is advanced.

Nutrition was another particular area of interest with questions coming on whether there is a connection between diet and cancer, and also whether there is evidence of a relationship between nutrition and psycho-social well-being.

Predictably, the topic of malaria came up with one local nurse commenting that it is the main health problem in the region. Working out of a rural hospital, she said they treat up to 300 patients a day in their outreach clinic, the bulk for malaria. She suggested that available means of prevention are inadequate because many individuals, allergic to the sprays and coils, refuse to use them. "How many of us are using nets?" she asked.

The second half of the workshop was aimed at gaining broad participation from attendees to learn what issues they think should be on the global agenda, how they can communicate those interests, and how to get community voices to the global level. The process was facilitated by forming three break-out groups, one discussing advocacy, another partnerships, and the third community participation and empowerment. Each group was formed randomly and given a prompt to frame the discussion. A scribe was nominated in each group who transcribed and reported the key outputs.

The advocacy group's prompt asked: i) What forums/activities can you use to lobby for grassroots health promotion to key decision makers in your region? ii) How can you synergize to maximize on these efforts on these forums to have one grassroots health promotion voice to the global forum? Key outputs were as follows:

i – What forums

- 1) Community gatekeepers (eg. Chiefs, village elders, religious leaders)
- 2) Community health volunteers assist in
 - a. Health promotion
 - b. Needs assessment

- 3) Billboards, posters and banners
- 4) Local media stations / communication
- 5) Political willpower – message should be widely accepted
- 6) Community-based organizations (CBO) women groups and self help groups

ii – How can you synergize

- 1) Partnerships and networking
- 2) Equal distribution of resources
 - health facilities
- 3) Using locally available resources
- 4) Capacity building and empowerment
- 5) Common approach on action
- 6) Involvement of CBO and NGO
- 7) Business approaches – leading to profit making activities

The partnerships group's prompt asked: i) Which partners- within and outside the health sector- can you identify with potential to support the development and implementation of grassroots health promotion action? ii) How can you facilitate inter-sectoral collaboration and build partnerships for grassroots health promotion? iii) How can you sustain these local partnerships, coalitions and networks for advancing inter-sectoral grassroots health promotion programmes and action groups? Key outputs were as follows:

i – Which partners

- Provincial administration
- Faith-based organization
- CBOs/NGOs
- Business community
- Education
- Organised groups
- Traditional herbalist
- Ministry of Roads and Transport
- Environment Ministry
- Ministry of Youth
- Local authorities

ii – Inter-sectoral collaboration: How?

- Networking, eg.
- Seminars / workshops
- Community participation
- Competitions
- Community awareness
- Capacity building
- Monitoring and evaluation (M&E) system in place

iii – Sustainability

- M&E systems
- Community empowerment
- Promote IGAs

The group noted that organized groups are important in Kitale.

The community participation and empowerment group's prompt asked: i) How can you enable community members to improve their health? ii) What aspects of community

action can you apply towards achieving positive health outcomes? Key outputs were as follows:

i – How enable community members to improve their health

- Through health education
- Creating a conducive atmosphere between the community and the service provider
- Linking up with community resource persons / stakeholders
- Decision making on matters affecting the community should be bottom-up approach
- Prioritization of community needs by community members themselves
- Investment by community in the project
- Identify trained community health workers. Recruit and train more.
- There should be monitoring and evaluation (M&E) by the community members themselves

ii - Aspects of community action

- Assessment of the progress by health workers and community leaders
- Community participation and ownership of the programme can lead to positive health outcome
- Update courses (TOTS) of health care workers
- Recognizing special groups of people In the community (eg. Youth groups, etc.)
- Having an appraisal system whereby individuals in the community are asked ____ work done (CHCs)
- Motivation to community health workers (CHWs)
- Having dialogue days
- Having action days in the community
- Assist the community to have IGAs like MPesa, chicken rearing, etc.
- Inter-community participation
- Having collaboration with other stakeholders

The group suggested using health care providers to create a “conductive” environment.

Bernard Kadasia, chair of the meeting concluded the meeting by making the following remarks:

- appreciated the high-level commitment of community leadership in promoting health
- was impressed by the work done at the ground and the level of preparedness and knowledge of people working with health issues at community level.
- confirmed the major health concerns which came out clearly at the meeting, namely malaria, cancer and TB
- it is important to further investigate them from a health promotion perspective and in the context of social determinants of health
- participants clearly expressed the need for and interest in having similar workshops in the coming years building on the outcome of this workshop
- there was a strong interest of participants to continue to be connected with the Alliance and the preparations for the Helsinki Global Conference on Health Promotion.
- the Alliance together with partner NGOs present will continue to engage with the community and keep them informed about developments

Finally, Mr Kadasia thanked community leadership, speakers, facilitators and all attendees for their interest in health promotion and active participation in the workshop discussions.