



Health Promotion in Health Emergencies and “Building Back Better”

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The COVID-19 pandemic has shone a sharp light on public health systems globally. Many people, who may not have been informed on the state of health systems before, are suddenly aware, interested, and invested in public health policies and decisions. One thing that can be learned from this, is that engaging people in understanding health, public health systems, and how to better maintain and support their individual and community wellbeing, can contribute significantly to the public response to health crises.

As we approach the two-year mark since the start of this pandemic, many lessons can be drawn from experiences globally. It is clear that greater preparedness at the national level would support a better health emergency response. Strong public health and health promotion systems, as well as targeted health promotion interventions, have an important role to play in informing effective strategies to maintain the health and wellbeing of individuals and communities, to build back better from emergencies, and to create resilient systems against future crises. Health promotion, defined as “the process of enabling people to increase control over and to improve their health” (WHO, 2021) can contribute to many facets of a robust and lasting response to critical emergencies. The state of the health system and its interaction with other systems pre-crisis, such as education, employment, social protection, transport, and finance, among others, is vital in enabling a rapid and robust response and shaping policies influencing health and wellbeing (WHO Civil Society Working Group on NCDs, 2021). These factors will influence interventions deployed during emergencies and their lasting effects during recovery.

We argue that, vitally, crises shine a light on the need for greater consideration of health equity and the social determinants of health and that having effective health communication and strong health literacy is critical for populations to be well equipped in controlling their wellbeing. Furthermore, well-developed health promotion systems implemented for health emergencies would be more mindful of syndemics, factors creating vulnerabilities such as coexisting illnesses and other underlying medical conditions, which require an equal amount of consideration when creating health action plans. Lastly, by reflecting on a IUHPE COVID-19 response project, we will identify how lessons learned through the pandemic can be turned into concrete action to strengthen health systems and build back better post-emergency.

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Health Equity in Crisis Response

As health crisis plans were put into action and prevention strategies emerged in response to the threat of COVID-19, many existing social, economic, and racial inequities were brought to light, causing populations in situations of vulnerability to be unequally affected. Social determinants such as unemployment or underemployment, low social support, inadequate housing, lower education levels, and lack of access to health and other services increase an individual's vulnerability to contracting and transmitting COVID-19 and of having worse, and long-lasting impacts from the disease. Public health strategies and restrictions aimed at supporting the *majority* of the population often fail to reach vulnerable minority groups. At its core, health promotion aims to consider all social, environmental, cultural, and economic determinants that may be influential in someone's wellbeing, and offers a framework for greater inclusion and equity, including in crisis response plans (WHO, 2021).

Having strong health promotion systems in place pre-crisis (political representation, health promoting policies, access to health information for all) would help ensure that every individual and community is equipped with the tools to support their own health and leverage adequate services. Increased health literacy can help ensure that better outcomes are accessible to all before, during, and after a pandemic. Health promotion systems such as robust policies, sustainable financing, strong institutions, and a strengthened and supported workforce would mobilize a more effective response that is more inclusive of all (remote communities, marginalized populations, indigenous peoples, and diverse groups across cultures) and health communication can be tailored and valued by all audiences.

Effective Health Communication and Health Literacy

An important part of effective health communication in a crisis relies on a population's understanding of health messages and behaviours and the ability to navigate the health system. Throughout the COVID-19 pandemic, regulations and health related messages have been constantly evolving. This can make it more difficult for marginalised groups to access and take in the right information and follow the right health recommendations (Van den Broucke, 2020). In health promotion, health literacy is known as an individual's ability to obtain and understand health messages to make appropriate health decisions (Levin-Zamir et al., 2021). If populations have difficulties finding, understanding, and applying health messages, this will in turn create greater complications for effective and impactful health crisis responses.

Building up a population's health literacy before, during, and after a health emergency will ensure that people are receptive and capable of processing health messages. In terms of equity, governments and policy makers should ensure that messages are being tailored and comprehensible to all, including the most vulnerable populations (Van den Broucke, 2020).



Ensuring that a minimum level of health literacy is in place in the population, and that clear and concise health promoting messaging reaches everyone, will contribute to a more effective crisis response overall and more resilient individuals, families, and communities.

A Broader View: Syndemics of Emergency

A health promotion perspective considers the bigger picture of health, wellbeing, and illness prevention. It considers all social, environmental, and physical influences on someone's wellbeing and aims to target them all to support and promote health. An important part of creating an action plan for health emergencies is to consider syndemics, known as the presence of multiple health problems that interact together and with the environment to amplify the burden of disease (Harish, 2021). In the context of the COVID-19 pandemic, governments, public health workers, and populations were at times hyper-focused on preventing and treating the new health emergency and as a result, many other health concerns fell by the wayside. As health services and hospitals increased critical and intensive care, other services were scaled back, including rehabilitation, palliative care, and health promotion services (Levin-Zamir et al., 2021). Existing illnesses such as non-communicable diseases and mental health conditions were not being addressed with as much priority in the crisis response, which in some cases aggravated these conditions further. In particular, the evolving prevention methods, regulations, and policies that addressed COVID-19 had secondary effects on the mental health of populations caused by unemployment, isolation, stress, limited mental health services, and family violence, to name a few (IUHPE, 2021a). People with already existing chronic conditions are at a greater risk of complications of COVID-19 and therefore, have increased vulnerability. Improving health systems by having in place health promotion programs that considers environment, disease, determinants of health, and their intersectionality may allow people to better engage in and sustain healthy behaviours during an emergency and relieve some of the pressure from health services (Levin-Zamir et al., 2021).

Lessons Learned a COVID-19 response project in African and Indian Communities

To shed light on some of the actions needed in health promotion for health emergencies, we explore some of the lessons learned from an IUHPE COVID-19 response project in four African countries and India. The project aim was to tackle COVID-19 in targeted communities with a focus on community engagement to encourage health promoting and preventive health behaviours and risk mitigation efforts (IUHPE, 2021). The initiatives were implemented in South Africa (Limpopo Province), Zambia (Kafue and Chirundu), Zimbabwe (Hwange and Beitbridge region), and Kenya (Nairobi and Kisii). As part of a second phase of the project, the District of Ganjam, in India, was included (IUHPE, 2021c). All interventions were planned according to need and implemented by Country Leads and their teams, with the appropriate precautions against transmission of COVID-



19. The interventions of the project mainly focused on implementing easy-to-understand and culturally appropriate health information and risk communication strategies such as prevention methods like hand sanitation, wearing masks, and distancing. Additionally, as part of the second phase, the interventions aimed to address the misinformation about the virus and vaccine hesitancy. This was done by engaging with community members, creating health coalition groups, and empowering local people such as health workers, volunteers, political or religious leaders through education and training (IUHPE, 2021c).

Outcomes of the project interventions were evaluated in each region. Several common lessons and recommendations can be drawn from the project findings. One takeaway that was common across all regions is that having more positively empowered community health workers involved in health and pandemic education can make a difference in preventing the spread of the disease (IUHPE, 2021b). Tailoring health messages to the local context and involving community people creates a supportive environment where knowledge translation can turn into action and allows community-level actors to better engage with rural and vulnerable populations in a way that is appropriate for them (IUHPE, 2021c). Relevant health communication was more approachable and easily understood at the community level which led to increased health literacy and healthy behaviour change such as hand washing, distancing, and appropriate self-isolation.

Two of the country initiatives focused on schools as a key setting for health communication. The outcomes showed that strengthening links between schools and community through health education led to greater knowledge by reaching a wider population of families. However, in this context, it was also difficult to rely solely on schools for programming as they were often closed for safety to reduce virus transmission (IUHPE, 2021c). This shows the importance of deploying interventions across a range of settings and targeting diverse population groups to have an effective and comprehensive strategy. Maintaining flexibility and using multiple settings and local tools was crucial in implementing program actions.

Overall, it was found that a lot of the successes from these projects were due to building on local strengths and structures to promote, inform, educate, and empower and equip communities with resources (Corbin et al., 2021). Another key factor in their success was the coordination with other levels of government and international NGOs to deliver interventions where and when they were needed. If national governments continue to invest in funding health promotion at the community level, countries will see a more intuitive and successful response between implementing emergency measures and their overall uptake, risk mitigation, and healthy behaviour change in the population during a crisis.



Call for Action and Conclusion

In the spirit of building back better post-COVID, it is evident that we need greater inclusion of health promotion action before, during, and after health emergencies. Thus, we are calling for the creation of more resilient health promotion systems to support stronger health action plans. This includes establishing political commitment and policy actions for health promotion, which means that governments are accountable for ensuring inequities are addressed in all sectors and they maintain their responsibility to create an environment and culture that supports health and wellbeing for all (IUHPE, 2018). This level of commitment to improving health promotion systems could in turn support concrete action plans and more sustainable program funding, while building the health promotion workforce to address effective strategies focused on health equity, health literacy and education, community empowerment, settings-based approaches, and intersectoral partnerships for action (WHO Civil Society Working Group on NCDs, 2021).

As made evident in the COVID-19 Africa-India project, involving community members and leaders, non-profit organizations, and collaborating at the local level for implementation of programs has clear benefits on enabling communities to increase control over their health, protecting themselves in the face of the crisis, and reducing the spread of the disease (Corbin et al., 2021). Building stronger, comprehensive health promotion systems would lead to greater health promoting action in future crises which would:

- Strengthen community engagement in health and empower people with health knowledge and resources before and throughout health emergencies.
- Consider all facets of health and wellbeing in crisis response (mental, physical, co-existing illnesses, social determinants of health).
- Progress towards greater inclusion and equity in health messages, education, and services.

Although global vaccination programs are slowly improving incidence rates in many countries, the work of public health institutions is far from over. Lack of access and resistance to vaccines may persist in many parts of the world. This means behavioural interventions and risk mitigation plans will need to continue to maintain healthy populations.

This can be a turning point for health promotion. Continuing to implement and invest in strong health promotion programs and systems now will promote a “healthier” public health and crisis response systems into the future.



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