

## Commentary

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### Successful health promotion, its challenges and the way forward in Nepal

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**Abstract:** Health promotion is the most favorable approach and process to achieve a positive health outcome of the population. Several countries across the world are committed to achieving positive health for their people with the best health promotion strategies. Health promotion, in fact, shares a large portion of health care economy and resources in many countries. A low-income country like Nepal, however, lacks the implementation of rigorous health care strategies on a large scale and is deficient in evidence of the potential scope of health promotion. Nepal has adopted the global health promotion declaration on paper; however, health care providers and authorities are still working in a traditional way using existing health policies and strategies. This paper aims to explore some of the global best practices of health promotion, including the challenges and opportunities by adopting such practices in Nepal, and provides some recommendations as a way forward.

**Keywords:** challenges, diseases, health promotion, success, Nepal

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Nepal is currently facing difficulties with the triple burden of diseases such as the unwavering presence of communicable diseases including a newly (re) emerging COVID-19 pandemic, rapidly increasing non-communicable diseases, and nutritional deficiencies (1). The need and challenge for health promotion seem to be much more crucial now than ever before. Health promotion is a proactive discipline that enables people to have control over their lives (2). It has core functions of responsibility, empowerment, and participation (3). Further, the services related to health promotion are guided by its values, core principle, and ethics. The concept of health promotion was generated in the Ottawa

Conference held in Canada in 1986, to overcome the gap of traditional public health services which were focusing more on the individual perspective. The scope of health promotion is wider and focuses beyond the individual (4). Health promotion and its series of international conferences focused on the settings-based approach to promoting the health of the people in specific settings such as schools, hospitals or health facilities, workplaces, industries, households, and many more (5).

It is timely that health promotion is being adopted as a new concept in Nepal (6). The Health Promotion and Education Association Nepal was established in 2013 with the initiation of the League of Health

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Education Graduates under the initial leadership of the chairperson Mr. Laxmi Raman Ban and the General Secretary Dr. Shalik Ram Dhital. Some examples of health promotion activities in Nepal include behavior change through mass media campaigns, targeted health programs such as school health programs, primary health care outreach clinics, urban health promotion centers, promotion of yoga and the use of the bicycle, as well as the Golden 1000 days concept (the period between when a mother becomes pregnant and her child's second birthday) with good health and nutrition to mitigate the risk of malnutrition and improve children's cognitive development through nutrition promotion campaigns, and smoking banned in public buses (7). While these are important efforts, there is room for further improvements in health promotion in Nepal that can be achieved by learning from other countries.

### *Lessons from health promotion global best practices*

Countries around the world including Canada, Australia, New Zealand, and Thailand are good examples in terms of the successful implementation of health promotion strategies globally (4).

The Canadian government implements its health promotion strategies based on primary health care principles adopted with the philosophy of community participation and inter-sectoral collaboration to improve health (8). The concept of healthy communities or cities, health-promoting school initiatives, strengthening community health projects and actions, social marketing, and the development of knowledge and evidence-based research can be cited as some of the best health promotion practices (9,10). In Nepal, the provincial and local governments expanded integrated settlements, introduced the community forest concept, and advanced menstruation hygiene in schools. However, there has been quite a delay in adopting those actions.

Australia focuses on the primary level of prevention among its diverse population. The Australian government has successfully supported initiatives in its Indigenous Australian communities, which is considered one of the milestones for health promotion initiation. There have been success stories in eliminating cervical cancer and decreasing skin cancer, reducing the incidence of road traffic

accidents, and decreasing mental health illness and suicide in Australia through a mass media approach, community participation, banning tobacco advertising, better taxation policy, and environmental policies (11). There are some success stories in line with such achievements evidenced in Nepal, such as the banning of tobacco advertising and stopping smoking on public transportation; however, there remains much to do.

The New Zealand government has been working on implementing health promotion strategies including an anti-tobacco campaign through a tax increase, implementing The Sale and Supply of Alcohol Act 2012, improvement in nutrition and increased physical activity, transformational approaches to mental health well-being and addiction, improved access to health information, child and youth oral health promotion initiatives, and provision of low-cost general physician services to everyone to differentiate from the free-cost general services for under 14 years (12). Healthy active learning initiatives such as school support, Kura, and early learning setting for healthy eating and physical activities were applied through joint efforts of ministries in New Zealand in 2019 (13). Most recently Madhesh Province in Nepal declared that girls who marry after undergraduate education, for example around 20 years old, or the general age for graduating from a Bachelor-level education in Nepal, will receive an incentive from the government, which helps reduce early age marriage. Furthermore, schools provide scholarships for girls, school uniforms, free textbooks, and other small subsidies to students' parents to promote a reduction in early marriages in Nepal (14).

The Thai Health Promotion Foundation addressed the healthy school concept through the means of a happy community, happy environment, happy family, happy organization, and happy students in Thailand (15). These strategies are more applicable in Nepal, where the government endorsed Healthy Nepali and Prosperous Nepal strategies. The Thai Health concept was made possible through a dedicated funding mechanism, transparent and accountable organization roles, and government and citizens' active participation in a tax increase up to 2% on tobacco and alcohol. These funds were allocated to social mobilization to address non-communicable risk factors such as tobacco use, harmful alcohol drinking, sedentary lifestyles, and

lack of evidence-based health promotion campaigns (16). Tangible outcomes of these health promotion practices were noticed in Thailand as follows: tobacco usage rate decreased from 22% in 2001 to 18% in 2014, consumption of alcohol rate decreased from 8% in 2005 to 7% in 2014, participation in physical activity practiced by the adult Thai population increased moderate-intensity exercises or 75 minutes of high-intensity aerobic exercise per week from 66% in 2012 to 73% in 2017 of at least 150 minutes.

### *Challenges to implementing the best health promotion strategies in Nepal*

Challenges include lack of evidence-based health promotion practices, lack of application of evidence while developing policies and programs (17), treating all communities in a similar way for all kinds of community diversity, addressing diverse interests of various groups, developing and maintaining the trust the community has towards health care services, the influence of alcohol and tobacco industries and food chains selling junk foods (18), and capacity building of health workforce and infrastructure development (17).

A high level of poverty, inadequate improved water, sanitation, and hygiene facilities, high rates of tobacco use, excessive use of alcohol, inadequate physical activity, high incidence of obesity, poor nutrition, and a polluted environment are the major causes of the overall poor health status of people (19). Limited resources such as manpower, money, and material in addition to poor infrastructure, poorly managed organization, poor time management, and low coordination and collaboration are further challenges for better health promotion (7). Nepal is trying to adopt health promotion initiatives, however is lacking a prevalent embedding of its core principles, values, and ethics, which remains a significant challenge.

### *The way forward*

Nepal is suggested to prioritize the major pillars of health promotion such as healthy public policy, holistic health promotion, optimum health regulation, health promotion case studies, and fostering a supportive health environment.

The following strategies are recommended to federal, provincial, and local level health and

non-health policymakers to apply a multilevel health promotion approach involving a cross-section of the population.

Prioritize context-specific, feasible, and evidence-based health promotion strategies—for example, organic vegetable and fruit production strategies, promotion of local food products, reduction in consumption of junk food, salt, sugar, tobacco, and alcohol; increase the promotion of bicycles in all cities; continue construction of green spaces or parks; establish yoga and exercise spaces; and facilitate widespread promotion of improved hand washing practices. In general, build healthy policies, strategies, and directives at local levels, however with a national focus. Health practitioners must accept that the world is continuously changing and adopt new health concepts, models and theories to fight lifestyle and behavioral-related diseases. Health practitioners will, in time, begin to understand that the health promotion approach is a more efficient, effective, and economical way of preventing diseases rather than treating them in an acute setting. Health promotion through a multi-sectoral approach, incorporating the socio-ecological model, would involve federal, provincial, and local levels. It would be visionary for policymakers to involve health promotion graduates in health organizations, schools and universities, most workplaces, and in people's everyday lives.

The simple, practical, and actionable health promotion models and initiatives need to be developed and applied at all levels of health care settings and personnel. Strong collaboration with non-health actors is required in Nepal. Community engagement can support sustained health promotion action. However, there is an urgent need to formulate health promotion strategies through evidence-based health promotion practices and experiences in Nepal.

The success stories of international health promotion practices discussed in this paper are key examples to adopt and apply in Nepal. Related health promotion policies and strategies are applied, however more evidence-based practices, work ethics, workforce strategies, people-centered approaches, and superior proven actions are required to effectively launch comprehensive health promotion strategies in Nepal. These are some activities and actions already taking place, however they need to be supported and expanded in a more strategic way.

Positive health outcomes are possible through timely updated policy and working strategies, by changing traditional work mindsets, and by adopting global best practices of health promotion. Therefore, health promotion is a priority-based effective tool for global health, the timely adopted new public health concept, and a proactive discipline that addresses multilevel determinants of health.

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