WEEKLY EPIDEMIOLOGICAL REPORT

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Health Promotion-The Nairobi Call to Action (Introduction)

The first International Conference on Health Promotion was held in Ottawa in 1986, and the conference proceeded to build on the progress made after the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's "Targets for Health for All" document.

Result of this conference was the Ottawa Charter, which was aimed at achieving Health for All by the year 2000 and beyond. The charter proposed Health Promotion as the means of achieving Health for All by the year 2000 and beyond.

The benchmark conference in Ottawa was followed by conferences on Health Promotion in Adelaide (1988), in Sundsvall (1991), in Jakarta (1997), in Mexico-City (2000) and in Bangkok (2005). The latest Conference on Health Promotion was held in Nairobi, Kenya in October 2009, and the conference gave rise to the Nairobi Call to Action for closing the implementation gap in Health Promotion.

Health Promotion...

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health…

The fundamental conditions and resources for health are:

- Peace
- Shelter
- Education
- Food
- Income
- A stable eco-system
- Sustainable resources
- Social justice and equity

Main health promotion action areas:

- Build Healthy Public Policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services.

Build Healthy Public Policy-Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create Supportive Environments-Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility. Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable. Systematic assessment of the health impact of a rapidly changing environment - particularly in areas of technology, work, energy production and urbanization - is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

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Strengthen Community Actions-Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop Personal Skills-Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health. Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient Health Services-The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person

The Nairobi Call To Action For Closing the Implementation Gap in Health Promotion

The Nairobi Call to Action Declaration identifies key strategies and commitments urgently required for closing the implementation gap in health and development through health promotion. Health promotion is a core and the most cost-effective strategy to improve health and quality of life, and it reduces health inequities and poverty. In doing so, it helps achieve national and international health and development goals such as the Millennium Development Goals. Implementing health promotion creates fairer societies that enable people to lead lives that they value by increasing their control over their health and the necessary resources for well-being.

Urgent responsibilities:

- Strengthen leadership and work forces
- Main Stream Health Promotion
- Empower communities and individuals.
- Enhance participatory processes
- Build and apply knowledge

The Nairobi declaration reflects the vision of the Alma Ata Declaration and supports the recommendations of the WHO Commission on Social Determinants of Health. The conference reaffirms the values, principles and action strategies of health promotion codified in the Ottawa Charter for Health Promotion and in subsequent global health promotion conferences.

Health promotion has demonstrated its effectiveness and return on investment at local, regional, national and international levels. Although many of the challenges that lead to the development of health promotion remain the same, new threats (e.g. population ageing, climate change) continue to emerge or escalate rapidly. Health promotion can greatly contribute to tackling development and equity challenges and to the realization of human rights. However, implementation gaps exist in evidence, policy, practice, governance and political will, resulting in failures in realizing this potential. This represents a lost opportunity, measured in avoidable illness and suffering as well as the broader social and economic impacts.

Untapped Potential of Health Promotion…

- Use the existing evidence to prove to policy-makers that health promotion is fundamental to managing national and global challenges such as population ageing, climate change, global pandemic threats, maternal mortality, migration, conflict and economic crises

- Revitalize primary health care by fostering community participation, healthy public policy and putting people at the centre of care

- Build on the resilience of communities by harnessing their resources to address the double burden of non-communicable and communicable diseases.

To make Health Promotion Principles an integral part of Policy and Development agenda…

- The declaration urges governments to exercise their responsibility for public health, including working across sectors and in partnership with citizens, in particular to:
- Promote social justice and equity in health by implementing the recommendations of the WHO Commission on the Social Determinants of Health
- Accelerate the attainment of national and international development goals by building and redistributing resources to strengthen capacity and leadership for health promotion
- Be accountable for improving people's quality of life and well-being

To develop effective and sustainable delivery mechanisms…

- Develop a Global Health Promotion Strategy and action plans, with regional follow-up that respond to the major health needs and incorporate cost-effective and equitable interventions
- Strengthen its internal capacity for health promotion, and assist member states of WHO to develop sustainably funded structures and set up accountable reporting mechanisms for investment in the promotion of health;
- Disseminate compelling evidence on the social, economic, health and other benefits of health promotion to key sectors.

Strategies and Actions….

The following strategies and actions were suggested for closing the implementation gap in Health Promotion: building capacity for health promotion, strengthening health systems, partnerships and intersectoral action, community empowerment and health literacy and health behaviours. These strategies and actions will be discussed in detail in the next WER.

Sources

Milestones in Health Promotion, available from http://www.who.int/healthpromotion/Milestones_Health_Promotion_05022010.pdf

7th Global Conference on Health Promotion, available from http://www.who.int/healthpromotion/conferences/7gchp/en/index.html

Nairobi Call To Action, available from http://www.gesundheitsfoerderung.ch/pdf_doc_xls/e/GFPstaerken/Netzwerke/Nairobi-Call-to-Action-Nov09.pdf

Compiled by Dr. Madhava Gunasekera of the Epidemiology Unit

to be continued

Table 1: Vaccine-preventable Diseases & AFP

24th – 30th September 2011 (39th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	01	01	02	00	70	66	+ 06.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	-	-	-	-	-
Measles	01	00	00	00	00	01	00	00	00	02	04	108	82	+ 31.7 %
Tetanus	00	00	00	00	00	00	00	00	00	00	01	20	18	+ 11.1 %
Whooping Cough	00	00	00	00	00	01	00	00	01	02	01	43	27	+ 59.3 %
Tuberculosis	75	11	07	05	02	12	11	12	35	178	376	7051	7480	- 05.7 %

Table 2: Newly Introduced Notifiable Disease

24th – 30th September 2011 (39th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2011	Number of cases during same week in 2010	Total number of cases to date in 2011	Total number of cases to date in 2010	Difference between the number of cases to date in 2011 & 2010
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	05	05	12	01	04	02	04	45	13	91	62	3352	2696	+ 24.3 %
Meningitis	04 GM=2 KL=1 CB=1	02 ML=1 KN=1	03 GL=1 MT=1 HB=1	00	00	02 PU=2	03 AP=	01 BD=1	04 RP=3 KG=1	19	09	682	1308	- 47.9 %
Mumps	05	04	10	01	02	05	01	02	18	52	14	2459	929	+ 164.7 %
Leishmaniasis	00	00	03 HB=3	00	00	00	08 AP=04 PO=04	00	00	11	08	609	286	+ 112.9 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

DPDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008. .

Dengue Prevention and Control Health Messages

Check the roof gutters regularly for water collection where dengue mosquitoes could breed.

Table 4: Selected notifiable diseases reported by Medical Officers of Health

24th – 30th September 2011 (39th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	92	7531	3	161	0	6	10	190	1	54	8	346	0	7	0	57	0	2	**77**
Gampaha	40	2976	2	113	0	16	3	73	0	27	3	430	0	23	9	264	0	6	**60**
Kalutara	9	1006	7	136	0	6	1	62	0	21	10	279	0	3	0	7	0	1	**83**
Kandy	54	812	5	333	0	7	0	27	0	38	2	145	2	96	0	48	0	0	**100**
Matale	5	271	5	148	0	4	1	28	0	19	1	152	0	14	1	9	0	0	**92**
Nuwara	4	167	7	304	0	4	2	52	0	89	1	46	0	61	3	27	0	1	**85**
Galle	7	676	4	87	0	6	0	21	0	6	6	183	0	36	0	10	0	5	**74**
Hambantota	2	344	0	52	0	4	1	4	0	29	3	470	1	56	0	12	0	1	**83**
Matara	13	403	4	77	0	2	0	14	1	30	20	304	3	65	0	17	0	1	**100**
Jaffna	3	271	14	243	0	3	4	216	8	81	0	2	0	194	0	27	0	1	**91**
Kilinochchi	1	51	2	26	0	3	0	9	0	12	0	2	0	11	0	3	0	0	**50**
Mannar	0	26	0	21	0	1	0	29	0	82	0	13	0	32	0	2	0	0	**100**
Vavuniya	0	66	1	27	0	12	0	9	0	48	0	44	0	2	0	1	0	0	**75**
Mullaitivu	0	15	1	53	0	1	0	4	0	9	0	5	0	1	0	2	0	0	**100**
Batticaloa	7	720	4	538	0	5	0	6	0	25	0	27	0	3	0	2	0	6	**71**
Ampara	3	129	19	128	0	1	0	10	0	47	1	57	0	1	1	8	0	0	**100**
Trincomalee	1	141	6	593	0	2	0	7	0	12	0	88	0	7	0	7	0	0	**50**
Kurunegala	9	746	7	295	0	12	1	84	0	74	12	1449	0	69	1	38	0	4	**78**
Puttalam	3	394	4	160	0	1	1	26	0	9	2	113	0	17	0	7	0	2	**58**
Anuradhapu	3	229	2	113	1	2	0	4	0	33	0	237	0	16	1	18	0	1	**68**
Polonnaruw	3	250	0	101	0	1	0	11	0	22	0	82	0	1	1	16	0	0	**71**
Badulla	9	490	9	300	0	5	0	50	0	9	0	72	1	75	1	57	0	0	**94**
Monaragala	3	206	2	97	0	4	0	31	0	13	1	174	3	66	1	71	0	0	**91**
Ratnapura	25	778	8	437	1	7	0	46	3	20	12	470	0	26	2	42	0	2	**83**
Kegalle	38	645	2	98	0	12	1	66	1	24	7	289	1	31	7	182	0	0	**82**
Kalmune	0	29	0	519	0	0	0	1	0	66	1	6	0	2	0	3	0	1	**69**
SRI LANKA	**334**	**19372**	**118**	**5160**	**02**	**127**	**25**	**1080**	**14**	**899**	**90**	**5485**	**11**	**915**	**28**	**937**	**00**	**34**	**80**

Source: Weekly Returns of Communicable Diseases WRCD).
***Dengue Fever / DHF** refers to Dengue Fever / Dengue Haemorrhagic Fever.
****Timely** refers to returns received on or before 30th September , 2011 Total number of reporting units =329. Number of reporting units data provided for the current week: 264
A = Cases reported during the current week. **B** = Cumulative cases for the year.

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