



Health Education as a Tool for Community Health Promotion and Disease Prevention

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ABSTRACT

Health education is a key public health strategy for enhancing population wellbeing and reducing the incidence of both communicable and non-communicable diseases, especially in low-resource settings. It contributes significantly to improving knowledge, reshaping attitudes, and promoting positive health behaviours that support disease prevention and overall community wellness. This article focuses on health education as an instrument for community health promotion and disease prevention, highlighting its relevance within public health practice and its role in strengthening informed health decision-making among individuals and communities. The paper also reviews major approaches and delivery channels for health education in community contexts, such as primary health care facilities, schools, mass media platforms, and community outreach programmes. Furthermore, it identifies key barriers to effective health education, including low literacy levels, cultural and social beliefs, insufficient funding, misinformation, and weaknesses within the health system. The study emphasizes the public health importance of improving health education interventions through stronger community participation and policy support. It concludes that well-implemented health education is vital for achieving sustainable health promotion and disease prevention and should remain a central component of primary health care and public health practice.

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INTRODUCTION

Health education is the process of providing individuals and communities with accurate information, skills, and guidance that enable them to make informed decisions about their health. It involves planned learning activities that aim to improve knowledge, shape positive attitudes, and encourage healthy behaviours that prevent disease, promote wellbeing, and enhance quality of life. Health education is a key component of public health practice aimed at empowering individuals and communities with the knowledge, skills, and motivation needed to make informed decisions about their health. It is widely recognized as a cost-effective strategy for improving population health by promoting healthy

behaviours, strengthening health literacy, and reducing the burden of preventable diseases.

The World Health Organization (2024) emphasizes that health education enables people to increase control over their health and its determinants, thereby improving overall wellbeing and quality of life. Globally, communicable and non-communicable diseases continue to present major public health challenges, particularly in low- and middle-income countries. A significant proportion of these conditions are preventable, yet they persist due to inadequate health knowledge, poor preventive practices, and limited access to accurate health information (World Health Organization, 2023).

In sub-Saharan Africa, diseases such as malaria, tuberculosis, diarrhoeal diseases,

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hypertension, and diabetes remain highly prevalent and continue to place considerable strain on health systems, largely due to weak preventive behaviours and limited community awareness (United Nations Children's Fund, 2023). Recent public health evidence indicates that well-structured health education interventions significantly improve knowledge, attitudes, and practices related to health promotion and disease prevention. Health literacy has been identified as an important determinant of healthier behavioural choices, increased uptake of preventive health services, and improved management of chronic conditions (Nutbeam & Lloyd, 2021). In addition, community-based health education programmes have been associated with increased immunization coverage, improved maternal health service utilization, and better adherence to treatment and prevention guidelines (Glanz et al., 2022).

Health promotion and disease prevention remain central goals of public health systems, with health education serving as a foundational strategy for achieving these objectives. Health promotion focuses on enabling individuals and communities to take control of the determinants of health, while disease prevention is directed at reducing risk factors and preventing the occurrence or progression of illness. Green and Kreuter (2020) emphasize that effective health promotion requires the integration of educational, environmental, and policy-level interventions that collectively support sustainable healthy behaviours.

At the community level, health education encourages the adoption of healthier lifestyles by providing relevant, accessible, and culturally appropriate information on hygiene, nutrition, reproductive health, environmental sanitation, and prevention of both communicable and non-communicable diseases. Empirical studies have shown that community-based health education interventions can significantly reduce the incidence of infectious diseases by improving sanitation practices and encouraging timely health-seeking behaviour (Adu et al., 2021). Similarly, health education has been shown to improve awareness, early detection, and control of

non-communicable diseases such as hypertension and diabetes through lifestyle modification and routine screening (Okafor & Nwafor, 2022). However, the effectiveness of health education is often limited by several challenges. These include low literacy levels, socio-cultural and religious beliefs, misinformation, inadequate funding, and shortages of trained health personnel. Misconceptions about disease causation and treatment continue to hinder acceptance of accurate health information in many communities (World Health Organization, 2023).

In addition, weak health systems and limited communication infrastructure further restrict the reach and sustainability of health education interventions, particularly in rural and underserved areas. Furthermore, the rapid spread of misinformation through digital and social media platforms has created additional barriers to effective health communication. This has made it necessary for health education strategies to adopt culturally sensitive, evidence-based, and community-engaged approaches that strengthen trust and improve message credibility.

The involvement of community leaders, religious institutions, and local influencers has been identified as an effective approach for improving acceptance and sustainability of health education programmes (United Nations Children's Fund, 2023). Therefore, this article examines health education as a tool for community health promotion and disease prevention, focusing on its conceptual foundations, practical applications, implementation strategies, and associated challenges. It also discusses the public health implications of strengthening health education within primary health care systems as a sustainable approach to improving population health and reducing preventable diseases.

Role of Health Education in Community Health Promotion and Diseases Prevention

Health education is a key pillar of public health practice that enables individuals and communities to acquire the knowledge and skills necessary for making informed decisions about their health. It contributes to improved health

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outcomes by enhancing health literacy, shaping positive attitudes, and promoting sustainable behavioural changes that support both health promotion and disease prevention. The World Health Organization (2025) notes that health education empowers people to take greater control over their health by improving their understanding of health risks and encouraging actions that promote wellbeing and reduce preventable diseases.

Enhancement of Health Awareness and Health Literacy

One of the major functions of health education is the improvement of health awareness and literacy within communities. Health literacy refers to the ability to obtain, understand, and apply health information in ways that support appropriate health decisions. Recent evidence indicates that individuals with adequate health literacy are more likely to engage in preventive behaviours and make appropriate use of health services (Nutbeam & Lloyd, 2022). By increasing awareness of disease causes, risk factors, and prevention strategies, health education helps communities reduce their susceptibility to avoidable health conditions.

Promotion of Healthy Behaviour Change

Health education is instrumental in encouraging individuals to adopt and sustain healthy lifestyles. These include practices such as balanced nutrition, regular physical activity, personal hygiene, and avoidance of harmful behaviours like smoking and excessive alcohol consumption. Contemporary behavioural research shows that structured health education interventions are effective in modifying risky behaviours and supporting long-term lifestyle improvements that reduce disease burden (Glanz et al., 2023). This demonstrates that health education is not only informative but also transformative in promoting healthier living.

Prevention of Communicable Diseases

Health education plays a significant role in reducing the spread of infectious diseases by promoting preventive practices such as

handwashing, environmental sanitation, safe water use, immunization, and safe sexual behaviour. Community-based health education has been shown to significantly reduce the transmission of communicable diseases by improving hygiene practices and encouraging timely utilization of health services (Adu et al., 2021; World Health Organization, 2023). These interventions remain essential in resource-limited settings where infectious diseases are still highly prevalent.

Prevention and Control of Non-Communicable Diseases

In addition to infectious diseases, health education is crucial in addressing the growing burden of non-communicable diseases (NCDs) such as hypertension, diabetes, cardiovascular diseases, and cancers. It achieves this by increasing awareness of modifiable risk factors, including poor diet, physical inactivity, tobacco use, and harmful alcohol consumption. Recent studies indicate that health education improves early detection, encourages screening uptake, and supports lifestyle modification among individuals at risk of NCDs (Okafor & Nwafor, 2023). This contributes to better disease management and reduced complications.

Community Empowerment and Participation

Health education strengthens community participation by empowering individuals to take active roles in decisions affecting their health. Empowered communities are more likely to engage in preventive health programmes such as immunization campaigns, maternal health services, and environmental sanitation initiatives. Green and Kreuter (2020) emphasize that effective health promotion depends on empowering individuals through education while ensuring supportive social and environmental conditions that facilitate healthy choices.

Improvement of Health-Seeking Behaviour

Another important role of health education is the improvement of timely and appropriate health-seeking behaviour. Many

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preventable complications arise due to delays in seeking medical care, often caused by lack of awareness or misconceptions about illness. Evidence shows that health education interventions improve recognition of symptoms and encourage early presentation to health facilities, thereby reducing disease complications and improving treatment outcomes (World Health Organization, 2024).

Reduction of Health Inequalities

Health education also contributes to reducing health disparities by improving access to health information among vulnerable and underserved populations. Differences in health outcomes are often linked to inequalities in education, income, and access to health services. Community-based health education helps bridge these gaps by ensuring that health information reaches disadvantaged groups, thereby promoting equity in health outcomes (United Nations Children's Fund, 2024).

Strengthening Public Health Programmes and Policy Implementation

Health education supports the success of public health interventions such as immunization, maternal and child health programmes, family planning, and disease surveillance. It increases community acceptance, participation, and compliance with health initiatives, thereby improving their effectiveness. Furthermore, it enhances public understanding of health policies and encourages adherence to recommended health guidelines.

Strategies and Channels of Health Education Delivery for Community Health Promotion and Disease Prevention

The effectiveness of health education largely depends on the methods used in delivering health messages and the communication channels selected. Appropriate strategies ensure that information is clearly understood, culturally acceptable, and capable of influencing positive behavioural change. The World Health Organization (WHO, 2024) stresses that effective health education requires the use of multiple, well-

coordinated communication platforms that enhance reach, comprehension, and community engagement.

Interpersonal Communication Strategy

Interpersonal communication involves direct interaction between health educators and individuals or small groups, allowing for personalized guidance, immediate clarification of doubts, and correction of misconceptions. This approach is commonly applied in maternal health services, immunization counselling, and chronic disease management. Empirical studies show that interpersonal communication significantly improves adherence to preventive health behaviours and strengthens trust in health systems (Glanz et al., 2022). Likewise, primary health care research demonstrates that individualized counselling enhances patients' understanding and increases uptake of preventive services (Baumann & Kiviniemi, 2023).

Group-Based Health Education Strategy

Group-based health education is conducted in settings such as community meetings, schools, churches, mosques, and health facility gatherings. It promotes shared learning, peer interaction, and collective engagement in health decision-making. Evidence suggests that group education improves knowledge retention and encourages community-wide behavioural change, particularly in maternal and child health programmes (Stover et al., 2024). In addition, community studies in low-resource settings indicate that group discussions significantly improve hygiene practices and sanitation-related behaviours (Campbell & Cornish, 2021).

Mass Media Strategy

Mass media remains a highly effective channel for reaching large and diverse populations. It includes radio, television, newspapers, posters, and public announcements. In many developing regions, radio is especially valuable due to its affordability and wide accessibility, particularly in rural communities. Research indicates that mass media campaigns

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effectively increase awareness and influence health behaviours related to immunization, HIV prevention, and maternal health services (Wakefield, Loken, & Hornik, 2020). WHO (2023) also confirms that mass media plays a major role in shaping public awareness and supporting large-scale health promotion efforts.

Digital and Social Media Strategy

Digital platforms such as social media networks, mobile applications, websites, and messaging services have expanded the reach of health education significantly. These tools enable rapid dissemination of information, targeted messaging, and interactive engagement with users. Recent studies show that digital health interventions improve knowledge acquisition and support behaviour change, especially among younger populations (Kreps & Neuhauser, 2022). However, challenges such as misinformation and unequal access to digital technology may limit their effectiveness in some communities (WHO, 2024).

Community Outreach Strategy

Community outreach involves delivering health education directly within local environments through home visits, mobile health services, school-based programmes, and market campaigns. This approach is particularly effective in reaching underserved and hard-to-reach populations. Evidence from community health research shows that outreach programmes improve immunization uptake, maternal health service utilization, and participation in preventive interventions (UNICEF, 2023). Furthermore, participatory community approaches enhance trust and improve the sustainability of health education programmes (Israel et al., 2020).

Engagement of Community Influencers

The involvement of respected community figures such as religious leaders, traditional rulers, teachers, and community volunteers strengthens the acceptance of health messages. These individuals often serve as trusted sources of information and can significantly influence community attitudes and

behaviours. Studies reveal that engaging community leaders improves acceptance of interventions such as vaccination and reproductive health programmes (Rifkin, 2021). UNICEF (2023) further emphasizes that trust is a key factor in successful health communication.

Integration into Primary Health Care Services

Integrating health education into primary health care ensures that health information is consistently delivered during routine services such as antenatal care, immunization sessions, outpatient visits, and chronic disease follow-up. This integration reinforces preventive health practices and strengthens continuity of care. Evidence shows that embedding health education within primary care improves health outcomes and increases utilization of health services (Starfield, 2020). WHO (2024) also highlights that strong primary health care systems are essential for sustained health promotion and disease prevention.

Challenges to Effective Health Education in Communities

Health education remains a key strategy for improving population health and preventing diseases; however, its effectiveness is often reduced by several persistent challenges operating at individual, community, and health system levels. These barriers influence how health messages are understood, accepted, and translated into action. The World Health Organization (2024) emphasizes that health education outcomes depend heavily on health literacy, trust, and supportive communication environments.

Low Health Literacy and Limited Understanding

A major barrier to effective health education is inadequate health literacy, which limits individuals' ability to access, understand, and apply health information. People with low health literacy are less likely to engage in preventive behaviours and more likely to experience poor health outcomes. Recent global evidence shows that limited health literacy is

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strongly associated with reduced uptake of preventive services and poorer disease self-management (Sørensen et al., 2021; WHO, 2023).

Socio-Cultural and Religious Influences

Cultural beliefs, traditional practices, and religious interpretations of illness strongly affect how health information is received. In many communities, health conditions may be explained through spiritual or supernatural frameworks, which can conflict with biomedical explanations and reduce acceptance of preventive interventions. Recent public health studies highlight that culturally mismatched messaging reduces effectiveness of health education, while culturally tailored interventions significantly improve community acceptance (Campbell et al., 2021; Airhihenbuwa et al., 2020).

Misinformation and Infodemic Challenges

The rapid spread of misinformation through social media and informal communication networks has become a major threat to health education. False or misleading information can distort risk perception, reduce trust in health authorities, and discourage uptake of interventions such as vaccination. The World Health Organization (2022) describes this phenomenon as an “infodemic,” noting that it significantly undermines public health communication during outbreaks and routine health promotion efforts.

Inadequate Funding and Resource Constraints

Limited investment in preventive health education continues to weaken its implementation in many health systems. Health education programmes often receive less funding compared to curative services, resulting in insufficient outreach activities, poor training of educators, and limited production of educational materials. The Lancet Commission on primary health care highlights that underinvestment in prevention weakens long-term health system performance (Kruk et al., 2022).

Shortage of Skilled Health Promotion Personnel

The effectiveness of health education depends on the availability of trained professionals capable of delivering accurate and culturally appropriate messages. However, many health systems face shortages of health promotion specialists and insufficient training among frontline health workers. Recent WHO reports indicate that workforce gaps in health promotion limit the quality and reach of community-based health education (WHO, 2023).

Weak Primary Health Care Systems

Weak health system infrastructure reduces the effectiveness of health education delivery. Poorly equipped facilities, fragmented services, and limited outreach capacity reduce consistent exposure of communities to health information. Evidence from global primary health care research shows that strong PHC systems are essential for effective prevention and health promotion outcomes (Kruk et al., 2019).

Language and Communication Barriers

Language differences in multilingual communities often limit understanding of health messages. When communication is not delivered in a language or format that the target audience understands, important information may be misunderstood or ignored. Recent health communication studies emphasize that linguistic and cultural adaptation significantly improves message comprehension and behavioural outcomes (Nutbeam & Lloyd, 2021).

Low Trust in Health Systems

Trust in health institutions and providers is a key determinant of health education effectiveness. Negative experiences, misinformation, or perceived poor quality of care can reduce community confidence in health messages. The Lancet COVID-19 Commission reports that low institutional trust significantly reduces compliance with public health recommendations and preventive behaviours (Sachs et al., 2022).

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Public Health Implications of Health Education for Community Health Promotion and Disease Prevention

Health education has significant implications for public health because it influences health behaviours, strengthens community participation, and improves health outcomes at both individual and population levels. As a core component of health promotion, health education equips people with the knowledge and skills necessary to make informed health decisions, adopt healthy lifestyles, and participate actively in disease prevention efforts. The World Health Organization (WHO, 2024) recognizes health education as an essential strategy for achieving better health outcomes and enhancing community wellbeing.

Improvement in Population Health Outcomes

One of the most important public health benefits of health education is its contribution to improved population health. By increasing awareness of health risks and preventive measures, health education encourages individuals to adopt behaviours that protect and promote health. Improved knowledge about nutrition, physical activity, personal hygiene, and disease prevention contributes to lower rates of illness and premature death. According to Nutbeam and Lloyd (2021), health education enhances health literacy, which is associated with better health outcomes and increased engagement in preventive health practices.

Reduction in Disease Burden

Health education contributes significantly to reducing the burden of both communicable and non-communicable diseases. By providing information on disease causes, risk factors, and preventive measures, it helps individuals and communities reduce exposure to health risks. Educational interventions promoting immunization, sanitation, safe sexual practices, healthy diets, and regular physical activity have been shown to reduce the occurrence of infectious and chronic diseases (WHO, 2023). Consequently, health education serves as an

important tool for decreasing morbidity and mortality within populations.

Strengthening Preventive Health Services

Health education plays a critical role in increasing the utilization of preventive health services. Individuals who are knowledgeable about the benefits of preventive care are more likely to participate in immunization programmes, health screenings, antenatal care services, and other preventive interventions. Increased participation in these services promotes early detection and management of diseases, thereby reducing the likelihood of severe complications. Kruk et al. (2022) emphasize that strong preventive health systems contribute substantially to improved health outcomes and reduced treatment costs.

Enhancement of Health Literacy and Community Capacity

Health education improves health literacy by enabling individuals to access, understand, evaluate, and apply health information effectively. Increased health literacy empowers people to make informed decisions regarding their health and encourages greater involvement in health-related activities. Furthermore, educated communities are better positioned to participate in health programmes and advocate for improved health services. Sørensen et al. (2021) identify health literacy as a critical factor in achieving improved population health and reducing health inequalities.

Promotion of Health Equity

Health education contributes to the reduction of health disparities by improving access to health information among vulnerable and underserved populations. Targeted educational programmes help bridge knowledge gaps and ensure that disadvantaged groups receive information necessary for disease prevention and health promotion. WHO (2024) notes that equitable access to health information is essential for reducing health inequalities and improving health outcomes across different population groups.

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Improved Preparedness for Public Health Emergencies

Health education enhances community preparedness and resilience during public health emergencies such as epidemics, pandemics, and environmental disasters. Accurate and timely health information helps communities understand risks, adopt protective measures, and comply with public health recommendations. Experiences from the COVID-19 pandemic demonstrated the importance of effective health communication in combating misinformation and encouraging preventive behaviours (Sachs et al., 2022). As a result, health education strengthens public health emergency response efforts.

Reduction in Health Care Expenditure

Effective health education can contribute to lower health care costs by preventing diseases and reducing the need for expensive medical treatments. Preventive interventions are generally more cost-effective than managing advanced illnesses and complications. Through the promotion of healthy behaviours and early health-seeking practices, health education reduces hospital admissions, treatment expenses, and the overall economic burden on health systems and households (Kruk et al., 2022).

Contribution to Sustainable Development Goals

Health education supports the achievement of global development priorities, particularly Sustainable Development Goal three, which focuses on ensuring healthy lives and promoting wellbeing for all. By improving health literacy, preventing diseases, and encouraging healthy lifestyles, health education contributes to broader efforts aimed at strengthening health systems and improving quality of life. The United Nations (2023) recognizes health promotion and disease prevention as essential components of sustainable development.

CONCLUSION

Health education is a vital public health strategy that promotes healthy behaviours, improves health literacy, and prevents diseases. It

contributes significantly to reducing the burden of communicable and non-communicable diseases, enhancing community participation, and improving overall health outcomes. Despite challenges such as low health literacy, misinformation, sociocultural barriers, and inadequate resources, strengthening health education within primary health care systems remains essential for achieving sustainable community health promotion and disease prevention.

RECOMMENDATIONS

1. Integrate health education more effectively into primary health care services.
2. Increase funding and support for health education programmes.
3. Develop culturally appropriate and community-based health education interventions.
4. Utilize digital media and mass communication channels to expand health information dissemination.
5. Conduct further research on innovative approaches to health education and behaviour change.

REFERENCES

- Adu, B., Mensah, J., & Osei, P. (2021). Community-based health education and infectious disease prevention in low-resource settings. *Journal of Public Health in Africa*, 12(2), 45–53.
- Baumann, L. C., & Kiviniemi, M. T. (2023). Health behaviour and communication in primary care, Improving patient understanding and preventive service use, *Journal of Health Communication*, 28(4), 310–322.
- Campbell, C., & Cornish, F. (2021). How can community health programmes build enabling environments for transformative communication, *Social Science & Medicine*, 279, 113985.
- Glanz, K., Rimer, B. K., & Viswanath, K. (2022). *Health behavior: Theory, research, and practice* (6th ed.). Jossey-Bass.

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- Israel, B. A., Eng, E., Schulz, A. J., & Parker, E. A. (2020). Methods in community-based participatory research for health. *Annual Review of Public Health*, 41, 1–20.
- Kreps, G. L., & Neuhauser, L. (2022). New directions in eHealth communication: Opportunities and challenges. *Patient Education and Counseling*, 105(2), 251–258.
- Kruk, M. E. (2019). High-quality health systems in the SDG era. *The Lancet Global Health*, 6(11), E1196–e1252.
- Nutbeam, D., & Lloyd, J. E. (2022). Understanding and responding to health literacy as a social determinant of health. *Annual Review of Public Health*, 43, 159–176.
- Okafor, U. N., & Nwafor, C. E. (2023). Health education and prevention of non-communicable diseases in Nigeria. *African Journal of Health Sciences*, 36(1), 88–97.
- Rifkin, S. B. (2021). Examining the links between community participation and health outcomes. *Health Policy and Planning*, 36(5), 707–714.
- Sørensen, K. (2021). Health literacy and health outcomes: A global perspective. *Biomed Central Public Health*, 21, 1–12.
- Starfield, B. (2020). Primary care and health system performance: Achieving better population health. *Health Services Research*, 55(S2), 162–173.
- Stover, J., et al. (2024). Community health education and behaviour change interventions in maternal and child health. *Global Health Science and Practice*, 12(1), 45–59.
- Wakefield, M. A., Loken, B., & Hornik, R. C. (2020). Use of mass media campaigns to change health behaviour. *The Lancet*, 392(10157), 2306–2315.
- World Health Organization. (2023). World health statistics 2023: Monitoring health for the Sustainable Development Goals. WHO.
- World Health Organization. (2024). Health promotion and disease prevention through health education. WHO.