CALL FOR ABSTRACTS
NATIONAL HEALTH PROMOTION CONFERENCE 2026

Theme: Health Promotion for Disaster Preparedness and Resilient Communities
Dates: 28–29 October 2026
Venue: Sunbird Livingstonia Beach Resort, Salima, Malawi

Abstract submission deadline: 30th September 2026

Background

The National Health Promotion Conference Organising Committee invites researchers, health professionals, policymakers, programme implementers, academicians, students, civil society organisations, development partners, innovators and community representatives to submit abstracts for presentation at the National Health Promotion Conference.

The conference will provide a national platform for sharing research findings, innovations, programme experiences, promising practices and lessons on the role of health promotion in disaster preparedness and building resilient communities.

Disasters, disease outbreaks and climate-related emergencies continue to affect public health, disrupt essential services and deepen existing inequalities. Effective health promotion can help communities understand risks, adopt protective behaviours, participate in emergency planning and recover more effectively from crises.

Conference objectives

The conference seeks to:

1. Facilitate the sharing of evidence, experiences and innovations in health promotion for disaster preparedness and response.
2. Strengthen the application of risk communication and community engagement in emergencies.
3. Promote evidence-based social and behaviour change interventions for disaster-risk reduction.
4. Identify strategies for strengthening resilient health systems and primary healthcare services.
5. Encourage research, innovation and appropriate use of digital health technologies.
6. Strengthen multisectoral partnerships and community-led approaches for building resilient communities.
7. Generate practical recommendations for health-promotion policy, programming and future research.

Conference Sub-Themes
Abstracts should address one or more of the following sub-themes:

1. Risk Communication and Community Engagement for Disaster Preparedness
This sub-theme focuses on health-promotion strategies that provide communities with timely, accurate and actionable information while building trust, participation and resilience before, during and after emergencies.
Relevant areas may include:

- Risk communication during disease outbreaks and disasters
- Community engagement and feedback mechanisms
- Community trust and management of misinformation
- Media engagement and emergency communication
- Community-based surveillance and early warning
- Communication with vulnerable and marginalised populations
- Preparedness planning and community participation

2. Climate Change, Health and Community Resilience
This sub-theme explores health-promotion approaches that strengthen community resilience to climate-related health risks while supporting sustainable adaptation and environmental stewardship.
Relevant areas may include:

- Climate-related health risks and community adaptation
- Floods, droughts, cyclones and extreme heat
- Climate-sensitive and vector-borne diseases
- Food security, nutrition and climate change
- Water, sanitation and hygiene during climate emergencies
- Environmental health and sustainable community practices
- Community-based climate resilience initiatives

3. Social and Behaviour Change for Disaster-Risk Reduction
This sub-theme highlights evidence-based social and behaviour change interventions that promote protective behaviours, strengthen resilience and reduce disaster-related risks.
Relevant areas may include:

- Behavioural determinants of disaster preparedness
- Protective health practices during emergencies
- Community mobilisation and social norms
- Behavioural science and emergency response
- Health literacy and preparedness behaviours
- Gender-responsive and inclusive behaviour change
- Evaluation of social and behaviour change interventions

4. Strengthening Resilient Health Systems and Primary Health Care
This sub-theme focuses on health-promotion strategies that strengthen health systems, improve emergency preparedness and ensure equitable access to essential, quality health services before, during and after disasters.
Relevant areas may include:

- Continuity of essential health services during emergencies

- Emergency preparedness in health facilities
- Community health systems and primary healthcare
- Health-worker preparedness and capacity development
- Mental health and psychosocial support
- Emergency referral and service-delivery systems
- Equity and inclusion in emergency health services
- Health-system recovery following disasters

5. Research, Innovation and Digital Health for Disaster Preparedness

This sub-theme seeks abstracts presenting innovative approaches, implementation research and technological solutions that strengthen preparedness, response and community resilience.
Relevant areas may include:

- Digital platforms for risk communication
- Mobile health and emergency information systems
- Artificial intelligence and data analytics
- Geographic information systems and disaster mapping
- Implementation research in health promotion
- Innovative community-based preparedness approaches
- Monitoring, evaluation and learning during emergencies

6. Multisectoral Partnerships and Community-Led Action for Resilient Communities

This sub-theme explores partnerships, governance, leadership and community-driven approaches that strengthen preparedness and resilience.
Relevant areas may include:

- Coordination between health and other sectors
- Community leadership and local governance
- Partnerships with civil society and the private sector
- Roles of traditional, religious and influential leaders
- Community ownership and accountability
- Youth and women's participation in disaster preparedness
- Public–private partnerships
- Local financing and resource mobilisation for resilience

Types of abstracts

Submissions are invited under the following categories:

- Original research
- Programme or project implementation experience
- Best practice or success story
- Innovation or digital-health solution
- Policy or systems analysis
- Community-led initiative
- Case study

Authors should indicate their preferred mode of presentation:

- Oral presentation
- Poster presentation

The Scientific Committee reserves the right to determine the most appropriate presentation format for accepted abstracts.

Abstract preparation guidelines

General requirements

1. Abstracts must be submitted in English.
2. The abstract should not exceed **300 words**, excluding the title, author names, affiliations and keywords.
3. The title should be concise and not exceed **20 words**.
4. The submission must include:
    - Abstract title
    - Names of all authors
    - Institutional affiliations
    - Name and contact details of the corresponding author
    - Name of the presenting author
    - Relevant conference sub-theme
    - Preferred presentation format
    - Three to five keywords
5. Do not include tables, figures, photographs, references or unexplained abbreviations.
6. Abstracts must present work that has been completed or has generated sufficient findings and lessons.
7. Each presenting author may present a maximum of two accepted abstracts.
8. Submissions received after the deadline may not be considered.

Structure for research abstracts

Research abstracts should contain:

- **Background:** Context and justification for the study
- **Objective:** Purpose of the study
- **Methods:** Study design, setting, participants and analysis
- **Results:** Principal findings
- **Conclusion:** Implications for health-promotion policy, practice or research

Structure for programme, innovation or community-action abstracts

These abstracts should contain:

- **Background or problem:** The issue addressed
- **Intervention:** Description of the programme, innovation or initiative
- **Implementation approach:** How the intervention was delivered
- **Results or achievements:** Outputs, outcomes or observed changes
- **Lessons learned:** Key implementation lessons
- **Conclusion:** Implications for health-promotion programming, policy or scale-up

Abstract review and selection

The Scientific Committee will review all abstracts. Selection will be based on:

- Relevance to the conference theme and sub-themes
- Clarity of the problem or research question
- Quality and appropriateness of the methodology or implementation approach
- Strength and clarity of the results

- Innovation and originality
- Practical relevance to health-promotion policy and practice
- Contribution to disaster preparedness and community resilience
- Compliance with the abstract guidelines

Submitting an abstract does not guarantee acceptance. Abstracts that do not follow the prescribed format may be rejected without further review.

Submission procedure

Abstracts should be submitted electronically in Microsoft Word format to:

Email: nhpcmw@gmail.com

The email subject line should read:

NHPC 2026 ABSTRACT SUBMISSION – [NAME OF CORRESPONDING AUTHOR]

Authors should receive an acknowledgement after successful submission. If an acknowledgement is not received within the specified period, the corresponding author should contact the Conference Secretariat.

Alternatively, abstracts can be submitted via the following link or by scanning its QR code: https://forms.gle/r6pumAikWAHj6pKLA

Important dates

- **Abstract submission deadline:** 30th September 2026
- **Notification of acceptance:** 5th October 2026
- **Deadline for presenter confirmation:** 10th October 2026
- **Conference dates:** 28–29 October 2026

Important information for authors

- Presenting authors of accepted abstracts will be required to confirm their participation by the stipulated deadline.
- Acceptance of an abstract does not automatically provide sponsorship for registration, travel or accommodation.
- At least one author of each accepted abstract must register for and attend the conference.
- Authors are responsible for obtaining all necessary institutional and ethical approvals before submission.
- Authors must declare any actual or potential conflict of interest.
- Previously published work should be clearly identified.

Registration Fees

MK250,000 per person covering conference materials, snacks and lunch during the conference days. Registration fees should be deposited or transferred into the bank account as follows:

Account Name:	Corporate Link
Account Number:	5040263340012
Account Type:	Current
Branch:	Blantyre
Bank Name:	Centenary Bank

Participants should plan to meet their travel, accommodation and supper expenses during the conference period.

Enquiries

For additional information, please contact:

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Share your evidence, innovations and experiences as Malawi works towards stronger disaster preparedness and healthier, more resilient communities.