
Health promotion in a globalized world

Report by the Secretariat

1. Health promotion is a cornerstone of primary health care and a core function of public health. Its value is increasingly recognized; it is both effective and cost-effective in reducing the burden of disease and in mitigating the social and economic impact of diseases. The links between health promotion, health, and human and economic development are widely acknowledged.¹

2. The 1st Global Conference on Health Promotion (Ottawa, 1986) and the resulting Ottawa Charter for Health Promotion are recognized worldwide as the foundation of the concepts and principles of modern health promotion. The Ottawa Conference, which carried forward the spirit of the Declaration of Alma-Ata, and the subsequent series of WHO global conferences held in Adelaide, Australia (1988), Sundsvall, Sweden (1991), Jakarta (1997) and Mexico City (2000) provided guidance and direction on actions to be taken to address the determinants of health so as to achieve health for all. Through behavioural, social, policy and environmental interventions, health promotion has contributed to positive changes in people's health-related habits, which in turn have helped to reduce such causes of death and illness as heart diseases, road injuries, infectious diseases, and HIV/AIDS.² The benefits are, however, more evident in people of a higher socioeconomic status. Hence there is a pressing need to complement programmes that reduce risk factors with policies that create conditions for better health in vulnerable groups.

3. The context in which health promotion strategies are applied has changed markedly since the Ottawa Conference, most notably as a result of globalization, which raises both challenges and opportunities for health promotion. The 6th Global Conference on Health Promotion, entitled "Policy and Partnership for Action: Addressing the Determinants of Health" (Bangkok, 7–11 August 2005), was convened by WHO and the Government of Thailand with a view to contributing to reduction of health inequality in a globalized world through health promotion.

4. The main outcome of the Conference was the adoption of the Bangkok Charter for Health Promotion in a Globalized World, together with consensus among participants on future directions for health promotion.

¹ See, for example, *Macroeconomics and health: Investing in health for economic development. Report of the Commission on Macroeconomics and Health*. Geneva, World Health Organization, 2001.

² *The world health report 2002: Reducing risks, promoting healthy life*. Geneva, World Health Organization, 2002.

5. The Bangkok Charter confirms the need to focus on use of health promotion to address the determinants of health and identify action. Its four key commitments are to make promotion of health:

- central to the global development agenda: strong intergovernment agreements that improve health and collective health security and effective mechanisms for global governance for health are needed;
- a core responsibility for government as a whole: the determinants of health need to be addressed by all ministries at all levels of government;
- a key focus of communities and civil society: well-organized and empowered communities are highly effective in determining their own health, and are capable of encouraging governments and the private sector to be accountable for the health consequences of their policies and practices;
- a requirement for good corporate practice: the private sector has a responsibility to ensure health and safety in the workplace and to promote the health and well-being of employees, their families and communities, and to contribute to lessening wider impacts on global health.

6. The Bangkok Charter recognizes that established health-promotion strategies that have proved effective need to be fully applied. It also expands the five action areas set out in the Ottawa Charter¹ and urges stakeholders in all sectors and settings to advocate health based on human rights and solidarity; to invest in sustainable policies, actions and infrastructure; to build capacity in different aspects of health promotion; to ensure – including by legislation – a high level of protection against harm; and to build partnerships and alliances with public and other sectors.

7. The Bangkok Charter calls for initiation of plans of action and monitoring of performance through indicators and targets. It also asks organizations of the United Nations system to explore the benefits of developing a global treaty for health.

FOLLOW-UP TO THE BANGKOK CONFERENCE

8. The need to set up a global forum of interested organizations and parties will be examined with a view to promoting follow-up to the Bangkok Charter and supporting preparations for the 7th Global Conference on Health Promotion, to be held in the African Region in 2009. The Organization is undertaking a number of activities to help implement the Bangkok Charter, as described below.

9. **Fulfil the four commitments.** To make the promotion of health more central to the **global development agenda**, support will be provided to Member States to develop and implement pilot projects for tackling the social and economic causes of poor health, contributing to achievement of the Millennium Development Goals, and providing effective response to public health emergencies.

10. Although the health sector plays a key role in providing leadership to frame policies and build partnerships for health, **core responsibility** for addressing the determinants of health rests with different ministries and levels of government. Action in this regard can be effective only when the

¹ Ottawa Charter for Health Promotion. Charter adopted at the First International Conference on Health Promotion, 17–21 November 1986, Ottawa.

government as a whole is committed to it. Examples of good practice will be collected, and models and methods for applying the determinants-of-health approach will be developed in collaboration with Member States.

11. With regard to **civil society**, a meeting was organized by the NGO Ad Hoc Working Group on Health Promotion in February 2006 to draw up action plans to implement the Bangkok Charter. Discussions are being held with the International Federation of Red Cross and Red Crescent Societies to strengthen its health promotion work. Plans are also being developed with the International Union of Health Promotion and Education to strengthen collaboration in implementation of the Charter.

12. With a view to encouraging **good corporate practice**, WHO will maintain contact with the food and nonalcoholic beverage industries, and the sports industries, in promoting healthy diet and physical activity so as to reduce overweight and obesity.

13. **Develop a general framework for health promotion strategy.** WHO will work with key stakeholders through a global partnership to provide Member States and other important players in the health-promotion community with technical know-how on promoting health, in accordance with the Bangkok Charter through the development of a general framework for health promotion strategy during the biennium 2006–2007. The framework will include models and methods for fulfilment of the four commitments spelt out in the Bangkok Charter and a set of objectives, timelines and mechanisms to monitor progress.

14. **Intensify action to build health-promotion capacity of Member States.** Some 140 countries have already taken part in the capacity mapping project. The term “capacity” refers to not only the expertise of individual practitioners but also capabilities related to policy, partnership, financing, evidence of effectiveness, and information systems. Support will be provided to build up national capacity based on the outcome of the mapping, and to improve the quality and reliability of monitoring data. Inter-country collaboration will continue to be encouraged in various areas, including promotion of oral health.

15. WHO will work with key stakeholders to further strengthen health promotion in schools by identifying priorities for action and developing models and methods to address the underlying causes of poor health. This will be in addition to existing activities, which include the Global School-based Student Health Survey, HIV prevention training for teachers and efforts to increase the number of health-promoting schools. A workplace health-promotion strategy will be elaborated with input from regional and country levels. Current evidence of the effectiveness of interventions for healthy cities and municipalities will be expanded and improved. Efforts will also be made to examine ways in which health can be promoted in virtual settings.

16. **Demonstrate impact of health promotion.** In a results-oriented context, work will be undertaken to demonstrate the contribution of health promotion to achieving health for all. Pilot demonstration projects will be launched to address the social, economic and environmental factors that promote health in two areas that warrant urgent attention: promotion of healthy diets and physical activity, and reduction of the risk of human exposure to H5N1. Collaboration with the International Union of Health Promotion and Education and other partners in consolidating and disseminating evidence of effective health promotion interventions will continue.

17. **Incorporate elements of the Bangkok Charter in regional activities.** The regional strategy on health promotion in the African and Eastern Mediterranean Regions and the regional strategy framework for the South-East Asia Region will be revised to include actions that support

implementation of the Charter. The Regional Office for Europe has established the European Office for Investment for Health and Development to address structural determinants of health, and has incorporated broader determinants in its strategies on noncommunicable diseases and child and adolescent health.

18. At its 117th session the Executive Board welcomed the reference to the Ottawa Charter and the recommendations of the Bangkok Charter for Health Promotion in a Globalized World. It stressed the importance of acting on the determinants of health, preventing chronic diseases, preparing action plans at national and regional levels, and developing a general framework for a health promotion strategy.¹

19. The Fifty-ninth Health Assembly considered the draft resolution contained in resolution EB117.R9. Member States reiterated the importance of achieving health for all and addressing the wider determinants of health through a multisectoral approach; stressed the need to strengthen health promotion as a priority action in health and development; recognized the contributions made by the Ottawa Charter for Health Promotion; and expressed their support of the Bangkok Charter for Health Promotion in a Globalized World. Amendments were proposed to further strengthen the draft resolution.²

20. It was not possible for the Committee to consider, because of time constraints, the amended draft resolution.³ It was therefore decided that the resolution should be referred to the Executive Board for consideration at its session in January 2007.

21. At its 120th session, the Executive Board noted the importance of health promotion, including its relevance to the sustainability of health reforms and health systems, the significant impact of health promotion on social and economic development, the usefulness of health promotion to reduce disease burdens, and the need to strengthen the capacity to promote health at country level and within the Organization.⁴

ACTION BY THE HEALTH ASSEMBLY

22. The Health Assembly is invited to consider the draft resolution contained in resolution EB120.R14.

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¹ See document EB117/2006/REC/2, summary record of the eighth meeting, section 3.

² See document WHA59/2006/REC/3, summary records of Committee B, fourth meeting, section 3.

³ See document WHA59/2006/REC/3, summary records of Committee B, fifth meeting, section 2.

⁴ See document EB119/2006-EB120/2007/REC/2, summary record of the eleventh meeting of the 120th session of the Board, section 2, and summary record of the twelfth meeting, section 3.