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Health promotion and healthy lifestyles

Report by the Secretariat

1. This document is submitted in response to the decision by the Executive Board at its 111th session to defer consideration of the agenda item on health promotion.¹
2. In 1989, resolution WHA42.44 on health promotion, public information and education for health urgently called upon Member States to develop, in the spirit of the Declaration of Alma-Ata and the First and Second International Conferences on Health Promotion, strategies for health promotion and health education as essential elements of primary health care and the Director-General to provide support to Member States in strengthening national capabilities in all aspects of health promotion. In 1998, resolution WHA51.12 on health promotion urged Member States to adopt an evidence-based approach to health promotion policy and practice, using the full range of quantitative and qualitative methodologies.
3. Since 1986, the five international conferences on health promotion, cosponsored and organized by WHO,² have been instrumental in guiding the development, direction and global practice of health promotion. Strategies, models and methods in health promotion are limited to neither a specific health issue nor a specific set of behaviours, but apply to a variety of population groups, risk factors, diseases and settings. Efforts put into improving education, community development, policy, legislation and regulations are as valid for the prevention of communicable diseases as they are for tackling the major risks for noncommunicable diseases (unhealthy diet, tobacco use, sedentary lifestyle and alcohol abuse) and for preventing injury, violence and mental illness. The adoption of the WHO Framework Convention on Tobacco Control, the work towards a global strategy on diet, physical activity and health, and the Move for health initiative are major global steps to reducing these common risks.
4. Mental health promotion constitutes an important component of overall health promotion. In view of the stress and conflicts that individuals and communities face, greater efforts are needed to promote mental health. WHO is reviewing the evidence of effectiveness of activities that promote mental health, especially those with relevance to low- and middle-income countries, and will use the findings to define best practices for countries with different resource levels and diverse cultures.

¹ Decision EB111(1).

² First International Conference on Health Promotion: the move towards a new public health (Ottawa, 1986); Second International Conference on Health Promotion: healthy public policy (Adelaide, Australia, 1988); Third International Conference on Health Promotion: supportive environments for health (Sundsvall, Sweden, 1991); Fourth International Conference on Health Promotion: new partners for a new era – leading health promotion into the 21st century (Jakarta, 1997); Fifth Global Conference on Health Promotion: health promotion – bridging the equity gap (Mexico City, 2000).

5. Health promotion is important for attaining the health-related United Nations Millennium Development Goals, contributing to the reduction in child mortality; improvement of maternal health; prevention and control of HIV/AIDS, tuberculosis and malaria; and access to better sanitation and clean drinking-water. Achieving these Goals will need greater recognition of the inextricable links between health, development and poverty reduction and improved access to major health services; health promotion will be crucial for mobilizing society in this task through advocacy and suitable strategies.

6. Insufficient evidence on the effectiveness of health promotion contributes to limited allocation of resources, and consequently underfunded interventions and less effective health promotion. Special efforts are therefore needed to collect sound evidence, particularly in developing countries.

PROGRESS

7. Member States in all regions have strengthened national capabilities for health promotion, but progress has been uneven. Most countries do not have the policies, human or financial resources, or institutional capacity for sustainable, effective health promotion to counter risks and their underlying determinants. Major tasks lie ahead, including building national capacity, strengthening evidence-based approaches, innovating strategies and means of financing, and preparing guidelines for implementation and evaluation.

8. The Regional Committee for Africa adopted a strategy on health promotion for the African Region (resolution AFR/RC51/R4) in 2001, and has developed guidelines for its implementation. The Regional Office for the Americas has had follow-up meetings and established three groupings of countries to strengthen and advocate health promotion with particular emphasis on settings and healthy municipalities. The Regional Office for Europe has set up a centre for investment for health and development in Venice (Italy) and has an active intercountry network. The Regional Office for the Eastern Mediterranean works actively on health promotion, healthy lifestyles and health education, prevention and control of noncommunicable diseases, and the basic development needs approach. The Regional Office for South-East Asia, too, emphasizes capacity building; it held an interregional workshop to identify the prerequisites for and to prepare guidance on strengthening capacity for health promotion at local and national levels in Bangkok in February 2003. It also surveyed country capacity for health promotion and health education, and networked countries with a focus on standards for health promotion and health education. The Regional Office for the Western Pacific created its Regional Framework for Health Promotion 2002-2005, with extensive support materials, including a catalogue of teaching and learning materials and financing opportunities in the Region. Several countries, such as South Africa and Sudan, are formulating national health promotion policies and strategies.

9. Progress in reviewing and building evidence of the effectiveness of health promotion, and in translating evidence into policy and practice, with due regard to cultural and regional diversities, is being made through the Global Programme on Health Promotion Effectiveness, a multi-partner project coordinated by the International Union for Health Promotion and Education in collaboration with WHO. Partners include many national public health institutions, such as the Centers for Disease Control and Prevention (Atlanta, Georgia, United States of America), the Netherlands Institute for Health Promotion and Disease Prevention and the African Medical and Research Foundation; the Swiss Agency for Development and Cooperation provides strong support. WHO is working on some 30 projects from more than 15 Member States in all regions to document successes and to plan, implement, and evaluate interventions with methodological rigour.

10. In addition to a report for the European Commission on the evidence of the effectiveness of health promotion¹ and information accumulated over the past 25 years in the developed countries in North America, Australia and Europe, more evidence of effectiveness in other Member States is becoming available and will be documented by the Global Programme (see paragraph 9). Examples include reduction in the prevalence of smoking in the Republic of Korea; increased participation in sports activities in Singapore; reduction of salt intake in Japan; in Thailand, a fall in new HIV infections from 143 000 in 1991 to 23 676 in 2002 – successes in the prevention and control of HIV infections have also been recorded in Brazil and Uganda; and, in one part of Bangladesh, about 70% of residents switched their source of water from contaminated wells to safe wells. Other examples will be presented in the reports of the technical meeting on the Global Programme on Health Promotion Effectiveness (Hong Kong Special Administrative Region, China, 22-25 October 2003) and of the WHO component of the Programme.

11. The Global School Health Initiative takes an integrated approach that combines school health policy, skills-based health education, a safe and health-supportive school environment and school-based health and nutrition services to tackle major risk factors. School health programmes with these elements are cited as viable public health interventions in every region. WHO, UNESCO, UNICEF, the World Bank and Education International are promoting these components in a joint initiative to focus resources on effective school health. The Initiative serves as an interagency model for working towards both the health and sector-specific goals of each agency. WHO is also working with Education International and two WHO collaborating centres (Centers for Disease Control and Prevention, Atlanta, Georgia, and Education Development Center, Boston, Massachusetts, United States of America) to train thousands of teachers to use modern, interactive methods to educate adults and students about preventing HIV infection and related discrimination in countries with high rates of infection. WHO recently launched a global school-based health surveillance system, a survey element of which generates internationally comparable data for monitoring the prevalence of important health factors among 13-15 year-old students.

12. In order to find innovative ways of financing health promotion, the International Network of Health Promotion Foundations held two meetings (Bangkok, March 2002 and Budapest, April 2003). As a result, several countries have decided to establish such foundations, for example through imposing a dedicated tax on tobacco and alcohol, most recently Malaysia and Thailand.

13. International collaboration has been facilitated by establishing networks, including six regional networks for integrated prevention and control of noncommunicable diseases, the WHO Mega Country Health Promotion Network (linking the 11 most populous countries) and the International Network of Health Promotion Foundations. These networks offer forums for exchanging ideas and experience, advocating in-country policy support for health promotion and prevention of noncommunicable diseases, debating current topics in health promotion, and influencing the global health agenda.

14. Alcohol consumption raises complex issues. Some evidence attests to beneficial effects of moderate consumption of alcohol, but, overwhelmingly, data show its high contribution to the global burden of disease through its damaging effects across all sectors of society as the direct or underlying cause of many illnesses and accidents, violence and impaired health. Young people are particularly likely to abuse alcohol. Special attention needs to be paid to the messages conveyed in information

¹ *The evidence of health promotion effectiveness: shaping public health in a new Europe*, Parts 1 and 2, Vanves, France, International Union for Health Promotion and Education, 2000, 2nd edition.

relating to alcohol, including marketing and advertising, in particular on the impact of alcohol on the health and well-being of young people.

15. In line with WHO priorities, actions are under way to integrate health promotion into health systems. It is intended that, at a preparatory interregional workshop, to be held in November 2003, an outline plan on integrating health promotion into health systems will be prepared for the financial period 2004-2005.

FUTURE ACTION

16. WHO will support Member States in raising awareness of determinants of health, fostering health-inducing environments and strengthening capacity at national and local levels for planning and implementing comprehensive health promotion that is sensitive to gender and culture, particularly in developing countries and for poor and marginalized groups. Training will be strengthened and, where necessary, curricula will be revised to incorporate the new expanded concept of health promotion. Particular attention will continue to be paid to young people in and out of school, and to major risks including unhealthy diet, physical inactivity and behaviours that encourage transmission of infectious diseases, and their broader social, economic and other determinants.

17. Work will continue on mobilizing and informing public opinion in order to influence policy- and decision-makers towards health-supportive policies and legislation and the promotion of healthy lifestyles. Continued attention will be given to health promotion in specific settings, such as the workplace, schools and the community – the Healthy Cities project exemplifies this setting-based approach.

18. Working with Member States and the international community, WHO will continue to provide technical support and guidance for the design, implementation and evaluation of evidence-based projects worldwide, and to disseminate the successes and lessons so learned through publication of guidelines and articles in peer-reviewed journals. With an expanded evidence-base, WHO will examine the cost and effectiveness of health promotion interventions.

19. WHO will collaborate with all concerned parties, using the International Network of Health Promotion Foundations, to develop sustainable means of financing health. For example, insurance provisions by the public and private sectors need to be examined as a potential funding source of health promotion; indeed, all new options will need to be identified and scrutinized.

20. The potential contribution of social security in preventing major risks and promoting healthy lifestyles will be explored in a joint workshop to be held with ILO, the International Social Security Association and other key partners, for which a critical review paper has been written.

21. Within the framework of the health-related Millennium Development Goals, WHO is preparing a consultation on health promotion in development, with a focus on poverty reduction, in order to deepen understanding of the design, delivery and assessment of activities, particularly for disadvantaged populations. WHO will also promote intersectoral collaboration and coordination, including not only health and other ministries but nongovernmental organizations, civil society, and academic, research and professional institutions.

22. Attention will be paid to: strengthening national and regional networks to respond to threats to health at national, regional and global levels; exchange of information, by traditional and modern

means of communication; and building concerted health actions through mechanisms such as the WHO Framework Convention on Tobacco Control, the global strategy on diet, physical activity and health and the Move for health initiative. WHO will promote collaboration and coordination through the designation of WHO collaborating centres, particularly in developing countries, and through a rigorous and coordinated partnership with those centres.

23. Interaction with the private sector, increasingly a key player in health issues, will be furthered. Health can be more readily improved by making healthy choices easier and more available and affordable. There is a strong need for the private sector to contribute increasingly to the aims of health promotion and healthier choices.

24. In order to respond to the many global changes and trends that directly or indirectly affect health and well-being, to assert WHO's leadership in health promotion, and to make health promotion more relevant to the demands of the new century, the Sixth Global Conference on Health Promotion will be convened in 2005. This conference of policy-makers and invited experts will build on the developments, experience and evidence accumulated since the first such conference in Ottawa in 1986, and is intended to provide a blueprint to meet the health promotion needs of today's society, both nationally and globally. It will also be a major forum for disseminating results and lessons learned from previous studies of the effectiveness of health promotion.

ACTION BY THE EXECUTIVE BOARD

25. The Executive Board is invited to note the report.

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