



WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY
Provisional agenda item 12.13

A53/16
3 March 2000

Health promotion

Report by the Secretariat

1. Resolution WHA51.12 called on WHO to undertake a number of specific actions related to health promotion, to which the Organization is responding.
2. WHO is continuing to stimulate the use of a “settings” approach to ensure that health is on the development agenda of local and national planners and policy-makers. Much effort has been made globally and nationally to mobilize support for healthy cities, islands, communities, markets, schools, workplaces and health services.
3. In order to strengthen the evidence base for health promotion policy and practice, WHO is preparing frameworks to guide the collection of baseline information at the outset of any work where a comprehensive settings approach is used to tackle a health development issue. Methods and tools are being developed to guide subsequent evaluation of processes and outcomes, including a participatory assessment. These practical guides will improve the capability of local and national governments to monitor and evaluate complex processes of social change taking place within specific settings. WHO will incorporate in these instruments specific recommendations for collecting information that advances knowledge about the link between poverty and ill-health, including the influence of gender, ethnicity, age and disability on health. The outcome will provide an essential input for healthy public policy.
4. WHO is refocusing its activities so that it can more effectively advance and share the knowledge base on ways to undertake health promotion that addresses the needs of the poor. For example, it will demonstrate that incorporation of health promotion strategies into health policies, programmes and projects contributes to attaining good health and better quality of life among vulnerable populations living in resource-poor environments. WHO is compiling and disseminating a comprehensive database of published evaluation studies of health promotion activities in developing countries. Over 450 such studies out of more than 1000 have been screened over the past six months, on the basis of their potential for providing methodologies of proven effectiveness.
5. In order to draw attention to the contribution of health promotion strategies to redressing growing inequity in health, WHO is cosponsoring, together with PAHO and the Ministry of Health of Mexico, the Fifth Global Conference on Health Promotion (Mexico City, June 2000). The Conference will focus on health promotion as a way of bridging the equity gap. Case studies are being selected that demonstrate that policies, programmes or projects that incorporate health promotion strategies across the life span have had a positive influence on health.
6. The cornerstone of health promotion is a commitment to achieving equity through the use of approaches that empower communities and individuals of all ages to make healthy choices. However, that is not sufficient. Health promotion is also about ensuring that public policies facilitate healthy

choices. It is concerned with acting on the variety of complex and synergistic determinants of health that lie outside the health sector and operate at the individual, household, community, national and global levels. The nature of this work necessitates the formation of intersectoral partnerships. Efforts will therefore focus on three areas: promoting health action, promoting healthy policies, and advancing knowledge and ability to act upon the social determinants of health.

7. Further, WHO is taking the first steps to establish an alliance for global health promotion. Such an alliance explicitly recognizes that effective action for health goes beyond the health sector and involves mobilizing and joining forces with the many social institutions and organizations whose work influences the social determinants of health. WHO is therefore stimulating multisectoral action at national level so that countries can effectively implement the strategies outlined in the Jakarta Declaration. It is at national level that the health sector can best identify and work with a wide range of groups, often with competing interests, to plan, programme and evaluate their efforts from a health and development viewpoint. Work at national level is the cornerstone upon which regional and global alliances and networks for health promotion can be built and sustained.

8. There is consistent evidence that health promotion and protection strategies are socially and economically viable, and that sustainable approaches improve health outcomes and elicit responsible action from the various social actors. However, the role of health promotion is still not well understood in ministries of health, partly because health promotion has gone beyond the boundaries of traditional medical practice and has called for a broader understanding of what makes populations healthy or sick. The philosophy and practice of health promotion is anchored in the belief that health gains can be best achieved by helping individuals and communities to gain a sense of control over the way they choose to lead their lives.

9. Many medical and other health practitioners acknowledge that being healthy is a complex equation of multiple factors, a number still unknown to current medical and social science. Drawing upon advanced medical knowledge, WHO will act as a bridge between biomedical advances that improve health and social factors that contribute in a substantial way to health and well-being. Through its appreciation of the wider context in which people live, it will contribute to the understanding of effective and responsible ways to reduce unnecessary suffering, illness and death.

10. In view of the increasing need to draw upon a wide array of local and national bodies to ensure health action and healthy public policies, the situation of health promotion within ministries of health may need to be reviewed. Health promotion may need to be redirected in order to strengthen the contribution it can make to generating and consolidating alliances for health.

11. The evidence base for health promotion exists and is growing. There are many examples of intersectoral health action that has benefited disadvantaged or vulnerable populations. The forthcoming conference on health promotion will provide a platform for ministers of health from around the world to share information on successes in, and challenges to, promoting and protecting their populations' health.

ACTION BY THE HEALTH ASSEMBLY

12. The Health Assembly is invited to note this report.

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