

WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.2

A54/8
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Health promotion

Report by the Secretariat

1. Resolution WHA51.12 requests the Director-General to support the development of evidence-based health promotion activities, give health promotion top priority within WHO, and report back to the Executive Board and the Health Assembly. The Executive Board at its 105th session acknowledged the importance of health promotion programmes, particularly the need to implement programmes that are based on evidence, to monitor their effectiveness, and to give priority to the need for health promotion programmes in developing countries. Time did not permit the subject to be fully discussed at the Fifty-third World Health Assembly in May 2000; it was therefore decided that the item should be placed on the agenda of the Fifty-fourth World Health Assembly.¹

2. Health promotion has a rich history at WHO, and it remains a cornerstone of WHO policies and actions. WHO has designated many collaborating centres, sponsored five international conferences, benefited from significant regional and national conferences, and conducted important programmes and activities on health promotion.

3. The Ottawa Charter for Health Promotion continues to guide the global practice of health promotion and sets out a strategy with five essential actions: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. These remain valid. The most recent meeting – the Fifth Global Conference on Health Promotion (Mexico City, 5 to 9 June 2000) – adopted a Ministerial Statement which affirmed the contribution of health promotion strategies to the sustainability of local, national and international actions in health, and pledged to draw up country-wide plans of action to monitor progress made in incorporating strategies which promote health into national and local policy and planning.

4. Over the past few years, much of the progress in WHO's health promotion programme has been achieved by application of health promotion principles to specific risk factors and diseases in particular populations and settings, and generation of an evidence base of effective practice. After 25 years of effort, community-based health promotion activities in North Karelia, Finland, have reduced age-adjusted mortality due to heart disease among men by 73% and cut all cause mortality for men by 44%. Over a 10-year period in California, United States of America, a comprehensive tobacco control programme has prevented 33 000 heart disease deaths and reduced the incidence of lung cancer by 14%, compared to a reduction of 3% in the rest of the United States. In Belgium, educational efforts on the importance of designated drivers and stringent enforcement of drink driving laws have decreased motor vehicle deaths and injuries by 10% in the year following the launch of the programme. In Thailand, a national HIV/AIDS prevention programme increased condom use and

¹ Document WHA53/2000/REC/3, summary record of the eighth meeting of Committee A, section 3.

decreased sexually transmitted disease and HIV infection rates across the whole population. Many other examples of successful health promotion programmes have been published.

5. Health promotion strategies are not limited to a specific health problem, nor to a specific set of behaviours. WHO as a whole applies the principles of, and strategies for, health promotion to a variety of population groups, risk factors, diseases, and in various settings. Health promotion, and the associated efforts put into education, community development, policy, legislation and regulation, are equally valid for prevention of communicable diseases, injury and violence, and mental problems, as they are for prevention of noncommunicable diseases.

6. Despite the progress made, health promotion needs to be applied more energetically at local, country and regional levels in order to change the factors that influence health and improve health outcomes.

7. In order to strengthen its health promotion programme throughout the Organization, WHO will streamline its efforts, focusing on a specific set of priorities, but with a broad spectrum of involvement. The priorities proposed are young people, health communications, and health systems.

8. Health promotion directed at young people, especially those in early adolescence, has a great potential for advancing the health of the population. Establishing supportive communities, networks and institutions, and encouraging healthful behaviour are the most effective ways to enable young people and their families to increase control over, and improve, their health. It is essential that health promotion activities should be available to all young people, both in and out of school. Of particular importance is the potential role of sports and recreation in providing healthful alternatives to risky youth behaviour and the often counteractive influence of the media and the entertainment industry.

9. Improved health literacy is necessary for people to increase control over their health, and for better management of disease and risk. Communications strategies that increase access to information and build the capacity to use it can improve health literacy, decision-making, risk perception and assessment, and lead to informed action of individuals, communities and organizations. Communications, particularly media advocacy, can be directed at moving public opinion and action toward reforms in policies and regulations of the various social, economic and environmental factors that influence health.

10. In addition, health systems that are integrated and accessible have great potential to promote health, as well as to prevent disease. Health systems have an essential responsibility for primary and secondary prevention, and assist in improving adherence to therapies and treatment regimens. Health systems can be instrumental in involving other sectors as partners in health promotion.

11. In a broader policy context, it is recognized that health promotion is integral to, and can help advance, WHO's corporate strategy. Health promotion helps to reduce excess mortality, address the leading risk factors and underlying determinants of health, helps to strengthen sustainable health systems, and places health at the centre of the broader development agenda.

12. Based on sound evidence, WHO's health promotion efforts will target specific populations at risk, taking account of the interface between health status and the broader determinants of health. Priority will be given to implementation of programmes among disadvantaged populations in specific settings. Too often, it is not proven strategies that are lacking, but vigorous and culturally sensitive application of measures that are known to work.

13. In WHO health promotion is being brought into the mainstream of technical programmes and initiatives. For example, the cluster on Sustainable development and healthy environments deals with the cross-sectoral dimensions of health and coordinates work related to poverty, trade and human rights, all of which affect the underlying determinants of health. Work on healthy cities, islands, or municipalities, which shows how multisectoral approaches to health development lead to improved health, is being undertaken in several regions. The Commission on Macroeconomics and Health will continue to deal with poverty and other determinants of ill health.

14. WHO will cooperate with Member States in strengthening their capacity for health promotion and incorporating it into national plans, with particular emphasis on programme implementation and evaluation. To this end, use is encouraged of WHO's Health promotion glossary,¹ which provides clear definitions and descriptions of health promotion terms. This glossary will be reviewed and revised to include additional relevant terms, as part of the process of obtaining standardized terminology and of the provision of technical assistance to Member States.

15. In order to improve the evidence base for health promotion, WHO will build up a vigorous research and development component, focusing on better dissemination and application of its principles and approaches, especially in developing countries. This will be achieved through existing research partnerships with academic institutions, professional organizations, and WHO collaborating centres. Thus health promotion research will be integrated into the content of WHO programmes in order to achieve coherence and greater relevance, and to ensure applicability of research findings.

16. A mechanism for coordination and planning will be set up, that will serve as a driving force for the continuous development of health promotion throughout WHO. One of its first activities will be to take stock of what has been done worldwide, in order to develop approaches that will speed up implementation of activities in the three areas of priority outlined above, and to advance the practice of health promotion in general.

17. WHO will establish a forum for health promotion dialogue with other organizations of the United Nations system, academic institutions, professional associations, and other nongovernmental organizations, such as the International Union for Health Promotion and Education. Its purpose will be to stimulate joint action, coordinate activities, expand partnerships, especially with nongovernmental organizations and the private sector, and work together on a common agenda. Emphasis will be laid on advancing understanding of the development, delivery and assessment of health promotion programmes, particularly for disadvantaged populations. The activities of each participant in the forum should complement, not duplicate, those of the others.

ACTION BY THE HEALTH ASSEMBLY

18. The Health Assembly is invited to note the report.

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¹ Health promotion glossary, WHO, Geneva, 1998 (document WHO/HPR/HEP/98.1).