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REGIONAL STRATEGY FOR HEALTH PROMOTION: FOLLOW-UP OF THE SIXTH GLOBAL CONFERENCE ON HEALTH PROMOTION

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Introduction

1. Health promotion is a core function of public health and is effective in reducing the burden of disease from both communicable and noncommunicable diseases, and in mitigating the social and economic impact of such diseases. It is therefore a good public investment. In 1998, by its resolution WHA51.12 on health promotion, WHO had urged the Member States to adopt an evidence-based approach to health promotion policy and practice, using the full range of quantitative and qualitative methodologies.

2. The Ottawa Charter for Health Promotion, which was the outcome of the First WHO Global Conference on Health Promotion held in Ottawa, Canada in 1986, is still recognized the world over as representing the initial groundwork for the new concepts and principles of health promotion. The subsequent series of WHO Global Conferences on Health Promotion held in Adelaide, Australia (1988), Sundsvall, Sweden (1991), Jakarta, Indonesia (1997), and Mexico City, Mexico (2000) provided necessary guidance and direction on actions to be taken by countries and international communities in addressing the common risk factors and social and economic determinants of health to achieve health for all. It was realized that health promotion could contribute to positive social and behavioural changes among individuals and communities, resulting in the reduction of premature deaths and illness.

3. Applications of health promotion strategies, techniques and theories can be expanded to address social, economic, environment and political factors that impact on the health and well-being of people. Public health efforts to improve mass education, community development, policy, legislation and regulations are as valid for the prevention and control of both communicable and noncommunicable diseases, as they are for tackling the major risk factors like unhealthy diet, physical inactivity, tobacco use, and alcohol abuse, and for preventing injury, violence and other mental illnesses. The WHO Framework Convention on Tobacco Control (WHO FCTC) and the Global Strategy on Diet, Physical Activity and Health, which were adopted by Member States in 2005, are the major global steps aimed at reducing these common risks.

4. Due to globalization and rapid trade liberalization, the context of health promotion has changed markedly since the Ottawa Conference. This raises challenges and opportunities for cooperation. The countries of the WHO South-East Asia (SEA) Region recognize the need for addressing the growing burden of

communicable and noncommunicable diseases as well as the new threats to health, such as avian influenza (bird flu), earthquakes including tsunami, SARS and other emerging infectious diseases. Furthermore, the SEA Region faces inequalities within and between countries resulting in unlimited social needs competing for limited financial and technical resources. All this is due in part to the growing number of marginalized groups of people who continue to place a huge burden on social services and the environmental system. Health promotion holds the key to halting or reversing the existing situation particularly by addressing the social determinants of health that are linked to lifestyle-related practices.

The Sixth Global Conference on Health Promotion

5. The Sixth Global Conference on Health Promotion, with the theme: "Policy and partnership for action: addressing the determinants of health" held in Bangkok, Thailand from 7-11 August 2005, was jointly convened by the World Health Organization and the Ministry of Public Health, Thailand, with technical support provided by a worldwide partnership of leading public health practitioners, the media, academia, corporate partners, and civil society. The Conference aimed at contributing to reduction of health inequity in a globalized world through health promotion. The policy-makers and experts representing various countries discussed and debated upon the developments, experience and evidence accumulated on health promotion since the first conference held in Ottawa, Canada in 1986, and provided a blueprint to meet the health promotion needs of today's society, both nationally and globally. It is a major forum for disseminating the results and lessons learned from previous studies on the effectiveness of health promotion.

The Bangkok Charter for Health Promotion in a Globalized World

6. The "Bangkok Charter for Health Promotion in a Globalized World", adopted at the Sixth Global Conference on Health Promotion, confirmed the need to focus on health promotion in order to address the risks and determinants of health. It identified actions, commitments and pledges required to address the determinants of health in a globalized world. The Charter contains four key commitments aimed at making the promotion of health: (i) central to the global development agenda (need for strong

intergovernmental agreements that improve health and collective health security); (ii) a core responsibility for all levels of government (a whole-government approach to deal with the determinants of health); (iii) a key focus of communities and civil society (well-organized and empowered communities and civil society); and (iv) a requirement for good corporate practice (social responsibility to ensure health and safety).

7. The Charter has further expanded the five policy actions set out in the Ottawa Charter and urges all sectors and settings, to make further advances in implementing these strategies: (a) **advocate** for health, on the basis of human rights and solidarity; (b) **invest** in sustainable policies, actions and infrastructure to address the determinants of health; (c) **build capacity** for policy development, leadership, health promotion practice, knowledge transfer and research, and health literacy; (d) **regulate and legislate** to ensure a high level of protection from harm, and enable equal opportunity for health and well-being for all people, and (e) **build partnerships and alliances** with public, private, nongovernmental and international organizations and civil society to create sustainable actions.

Follow-up to the Bangkok Charter for Health Promotion

8. In order to fulfil the four commitments to make the promotion of health more central to the global developmental agenda, WHO will work closely with Member States to develop and implement pilot projects for tackling the social and economic causes of poor health, thereby contributing to achievement of the Millennium Development Goals (MDGs), and providing effective response to public health challenges.

9. Although the health sector plays a key role in providing leadership to frame policies and build partnerships for health, the core responsibility for addressing the determinants of health rests with other ministries and levels of government. Member States and WHO are working with various levels of civil society organizations to draw up action plans to implement the Bangkok Charter by strengthening their work related to health promotion. Examples of good practice will be collected, and models and methods for addressing the determinants of health will be developed in collaboration with Member States.

Regional Strategy for Health Promotion for South-East Asia

10. In December 2004, WHO supported the first intercountry consultation to develop a regional strategy for comprehensive health promotion (Document SEA-HE-188, 2004). The meeting, attended by national health promotion experts and programme managers, including those representing the civil society, came up with a draft strategy for promotion of health. The consultative process to further develop the regional strategy was resumed following the Sixth Global Conference on Health Promotion that was held in August 2005 in Bangkok. In June 2006, a regional consultative meeting was held in Chiang Mai, Thailand, to review and finalize the regional strategy for health promotion for countries of the SEA Region. Participants drawn from ministries of health and education, civil society groups and UN partners endorsed the Regional Strategy and requested Member countries and the Regional Office to invest in: capacity building for health promotion practice; evidence gathering and documentation; policy development; leadership; and management of change, in order to address the broad determinants of health.

11. The objectives of the Regional Strategy for Health Promotion for South-East Asia are to:

- Guide Member countries of the SEA Region in establishing, implementing and maintaining adequate infrastructure, policies, plans of action, legislations and regulations, and alternative financing and evidence-gathering measures to mitigate the impact of identifiable determinants of health, including new threats to health across population groups;
- Provide mechanisms for supporting the fostering and sustaining of local, regional and global partnerships, alliances and networks towards harnessing new technical and financial resources in order to expand multisectoral collaboration to promote health, and
- Strengthen the capacity to gather evidence, and to design and implement policies on health promotion efficacy, and to support the utilization of such evidence in making decisions related to policy, advocacy and/or programmes of intervention.

12. The Regional Strategy identifies methods and models for fulfilment of the four key commitments and for implementing the five main policy actions, contained in the Bangkok Charter for Health Promotion (see paragraphs 6 and 7). The approaches to

health promotion supported by the Regional Strategy cut across all levels of health systems. Therefore, in order to address the social, cultural and economic determinants of health, associated with a wide range of risk factors, the health promotion interventions would incorporate three distinct approaches:

- The settings approach, which is associated with promoting healthy settings, e.g. healthy cities, villages, islands, districts, workplaces, markets, schools and hospitals, among others,
- The population-based approach, which seeks to promote healthy populations, e.g. children, adolescents, women, the elderly and workers, etc., and
- The issues-based approach, which promotes healthy practices on specific issues to address major, common risk factors in the areas of diet and nutrition, tobacco, physical activity, injury prevention, safe sex, patient safety and food safety, among others.

13. Member States are encouraged to embrace the "whole-of-government approach" in order to promote health through multisectoral and multidisciplinary collaboration. Existing national planning and economic development policies and strategies should be reviewed to ensure that health promotion is integrated into national development plans in order to tackle premature deaths and morbidity associated with determinants of health. Ultimately, it is critical that Member States make adjustments to their current health and economic policies, strategies and approaches, and resource mobilization efforts in order to align them to health promotion. Governments need to ensure that policies and aspirations of civil society groups reflect national priorities and societal values and expectations with regard to promoting and protecting health among the general population.

14. Training of health personnel on health promotion will be strengthened, and where necessary, curricula for all categories of human resources for health will be revised to incorporate the new and expanded concepts and principles of health promotion, with particular attention to major risks including unhealthy diet, physical inactivity and behaviours that encourage transmission of diseases, and their broader social, economic and other determinants.

15. Work will continue on mobilizing support and commitment from public opinion in order to influence policy- and decision-makers towards health-supportive policies and legislation and the promotion of healthy lifestyles.WHO will continue to provide technical support and guidance for the design, implementation

and evaluation of evidence-based programmes, and to disseminate the successes and lessons so learned through publication of guidelines and articles in peer-reviewed journals. WHO will collaborate with all concerned parties, including national and international networks of experts and institutions to develop sustainable means of financing health. Indeed, all new options for investment in health promotion will need to be identified and scrutinized.

16. WHO will work with Member States in raising awareness on the determinants of health, thereby fostering health-inducing environments and strengthening capacity at national and local levels for planning and implementing comprehensive health promotion that is sensitive to gender, culture and age, particularly for the poor and marginalized groups. Special attention will be given to organization of health promotion activities within health systems.

17. WHO will promote intersectoral collaboration and coordination, including not only the health and other ministries, but also nongovernmental organizations, civil society, and academic, research and professional institutions. Partners, namely civil society, nongovernmental organizations, private agencies/corporations and development partners, including UN agencies among others, should provide technical and financial support for pilot projects, programmes, and advocacy and capacity-building activities.

18. Attention will be paid to strengthen national and regional networks to: (a) respond to threats to health at national, regional and global levels; (b) exchange information by traditional and modern means of communication, and (c) build concerted health actions through various mechanisms. Interaction with the private sector, increasingly a key player in health development, will be enhanced.

Action

19. The Regional Committee is invited to note the follow-up actions taken on the Bangkok Charter for Health Promotion.