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Global health promotion scaling up for 2015

- A brief review of major impacts and developments over the past 20 years and challenges for 2015

WHO Secretariat Background Document for the 6th Global Conference on Health Promotion in Bangkok, Thailand 7-11 August 2005.

Purpose of the paper

The purpose of this background paper is to establish a common frame of reference for the participants of the Bangkok conference in August 2005. It provides a short review of the origins of the health promotion concepts and approaches, presents some major developments in health promotion since the adoption of the Ottawa Charter for Health Promotion and highlights some of the major present day challenges in health and health promotion. It provides orientation for some of the key issues that will be presented and debated in the four tracks of the Bangkok conference and identifies issues that can inform the completion of the Charter to be adopted at the Bangkok conference. It should be noted that the scope of this background paper is neither to be extensive, nor to provide a health promotion handbook. The status of the paper is still a draft. It will capitalize on contributions made during the conference and can potentially also expand on items that cannot be accommodated in the Bangkok Charter. A final version will be compiled after the Bangkok Conference

Process of the paper

- *This draft of the Background Document is based on comments and complementary texts from the BCDG members and the WHO secretariat and was first drafted by a small working team on 13-14 January 2005 in Geneva. It will be distributed to the COC and PC in the first half of January together with a new draft of the Bangkok Charter and will be open for comments until 31 January 2005. At the beginning of February, updated documents will be circulated for discussion at the next Programme Committee Meeting which will be held in Kobe, Japan, on 21-23 February 2005.*
- *Comments made at the meeting in Kobe, further discussions and fora organized by the Conference and the Secretariat and comments delivered on the draft Charter versions have been considered.*
- *The Background Document will be made available to all participants at the Bangkok Conference and serve as a guiding document for the Bangkok Charter and the technical discussions. It is not subject to any organized discussions as part of the programme during the conference, but comments to the Conference Secretariat are welcome.*
- *A final version will be part of the proceedings and compiled after the Bangkok Conference, complementary drawing on the contributions from the key note speeches and technical papers as well as from the discussions they generate.*

Note, both the para's on leadership and sustainable funding (p. 13) should be in consistence with the draft charter.

Introduction – on values, key principles and some historic milestones

Health promotion began to gain acceptance worldwide after the launching of the Ottawa Charter for Health Promotion at the first international health promotion conference held in Ottawa, Canada 1986 and jointly organized by Health and Welfare Canada and the Canadian Public Health Association under the leadership of the World Health Organization. The Charter was based on the Health for All Strategy, the Alma Ata Declaration and inspired by the Canadian Health Minister Marc Lalonde's 'health field concept'. It introduced a focus on health and its determinants into a debate that so far was dominated by a biomedical approach to health.

One aim of the Charter was to engage the industrialized world in applying the Health for All principles of equity, empowerment and intersectorality to its highly developed health care systems and to reiterate the importance of public health action. It proposed a revolutionary shift in perspective that underlined the contribution of other policy sectors in health creation as well as the central role of individuals and communities in contributing to health. In doing so, the Ottawa Charter introduced lessons learnt in the developing world to the developed countries. Health promotion was defined in the Charter as a 'process of enabling people to increase control over, and to improve their health'. This was reinforced by the new approaches advocated by social movements in the 1970ies and 80ies - such as the women's movement and the environmental movement. It also built on new types of health programmes in the developed world that moved beyond a focus on individual risk behaviour towards "making the healthy choice the easier choice" through a wide range of environmental and social interventions. In the developing world health promotion catalyzed a bridge between environmental concerns for access to clean water and sanitation, food supply, safety, reproductive health and health education.

The process of the Ottawa Charter was scientifically facilitated by a document on concept and principles and a significant number of preparatory meetings which contributed to the clarification of the health promotion concept, its values and principles and its approaches. From this intensive debate before and at the conference emerged the five action areas of the Ottawa Charter

- Develop healthy public policy
- Create supportive environments for health
- Strengthen community action
- Develop personal skills
- Reorient health services.

In doing so, it brought together both existing and new ideas in one document, and gave them currency and status by being part of the WHO movement towards health for all. But the Charter went one step further and set forth a new mindset and ethos for health professionals and associates in the wider public health field, defining their role as being to advocate, enable and mediate for health. It proposed a salutogenic view on health which focuses on strengthening peoples' health potential and which is aimed at whole populations over the life-course. It underlined that all people have their individual health potential, even if living with severe disease or disability. It reinforced the direction set by the Health for All Strategy to view the goal of health policy and health programmes as *"providing people with the opportunity to lead a socially and economically productive life."*

Key values and principles

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” This statement in the preamble of the WHO Constitution, - with the inclusion of gender - sets out the point of departure for the key values driving health promotion. Human rights are as fundamental for health promotion as they are for the mission of the health sector as a whole. The shared goals are to improve the health of people, respect their diversity and maintain their dignity. More recently these goals have been expanded to include sustainable development and highlight the need to address the issue of maintaining a sustainable ecosystem without which long-term survival and health is seriously threatened and makes the world harder to live in for tomorrow’s children and generations to follow.

Health rights are embedded in a humanitarian, social and political context and are subject to changing historical perceptions. Six key links between rights and health have been reinforced by health research:

- The right to health is related to both political and democratic rights, as well to rights against any discrimination.
- Equal life opportunities for women and men are basic pre-requisites in achieving each one’s highest health potential.
- Health status is determined by social structures and by the options available to people to participate and influence the society in which they live and work.
- Safe and health-supportive environments including access to safe water, sanitation, decent housing, protection against violence and sufficient nutritious food supply are all means to provide equitable conditions for maintaining and improving health and quality of life for all people.
- Sufficient economic resources and social acceptability, regardless of gender, ethnicity, age, sexual attitude or handicap are all matters of social justice and affecting objective and perceived health.
- Everybody’s access to work in favourable work environments pursues valuable material standards both for the individual and the community, improved productivity and meaningfulness and coherence by nurturing social networks.

Member States have, in different ways and in their specific context, further advanced and adopted the humanitarian and social value base for their public health strategies. The notion of empowerment, understood as a strategy for people’s active involvement in the development of favourable life circumstances, both in their communities and as individuals in full transparency, is a significant centrepiece of this orientation.

Five key principles have guided health promotion strategies

Health promotion is context driven:

Promoting health requires advanced knowledge about the interface between health and its determinants, social epidemiological skills for analyzing socio-economic, gender and ethnic gaps in health and disease patterns in populations, as well as effective mechanisms to maintain and improve good health for all, taking into account different historical, religious and societal values and practices.

Health promotion integrates the three dimensions of the WHO health definition:

Promoting health means addressing the multi-dimensional nature of health, its physical, social, and mental dimensions. For many countries and communities it has also been evident to include a fourth dimension, spiritual health, given their cultural context.

Health promotion underpins the overall responsibility of the state in promoting health

All levels of government have a responsibility and accountability for protecting, maintaining and improving the health of its citizens, and need to include health as a major component in all of its undertakings, i.e. policy development and service delivery. People have a right to equal opportunities to good health and well-being. In countries, or systems, with a weak role of the government and a diminished public sector, voluntary organisations and parts of the private sector are significantly contributing to people's health.

Health promotion champions good health as a public good

Good health is beneficial to the society as a whole, its social and its economic development. In this view health becomes a public good and a key component of modern citizenship. Being aware of health becoming increasingly inter-dependent, there is a need to ensure that health also is viewed as a global public good.

Participation is a core principle in promoting health.

The participation of people and their communities in improving and controlling the conditions for health is a core principle in promoting health. Improved health literacy fostered by modern means of health education will make people better equipped in giving voice and contributing in participatory processes.

20 years of continuous development

The development of health policy and health research in the 20 years since the adoption of the Ottawa Charter has validated and reinforced its key messages and approaches. Health promotion is now understood as a branch of modern public health aimed at actions tackling the major determinants of health and thus contributing to the positive health development of all people. It is applicable for all sectors of society, may they be public, private or voluntary. Policies and programmes dealing with issues as diverse as tobacco, HIV/AIDS or child health recognize the need for integrated action along the lines of the Ottawa Charter action areas - the most recent global action plans in these areas illustrate this clearly. Health is increasingly understood in its socio-economic and socio-ecological dimensions and people's participation in health is increasingly recognized. Health promotion has changed the perception of health, demonstrated the need both for informed top-down and well anchored bottom-up policy making.

Indeed, it is important to realize that the relevance of the Ottawa Charter lies not only in the influence it has had on establishing the field of health promotion as a key public health function and a new professional orientation but in the influence it has exerted on health policy development overall through the change of perspective that it has advocated. There is an increasing awareness that in no country health care systems alone can respond to the rising demand for health expected by its citizens. Health promotion programmes that reached out into other areas - such as healthy cities and health promoting schools - contributed to this as did world wide initiatives to set health goals and targets and to integrate health into development policy. Health promotion mobilizes human resources regardless of professional and administrative borders as well as lay people, and makes health a concern of the society at

large. Initiatives based on health promotion like healthy cities, villages, communities, islands and regions, health promoting schools, workplaces and hospitals, healthy market place, healthy universities, healthy prisons and others have spread the health promotion approach effectively in both developing and developed countries..

Many of the approaches that were considered highly controversial – or not even thought of – at the time the Ottawa Charter was adopted, are now accepted as mainstream such as the salutogenic paradigm shift, empowerment and inter-sectoral approaches to tackle the wider health determinants. Consequently, many policies and programmes with a health promotion approach do neither explicitly refer back to the Ottawa Charter or other international key reference documents, nor even to health promotion as a term.

In turn, health promotion development has been influenced by key changes in society in both developed and developing countries. Significant influences have come to the fore - such as poverty, violence and mental health, new diseases needed a response - such as HIV/AIDS, new social forces - such as globalization, significantly impact health. This implies that health promotion is as much a product of modernization and social change as it is an influence on the societal response to its own health consequences.

In conclusion, health promotion has proved itself to be an efficient and function approach to improve conditions for health on a population level and is now a firmly established branch within public health.

The WHO global health promotion conference series

One mechanism adopted by the World Health Organization to promote health promotion and its strategic approaches, to keep it close to changes in the social and political environment and to make it a truly global undertaking, was to embark on a series of conferences in close cooperation with member states. These global conferences also led to regional, national and even local and community initiatives in health promotion.

- In Adelaide, Australia 1988, the new concept of healthy public policy was clarified and illustrated in the Adelaide recommendations. Examples were given in the fields of tobacco production and food. Human rights and health were highlighted initiated by the indigenous aboriginal community. The gender dimension in health promotion was given specific attention.
- In Sundsvall, Sweden 1991, with the support of all Nordic countries, health promotion gathered for the first time an equal number of participants from the developing and the developed world. The concept of supportive environments conducive to health and the links with sustainable development were established in the Sundsvall statement. Tackling inequalities in health was set as an overall priority and the ‘settings approach’ was further elaborated and confirmed. The policy and gender dimensions were given specific attention through separate Minister’s and Women’s statements.
- In Jakarta, Indonesia 1997, an international health promotion conference was for the first time held in a developing country, with a majority of participants from the developing world. Issues related to globalization were discussed for the first time as were the potentials and controversies around public-private partnerships in health promotion. The progress achieved in the field in the ten-year period since the adoption of the Ottawa Charter was documented through the presentation of evidence for the effectiveness of health promotion and the innovative approaches to infra-structures and funding of health promoting institutions and organizations. The Jakarta

Declaration became an important document for engaging developing countries in health promotion.

- In Mexico City, Mexico 2000, high-level political commitment to health promotion was confirmed by the "Ministerial Declaration of Mexico for Health Promotion: A Platform for Action," signed by more than 80 WHO Member States. The Member States committed to strengthening their planning for health promotion activities, positioning it higher on the political agenda and recognizing it as a priority in local, regional, national, and international programmes. This commitment was taken forward into the governing bodies of both WHO and PAHO.

Since the adoption of the Ottawa Charter, health promotion has become a leading and vital component of modern public health and at the beginning of the 21st century it is a major concern of both developing and developed countries. It engages local communities, politicians, decision makers, lay people, popular movements and voluntary organizations, business and numerous other actors. A range of WHO Member States have developed innovative multi-sectoral health policies based on health promotion principles and approaches which address the wider health determinants. All WHO regions have in different ways committed themselves to health promotion by developing their own frameworks, strategies, guidelines, and capacity building. Globally, WHO has frequently enforced health promotion by a number of resolutions adopted by the World Health Assembly: Most recently in 2004 by the ratification of a Framework Convention on Tobacco Control, and by adopting the resolutions on the Promotion of Healthy Lifestyles (WHA57.16), the Global Strategy on Diet, Physical Activity and Health (WHA57.17). and Public Health Problems caused by harmful alcohol consumption (WHA58.26).

The International Union for Health Promotion and Education (IUHPE) has since the 1950's played a significant role in developing health education, and more explicitly since 1993 also widened to health promotion. IUHPE has its focus on professionals in health education and health promotion and is instrumental in operationalising the health promotion concept, advocacy and wide dissemination of evidence and knowledge. The organization and its members is a driving force in advancing the health promotion agenda.

In conclusion, twenty years after the adoption of the Ottawa Charter its basic values, principles and strategic action proposals remain valid. Indeed, health research provides impressive evidence for the validity of the health promotion approach. However, there is still a need to reflect and assess progress and to examine challenges to promoting health in order to better understand the interplay between the context, differing between most communities and populations, and interventions that work properly and effectively.

Challenges and changing context in the 21st century

Successful health promotion actions are very much context-specific designed, ranging from policies to reducing risk behaviours. Several current and future changes can be seen affecting countries all around the globe, as well as demanding closer global partnership for health and health promotion in particular. The world changes faster and the stage is set for health promotion to bring about better partnerships and effective actions for health promotion at the national as well as global level.

Changing health burden and complex determinants of health

While both developing and developed countries are facing a growing proportion of elderly and a population with more chronic conditions and non-communicable diseases, many developing countries are in addition still faced with infectious diseases, and increasingly injuries and violence as their economies grow. Changing living conditions and lifestyle bring more stress and thus a threat to mental health of those in both developed and developing countries alike. With extensive international travel, no country is safe from potential major communicable diseases outbreaks such as SARS or human influenza or even not-yet-known emerging diseases. Environmental changes are affecting a large number of countries either through far-reaching global climate changes or geographically related natural disasters such as the recent tsunami causing nearly 300 000 deaths by one stroke. Basically all countries are facing multiple, rather than single type of health burden, the underlying causes of which are highly relevant for actions in health promotion. The fact is that there are constant health disasters going on, continuously harvesting millions of preventable deaths in the global village. The ongoing urbanization is predicted to bring 3 billion humans into slums hitting hard against people's health. In turning this reversible situation, children and adolescents are at the heart of concern. In many ways they are facing a much more demanding situation than most previous modern generations. Billions of people are also undernourished and starving, causing millions of premature deaths and avoidable suffering. The story could be continued. In almost all cases children and young people are the prime losers. Much stronger efforts to promote health must be made for and by developing countries.

Inequity and health

In most countries health is improving. In some countries the trend is reverse, e.g. due to war and civil unrest, HIV/AIDS and excessive male alcohol consumption. Widening health gaps is a global concern. Health inequities exist in all societies and social stratification has significant negative health impacts. Throughout the world, inequalities in health are increasing - within and between societies. WHO has appointed the Commission on Social Determinants and Health to take leadership for a process to increase equity in health. There is an unprecedented opportunity to improve health among the poorest and most vulnerable communities of the world. The health of marginalized populations, the role of women in social development and in health and the health of indigenous people in many localities are among some of the challenges that need to be taken into consideration. But also new vulnerabilities, for example the health of migrants and slum dwellers and the health of older people are of concern. It is a key role of health promotion to contribute to a more equal distribution of health, starting by stopping the increasing gaps. Ensuring implementation of public policies and healthy environments that effectively address inequalities, both in absolute and relative terms, can impact people's lives by improved health and well-being and ensure overall quality of life for all. There is overwhelming evidence showing that most of the global burden of disease and health inequalities are caused by wider social determinants. This interdependence is also recognized by the Millennium Development Goals. Without significant gains in poverty reduction, food security, education, women's empowerment and alleviated living conditions in slums, no improved or reduced inequalities in health. Many countries address health inequalities as a prime concern in their health targets and strategies, but so far little progress is reported.

The communication revolution

The development of communication techniques has dramatically changed daily life for most people. Communications for the promotion of health can be powerful and enhance health literacy. If the content is based on solid knowledge and open for a dialogue, it can have a long-term performance; its connection can lead to the delivery of services truly demanded by

the community, provided they reflect people's everyday life conditions. Still there is a substantial information divide, leaving out large populations in developing countries. Access to reliable information about what determines health and appropriate channels to communicate health needs of the communities should be a public good available for all. Modern communication technology is becoming more and more affordable, but it requires skills that must be conquered by the people in order to become a democratic tool for health. Communication technologies have also brought messages from commercial sectors closer to homes even in the most remote rural communities. It is in the realm of health promotion to respond to the indirect and direct marketing of unhealthy products like tobacco, alcohol and unhealthy diet, but also marketing of generally unhealthy lifestyles and the exploitation of mainly girls and women for sexual purposes.

Increasing and expanding democratization in countries around the globe

The last two decades have seen many countries with changes in political system and infrastructure moving towards more and more democratic development and their people wanting to take more active roles in various aspects of policy and socio-economic development. Such changes and concerns create a new context that should properly drive actions in health promotion especially with regards to creating healthy public policies and community empowerment, the two areas that still need to be further developed in many countries and can benefit tremendously from increasing democratization.

Globalization

The dynamics of globalization affects health in many ways: trade, tourism, physical and cultural environment, economic transactions, transports, production of goods and working environment. Like the communication revolution it has both positive and negative effects, and the opinion is split about its advantages and disadvantages. Undoubtedly, many people suffer from less poverty due to global economic growth and have substantially improved their standard of living. The impact is unevenly distributed though, and while progress is made in eastern Asia and the Pacific region, less is happening in Sub-Saharan Africa. Globalization offers, among others improved opportunities for access and transfer of knowledge, being one major health determinant. International trade, which was expected and has contributed to better economic conditions, also caused dilemmas in relation to health and health promotion. Marketing efforts of multinational business sector brought health hazardous messages that may be difficult to regulate under "free trade" principles and has created unhealthy working conditions. Present governing mechanisms are not fit for the purpose of managing this situation from a public health perspective. Massive movements of people, migrant workers, business (wo)men and tourists have created multiple new challenges for health promotion. It has created a complex environment within which different types of health threats and health risks can be spread with enormous speed. The potential of globalization in making a significant contribution to health yet remains to be realized. Globalization is a fact of our time, but ways have to be found to harness its disadvantages and make it health friendly.

The threat of war and terrorism

The ultimate threat to good health is the unsafe environment created by war and violence. Conflicts between groups in countries continue with severity and have grown in some regions - and increasingly they affect the civilian population, especially women and children. The refugee population in the world has grown and does not show signs of reducing. The more recent threat of terrorism, both internationally and locally, posed another key barrier to health and health promotion efforts. Health promotion is challenged to be part of efforts of conflict resolution and peace building and all efforts that help to lessen conflicts and confrontations.

The political movement to make health a global public good would be beneficial not only to people, but also to major political and commercial interests by fostering peace, social and economic development. Conflict management and resolution without use of violence, arms or explosives must be understood and accepted as the prime principle in political, as well as citizen's every day lives.

Framework for actions

Following increasing experiences, changing context and new challenges, a framework for future actions in health promotion can be viewed through the following five dimensions:

Healthy public policies

A major strategy for improving the health of the population and reduce inequalities is the development of policies that identify the most health influencing factors in different policy domains. Most public policies conducive to health are of central importance to people's every day lives, ranging from structural conditions, supportive environments and settings to healthy life styles. Thus, they must be firmly grounded in the community. Once established, governments at concerned levels have to implement the policies in a sustainable and decisive manner and provide adequate resourcing accordingly. A special responsibility to initiate and orchestrate the multi-sectoral dimension of such policies rests upon ministries of health. If systematic monitoring and evaluation procedures are linked to policy implementation it increases the possibilities to make a real impact.

Partners and actors for health promotion

The most important strategy for health promotion is to make health promotion an agenda for action by the whole society in both its national and global context. Health promotion is increasingly viewed as actions to be carried out not only by health promotion workers or health personnel, but increasingly by others in adding value to their prime missions. In this changing context, there are at least five groups of major key actors or partners in health promotion that need to be mobilized to work together in addressing the future challenges or determinants of health.

Communities: This is the prime group of actors that may work individually or as groups. Sustained actions for health promotion aiming either at improving individual health or improving on socio-ecological dimension can be realized and sustained only through community involvement and participation.

Policy makers:: Healthy public policies leading to safe and healthy environment as well as other policies dealing with socio-economic development are all relevant to health promotion and thus the roles of policy makers are key to health promotion especially with the ever more complex underlying causes and determinants of health and health burden, integrating health dimension will be crucial as part of the overall economic and development policies, and there is a need to reorient and educate policy makers towards that end. There is a need also for policy makers to create participatory public policy processes (4P's) that will help to reflect the broader societal needs and concerns.

Private commercial sector: With the changing pattern of health burdens and its relation to production and marketing strategies of products affecting health, and with and more and more people working for private companies, the private business sector becomes a key actor in promoting health. This requires commitments, not merely financial, to decrease negative impact created by certain business practices, such as marketing to children, as well

as creating a healthy working environment and not merely through increasing financial contribution to activities in health promotion carried out by others. It is becoming increasingly obvious that products and consumer responsive marketing beneficial to health is a growing and profitable market.

Academic & Research community: Given the more complex interplay and diverse views and needs for active participation of groups in the society, concrete and valid evidences need to be generated to guide actions for health promotion. It is crucial to build up capacities and involve relevant groups of researchers in order to generate useful information and evidences for health promotion within complex interactive settings. Academic institutions have a key role in providing training and developing knowledge-based methods that can be bridged into practice. The scientific community is only gradually recognizing the need for more contextual and dynamic approaches in assessing the role of health in the everyday life of people and its interplay with their environment in all its dimensions in order to be more supportive of developing best practices for health promotion.

Civic groups and NGO's: With increasing democratization and demand for participation, more and more active civic groups and NGO's will be playing active roles in various kinds of social actions influencing health determinants. May it be advocacy for health, delivering services to promote health of people most in need, or being innovative and forerunners in developing health promotion. The extent of their roles and influences will largely depend on the overall political and social environment within countries and the global setting.

Mechanisms and infrastructures for health promotion

Various kinds of mechanism and infrastructure have proved to be useful and crucial for health promotion. Among them are:

Reoriented health systems. Despite the fact that health promotion should be a concern and contributed to by all groups in society, health services units and health personnel remain key catalysts, as well as a key infrastructure from which actions for health promotion should be initiated or coordinated. The need for a more health promoting health care is just as valid as before. Some progress can be identified in this field, but given the potential for promoting health in the health care much remains and should include the whole chain from primary to specialized care. New (HIV/aids) and re-emerging (infectious) diseases (TB, Ebola, SARS, avian flu etc), mental ill-health and chronic conditions (diabetes etc) can be more effectively and affordably managed by health promoting efforts. The health and medical care systems have undergone rapid changes during the past decade, which hits the poor and most vulnerable groups. Privatization and patient fees, formal and out-of-pocket, have restricted the accessibility and hampered a universal coverage. Improving the staff's skills in meeting and empowering patients, improving the psycho-social atmosphere in hospitals and care centres and making the health system a healthy workplace are some major challenges. At the core is cost containment, to which a health promotion approach could contribute more effectively.

Human resources for health promotion: With the increasing emphasis and expanded involvement of various sectors in the society, there may be a need to develop both new competencies and new categories of human resources for health promotion, thus increasing capabilities and employable by various sectors in the society within which actions in health promotion will be deemed necessary.

Mass media: Mass media is a crucial infrastructure and institution in every society that can play a role in promoting health, or the opposite. It is crucial to develop comprehensive

and long-term strategies to provide high quality services to media groups and deploy them in positive actions for health promotion.

Health education: It is convincingly proven that properly designed, targeted and delivered health education enables people to make health choices. It is a responsibility for the State and governments at all levels to provide equal learning opportunities for all people to achieve a basic health literacy.

Key processes for health promotion

Successes in health promotion lie in the ability to mobilize the potential and involvement of various sectors and stakeholders in the society. In the increasingly complex environment with interrelated and interacting stakeholders, effective actions for health promotion can be better achieved through different processes such as the following.

Research and applied knowledge production: Research not only helps to bring about concrete and valid evidences and useful information. It is also a process through which various groups of stakeholders can work together on determinants and become better informed through the working dynamics. A properly planned and managed research process will help to create common grounds and continuity for actions. Research done exclusively through the interest of researchers, or from an academic point of view, may not help to bring about effective and shared knowledge for health promotion. Identifying and involving key stakeholders in the process is thus an important key to success.

Communication: Open and transparent communication is a crucial process in health promotion. Not so much because health promotion is about bringing useful health messages to the people, but more because social mobilization for health promotion need effective communication strategies. In the present era of advanced information and telecommunication technologies, they should be employed to the fullest extent wherever possible to create effective and transparent communication channels that will allow interactive sharing and learning among various groups of stakeholders in the society. Communication should be built and managed in such a way that it becomes a means of getting the messages across as well as a means for effective knowledge management for health promotion.

Networking: Communication should lead to the formation and effective functioning of networks in health promotion. Such networks should be lively, dynamic and growing both in terms of its nodes and membership as well as the learning and sharing capacity among members of the networks. Effective networks should also allow criss-cross interaction rather than mainly interaction within selected groups of members.

Strategies for health promotion

A number of tools should be considered in order to bring about more effective and sustainable actions in health promotion. Experiences exist in various countries making use of the following sets of tools for health promotion addressing different types of health challenges and determinants.

Legislation. Many countries benefited from enacting different types of legislation for protecting and promoting health. Basically, there are four types of such legislation, (1) those setting up restrictions for product, human and environmental safety, (2) those aiming at bring about healthy behaviour by e.g. market regulations, (3) those enacted to establish mechanisms or institutions for health promotion and (4) those dealing with financial and fiscal aspects (such as increasing tobacco or alcohol tax aiming at influencing consumption, and in some countries also used to finance health promotion). Some legislation may at the same time fulfil more than one of those objectives.

Regulatory measures such as legislation, taxation, market regulations and binding agreements forms a foundation for the legitimacy of health promotion, and can be applied on all societal levels. The use of international conventions, like the Framework Convention on Tobacco Control (FCTC) demonstrating an international break-through and global governance of non-smoking as the general rule, is setting an example to be followed in other health intervention areas. High taxation on tobacco and alcohol, introduction of speed limits for motor vehicles and similar measures are proven very effective in reducing health risks. With regulatory mechanisms as a foundation, additional interventions for health are facilitated and become more efficient.

Health Impact Assessment (HIA) and Strategic Environmental Assessment (SEA): These are instruments that will help to generate information as well as creating awareness about how investments in programmes, projects or implementation of policies either will be beneficial, opposite or neutral to public health. The advantage is that such impact assessments contribute to informed decisions and points at alternative investment and policy options. The use of impact assessments are still very limited, and have been confined mainly only to the technicians or in the context of seeking approval for mega-projects.

Social marketing. Marketing strategies and applied tools are crucial for effective advocacy for health promotion. Health workers or those working to create better awareness or reorient different groups of actors in the society towards the support for health promotion can benefit from such tools and techniques.

Specific challenges for action

The role of the state and governments

The time has already come to act on the present global health situation. At the same time as we can record health improvements in general, the health gaps between regions, countries and within countries are unacceptable since both knowledge and tools exist to make a difference. In this sense there is a global health crisis, since all governments have not taken the appropriate steps for unavoidable mortality and morbidity. Governments at all levels have a unique responsibility in this regard which cannot be replaced.

Participatory public policy processes

It has been demonstrated along the history how crucial participation is for improving health. The example of vaccination provides important lessons to learn. Morden examples are the empowerment of women increasing their control over reproductive health and sexuality. The invention of vaccines and recognition of empowerment are the first parts of the story. The delivery mechanism is the other, and a high coverage can only be achieved if the community is properly and effectively engaged. In terms of health promotion, the crucial aspect is participation in public policy processes in order to ensure positive contribution and recognition of various policies to health. Increasing numbers of more active citizens and more open societies, governments that encourage or establish participatory public policy process will not only lead to better political development, but also ensure concerns on health and quality of life as an integral part of policy directions. Positive synergies can be expected, especially if communities are properly engaged in the process. Engaged participation from the community is the best guarantee for a proper design of health promotion actions, setting feasible and realistic targets, sustainability of achievements and then finally transfer of ownership and self governance.

Partnerships

Health promotion is building on different alliances, sharing common goals, values and approaches. Basically and simplified, partnerships can be categorized into four groups

1. *Between public agencies in multisectoral action*, where e.g. systematic road safety measures have produced substantial positive health outcomes. Most societies, regardless of how developed they may appear to be, are organized in sectors in which specific traditions, paradigms and practices have evolved over time. Opinions may be divided about the feasibility of such ‘silo’ structures in the interconnected world of the 21st century, but yet it is a fact of life. It is also a fact of life that for most sectors health should be of major concern. Two profound reasons are that fostering health as an asset means both increased efficiency and improved quality of what is delivered. The idea of multi-sectoral action rests on the idea of a win-win situation. Each sector has its specific mission, and almost always good health assists in accomplishing that mission. Only by the respect of self ruling a win-win situation can be established, where health promoters and other actors develop a mutual understanding that the ownership stays with the respective sectors outside the public health system.

Given the today’s knowledge and societal organization, there is a need to reorient not only health services, but all public sectors having an impact on key determinants influencing people’s health. Key challenges are to transfer ownership, analyze and agree upon what health determinants also are adding values and facilitating the fulfilment of the partner’s prime mission.

2. *Between public sector and NGO’s*, where there is a tradition that the partnership is centred around specific diseases or risk factors, rather than taking a more comprehensive approach where the social aspects and wider determinants are duly considered. An increasing interest attached to public health is demonstrated from popular movements, departing from a rights and human development perspective, which may pave up new and comprehensive opportunities. Key challenges are to find common denominators for mutual reinforcement of impacting relevant health determinants, both for the NGO’s target audience and the broader population.

3. *Between health promotion and the academia*. The need for increased efficiency in health promotion is becoming widely recognized. The knowledge-base for effective health promotion is constantly increasing. Evidence to demonstrate the effectiveness of health promotion must be based on its own concept, principles and values. It cannot simply be copied from other scientific disciplines. By the combination of political sciences, social and behavioural sciences, medicine and epidemiology standards for evaluation the effectiveness of health promotion policies, strategies, interventions and methods are steadily evolving. It is of critical importance to understand the role of different contextual and gender dimensions when transferring successful interventions from one place to another. Solid facts tells that influencing social determinants like a good start in life, education, inclusion in the community and social support, employment opportunities, transports, food and addiction will have major impact on people’s health. Increasing evidence is giving support that investing in health pays off by improved social and economic development. Research & development is a key for maintaining and pursuing the legitimacy of health promotion. Key challenges are to increase the amount of intervention research and to develop research standards on merits for health promotion.

4. *Between public sector and private enterprises*. There are numerous examples of how public-private partnerships have been established for healthy products development and

delivery in fields like medicines, safety equipment, devices and food products. Product development often follows when research points out that a health aspect can be managed by a technological innovation, and also can be commercially exploited. Familiar examples are safety belts, iodine supplementation, contraceptives, bicycle helmets, safety equipment, less toxic products etc. Product development is also triggered when a demand is created by health and consumer advocacy. More controversial, and by several abandoned, are partnerships with tobacco, alcohol and the gambling industries, although they might, in the short run, add economic resources to health promotion. It is a key challenge to make health a value worth investing in.

The complexity of partnerships and how to make them beneficial to health requires strategic and negotiation skills, where the major challenge is to place health concerns at the forefront.

Leadership and sustainable health promotion infrastructures

Political and administrative leadership is a vital component in implementing health promotion. The skills needed are rather stewardship combining complex goals and infrastructures, than monolithic management approaches. Sustainable delivery mechanisms for health promotion are pre-requisites for a systematic public health work. It contains organizational structures present at all societal levels, with a clear health promotion mandate, responsibilities and services of high professional quality. The capacity building must be ensured to safeguard the access to well qualified professionals, professional networks, infrastructures for health promotion like training, policy analysis, epidemiological surveillance and monitoring, communication, improving health literacy, health impact assessments, health accounts and other planning and management tools, as well as development and research etc

A global approach.

Health promotion needs to become more globally oriented. The links to the determinants expressed in the Millennium Development Goals are evident. Increased attention must be paid to the raising number of older people worldwide, but at the same time to young people who are facing a different world with a rapidly changing labour market and shortages in employment opportunities, strongly affecting their health and well-being. The increasing numbers of youth in developing countries is a challenge by itself. Linked is the fact that those with the highest education tend to emigrate, causing a brain drain. In the longer run it will pose a severe obstacle for development and create new dependencies.

Ensuring sustainable funding on investment and the contribution of other sectors by reorientation

Adequate and long-term funding linked to defined priorities is a backbone for the delivery of health promotion services and development, just like any other professional activity. There are different models in place. Basically, there are tax-based systems, insurance-based systems or privately funded systems, where people are buying health in the market place. The cash-flow may come through different, and sometimes complementary, channels. From a percentage of the general taxation system, dedicated taxes from health damaging products like tobacco and alcohol, or returns from state-controlled gambling. In insurance systems a trade off is made between the value of promoting health and thus reducing the risks, compared with other options, calculated on best value for money. In the market place, the individual makes the choices of what best corresponds to personal needs and preferences.

Evidence has repeatedly demonstrated that investments in health are significantly contributing to social and economic development. Thus, health promotion is to be regarded as the

investment it is, and not as a cost or consumption. The Global Fund is one example where the global community has agreed to make such an investment.

Different roles and functions of these mechanisms lead to a varying degree of impact on health promotion. Experiences exist in different countries which could be shared by others. Countries need to explore and develop or utilize some of these mechanisms for upgraded actions in health promotion.

However, it should be kept in mind that the waste majority of resources promoting people's health is made in public, private and voluntary sectors of the community, where major pre-requisites and determinants for a positive health development are placed. Such examples are safety and efficiency investment in road and mass transport systems to minimize road traffic injuries, industrial investment to create employment and at the same time ensure a safe environment, protect the workforce and a productive work environments, as well as promoting healthy life styles, etc.

Continuity and follow-up mechanisms

The series of international health promotion conferences represents the continuity in the development and advocacy for health promotion and should be firmly established by global events on a regular basis. Improved follow-up mechanisms are needed for better penetration of the progress. Experiences from WHO following the Sundsvall conference and from AMRO/PAHO after the Mexico conference provide important learning lessons in capitalizing from the outcomes.

Additional efforts are required for monitoring and evaluation of the progress by standardized mapping processes, like those established for health care systems. Key indicators and monitoring systems on health promotion infrastructures, policies and their impact, major determinants linked to health inequalities, effectiveness of strategies and methods and priorities need to be developed and implemented. The Bangkok Charter for Health Promotion draws from and build on the rich heritage as outlined above. It strongly endorses the Ottawa Charter and works along side it. It draws from the progress made through the sequent conferences and statements while address the challenges and opportunities of a globalized world. It calls for partnership and concerted action across developed and developing countries to seize the special challenges and opportunities of to-days world.
