NGO response to the Jakarta declaration

REPORT OF THE NGO BRIEFING HELD AT THE WORLD HEALTH ASSEMBLY, GENEVA, 13 MAY 1998 (WHO/HPR/HEP/98.10)

This report is the record of an NGO briefing held during the 1998 World Health Assembly in Geneva, 13 May 199. The aim of the briefing was to highlight some of the ways NGOs are participating in the follow up to the Jakarta Declaration, whilst at the same time cllaborating with other NGOs, UN Agencies or the Governments.

- Intervention of Berhane Ras-Work, IAC, Moderator of the briefing
- Intervention of Dr H. Mahler
- Intervention of Dr Olive Shisana, Government of South Africa
- Intervention of Dr Desmond O' Byrne, WHO
- Intervention of Dr Ian Hill, IBO
- Intervention of Dr Tesfamicael Ghebrehiwet, ICN
- Intervention of Mats Ahnlund, IHCO
- Intervention of Dr Elaine Wolfson, GAWH
- Discussion and comments from the floor
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Berhane Ras Work – Moderator of the Briefing (President, Inter-African Committee)
It is my privilege to moderate this afternoon's briefing on the Jakarta Declaration and the response made by NGOs, WHO and Governments.

This is a very important occasion for us all. It is well accepted in the field of health promotion that partnership is vital. Too often the intention to co-operate with a broad spectrum of public opinion is there but the reality is something different.

NGOs are being asked for their advice and support more and more and NGOs themselves are constantly looking for ways to relate to United Nations Agencies and Governments. We are particularly fortunate to work with Dr. Desmond O'Byrne and WHO. Dr. O'Byrne has our special thanks for organising this Briefing and keeping us all involved and informed about the follow up to the Jakarta Conference.

The Director General, Dr. Gro Brundtland sent the following message:
"Dr. Brundtland sees the importance of establishing close-co-operation with NGOs working in the field of health. The WHO Transition Team, together with Dr. Brundtland is doing in-depth studies on how to improve collaboration with key players, like NGOs in the health sector."

At the international level, with support from the UN Secretary General and the UN Secretariat, it is becoming easier to see the importance of partnership with NGOs. This understanding is the first step toward implementing cooperative agreements that bring results in areas such as health promotion.

Major problems still remain at the national and local level where the promotion of health education is essential. It is here that cooperation between WHO officials and grassroots organisations is so important. WHO country representatives at this Briefing could offer important insights.

In bringing the Briefing to a close, Mrs. Berhane Ras-Work hoped that the present dialogue would be the first of many linking stakeholders, both large and small, in the Jakarta Declaration in a joint effort to promote health education.

The Inter-African Committee works on traditional practices affecting the health of women and children, with a network of affiliates in 26 African and 4 European countries. The IAC also represents thousands of volunteers from high African government officials to traditional leaders and young women in rural African villages who are determined to ensure the health and well being of women and children.

Dr. Halfdan Mahler, M.D. (former WHO Director General)
You have one big problem with health promotion, namely that it is very gender insensitive. Health promotion requires very horizontal thinking and action, and most men are very bad at that. I speak from my own childhood experience where the women in my village knew exactly how to think multisectorally. The males, all of them, always were like the experts who have a lot of fun telling you why nothing can be done. This is in my opinion a real problem.

Emotionally, I have always had a "feel" for health promotion, since tuberculosis was my professional background. The resistance against health promotion is still strong in the traditional health professions though the nurses are coming much more naturally to it than the medical profession. But, the medical profession has so much more power in most countries than the nursing profession has. You have my true admiration for having come from a very small beginning to as far as you have come with health promotion, not only at Ottawa, Adelaide, Sundsvall and Jakarta, but in practical applications.

The NGOs are beautiful and powerful when they come to big international conferences, in Cairo, Copenhagen, Vienna etc. But, when they come back to their own countries they don't get together in national networks. If you want to have political clout then the NGOs have to learn that horizontalism also when they come home from the big international conferences. I am sure all of you have done "something" but much more is required. Because, when it comes to health promotion, then it is really true what I always have been obsessively saying *health is politics and politics is health on a large scale. If you really want to move healthy public policies forward in a big manner then you have to have the political dynamite that is necessary* to move these immovable mountains that politicians normally are. So I have always been wondering how you get such ammunition. How would you be able to make all this abstract horizontalism reasonably concrete.

Many intellectual people can speak for days about human rights but when you stand in an Indian village, as I did the other day, and there was a woman who asked me "We have heard that health and human rights go together, could you please explain that" I found it very difficult. The same thing goes for health promotion. In order to make it truly concrete for both ordinary and sophisticated people *you need to find a way of having a programme from the global to the local level and from the local to the global level which is based on getting a constant feedback from "some operations research"***.** That sounds fanciful but you need to have something done with scientific discipline so you are sure and can show that it works, and that you can fight on from that level of ammunition. I am grateful that I am allowed to be here today.

Olive Shisana, Sc.D (Director-General of Health, Government of South Africa)
Collaboration between NGOs and Government
(speech delivered by Rose Mazibuko, Chief Director, Northern Province, South Africa, winner of the Sasakawa award)
The South African Department of Health works in partnership with non-governmental organisations in a number of areas in order to promote and protect the health of South Africans. We start from a point of view that government does not have a monopoly to deliver all the services It is therefore necessary to have partners, who are the non-governmental organisations, the statutory councils and the community. We consider a National Health System as including the participation of all these partners in aspects of service delivery, health promotion and protection of citizens. *With this premise in mind, we have set up formal structures to consult NGOs to contribute to policy development, conduct scientific research and participate in planning, and where necessary to deliver services***.**

Policy
We have established the national consultative health forum, whose mission is to consult with a variety of stake holders in health. The Forum includes labour organisations, progressive health organisations, statutory councils, political organisations as represented by Parliamentary Standing Committees, the private health sector, national, provincial and local government representatives. The Forum considers major health policy initiatives before they become government policy. The Forum has sub-committees which discuss possible new policy areas to ensure that input is obtained early. It is certainly not easy to co-ordinate such a massive organisational structure, hence there may be some issues that slip through the cracks and are not consulted upon adequately.

There are many other fora where NGOs provide input on a routine basis. These include the Health Promotion Forum, the HIV/AIDS Advisory Committee (which is being restructured to be consistent with our white paper on the transformation of the health care system), and the Human Resource Forum, etc. These fora give input to specific policy areas and also help to draw upparticular health plans and ensure the smooth introduction of health policy.

Service Delivery
The Department of Health funds more than 200 NGOs to deliver health services on its behalf. Most of these NGOs are in the HIV/AIDS area. Some of the NGOs have contractual arrangements with national and provincial government to deliver hospital services. We also have a major NGO which is dealing with TB.

Advocacy
We also fund NGOs to do advocacy work for us, particularly in areas where government is weakest**.** For example, we have an NGO dealing with Anti-Smoking campaigns. This NGO has been extremely effective in convincing government to increase excise tax on tobacco. It successfully advocated for the introduction of warning labels on cigarettes, and assists the Department ofHealth in monitoring compliance with these labels. The NGO also monitors the rate of cigarette smuggling into South Africa.

We fund many AIDS advocacy organisations in South Africa. Their role is to ensure there is a focus on HIV/AIDS at governmental and private sector levels. To work with social partners it is necessary to ensure there is a clear national policy on the involvement of such groups in health activities. It is also necessary to ensure that donor funds are not provided to NGOs to initiate activities that generate a demand for services that will not be met when donor funds dry up.

However, working with NGOs and other social partners is not easy, as each has its own niche to fulfil. It is therefore necessary that roles be defined and each one understands the respective functions.

In the health promotion area, it is even more crucial to define these roles because a potential for conflict exists between government and NGOs. This is so, particularly where the two have different policy positions.

Dr Desmond O'Byrne (Former Chief Health Education and Health Promotion Unit, WHO, Geneva)

This meeting is the result of the initiative of a group of NGOs responding to the challenge of the Jakarta Declaration. The new framework document on Health for All (HFA) in the 21st Century fully recognises the important role to be played by NGOs and that HFA strategies in our changing world would need to "recognize the expanded role of civil society in health."

Our newly-elected Director General, Dr Gro Harlem Brundtland, in her message to this meeting sees the importance of establishing close collaboration between WHO and NGOs.
I wish to express my thanks to all those NGOs who are actively following up on Jakarta, and in particular all those who have arranged this meeting. Also, I wish to express on behalf of all present our appreciation to Dr. H. Mahler, former Director-General of WHO, and one of the leading figures in public health of this century, for giving his valuable time to come and to address our meeting. The challenge of Jakarta is to form networks, a global health promotion alliance.

Dr Mahler has drawn our attention to the many difficulties of translating into horizontal collaboration the many good intentions generated at meetings and conferences. Today's meeting is a positive indication that such difficulties can be overcome.

The Jakarta Conference and Declaration (July 1997) was not just for the few, but for all sections of society**.** It is through the NGOs in particular that all levels, especially the grass root level will be able to contribute towards meeting the priorities identified in the Jakarta Declaration.
The five priorities for health promotion in the 21st Century are:

- *promote* social responsibility for health;
- *increase* investment for health development; (including investments that reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations;)
- *consolidate* and expand partnerships for health;
- *increase* community capacity and empower the individual;
- *secure* an infrastructure for health promotion.

In relation to each of these priorities, NGOs through their advocacy role, and/or through their direct contact with the community have an important contribution to make; health promotion wants to mobilize all sections of society to work together towards the goals of HFA. Civil society, NGOs and the co-operatives have , through their many networks and practical knowledge and outreach to the community, a unique resource to contribute in mobilizing the community and society for health.

Our colleagues on the platform representing many different NGOs, including the Inter-African Committee, International Council of Nurses, International Baccalaureate Organisation, International Co-operative Alliance, the Associated Country Women of the World, and the

Global Alliance for Women's Health, are a clear demonstration of networks, and of networking of networks towards a common goal; in this instance in response to the Jakarta Declaration.

Health promotion needs to build bridges and collaboration with all sectors of society, this very definitely includes the medical profession and the health care professions who have such an important role both in their own professions but also as strong partners and advocates for promoting and protecting health.

We need to have a common vision and a common goal. The HFA 21st Century provides a framework for that goal, now we need to work together as partners towards its realization. Civil society, NGOs, co-operatives, have a special contribution to make towards the realization of that goal. As we proceed in our work, we need to monitor our progress, and to assess how it is going in order to learn both from our successes as well as our failures. When we look back in the year 2000, we will be able to see how our work has progressed and be able to document the valuable contributions made by NGOs and be able to learn and build for even greater efforts towards health promotion in the 21st Century.

I would like to end by thanking you all for your good work to date and look forward to our ongoing and strengthening collaboration.

Dr Ian Hill (Regional Director for Africa/Europe/Middle East, International Baccalaureate Organisation)
The IBO starts with a premise that youth is our future in relation to many things, including health education; educating youth is really the key to forming good habits - good health habits and attitudes. We need to explain why good health is important to people and give young people responsibility for their own well-being. These things are basic to our own health education programme. We also include mental and social health, as well as physical health. In a school situation children are not always dealing with physical health problems but also with mental and social health.

We want to collaborate with WHO and anyone or any organisation which is serious about the promotion of health. We do not, of course, just deal with health; we deal with other issues, but health is important and mandatory in our Middle Years Programme for children from 11 – 16 years of age.

I was very pleased to take part in the Partners in Health Conference that was held in Dakar, Senegal in February this last year. It was an excellent conference which showed the value of networking. One of the things I remember very much at that conference was that as NGOs we sometimes are very critical of government institutions and of huge UN organisations like WHO, UNESCO, and so on. It is very easy to be critical. But I remember Dr Samba saying at that Conference: "Be wary, because there is an African saying that if you point the finger at somebody, there will be three fingers that are pointed back at you". I think it is very true. We have to look at both sides of what we do, and be wary about being too critical. Government organisations, particularly huge organisations like WHO, have many different people to contend with and many different countries; I think we have to respect that.

Internal IBO Network
I want to talk about how we try to network and reach out to other people; we are hoping other people will also come to us. We have two aspects - an internal networking which is via the curriculum for health education and so here we simply have the IBO schools. There are over 800 of them in 95 countries. This is our own internal network through health and social education

and a service component to the community which is compulsory. This means that young people are involved in various activities throughout the curriculum.

For example, in geography they deal with health problems near coal power plants. In physics they talk about burns caused by sun and steam. In language classes there is discussion about peer pressure in relation to drug abuse, poor nutrition. In maths there is analysis of statistics related to health problems. In history: who invented alcohol, cigarettes, etc. In drama they perform and write short plays related to social problems including health.

Network External to IBO
Then there is the external network. This comes from any single IB school which could be in any part of the world, and it reaches out to different people. We have students involved in local villages, local hospitals, elderly peoples' homes, local schools.

Let me give you a couple of examples. One of the schools which teaches our programme in Swaziland has contact with the WHO local office in that country and in fact the children there raise money in Mbabane to buy equipment for the Government Health Department in conjunction with WHO to enable testing in State primary schools for hearing and sight. The Government did not have money to buy this equipment; students raised the money even better, these people who were 17, 18, 19 years actually went to the schools; they were trained to do the testing and gave the results back to WHO which transmitted them to the Government. This was an excellent initiative. And, so the young children would not be frightened, the IB students performed little plays to show them why they were doing this testing, because sometimes this can be quite daunting.

Two other very quick examples follow. In a school in Ghana we had a group of students who decided to create a pipeline to bring fresh water to a village where the women were carrying the water for two km and of course it was not good water anyway. So the students dug a pipeline, laid it, and actually the water now goes through to the village. They did it with the villagers. On their own, the villagers might not have done this.

The final example is a school in Europe which helps with blind children; once a month they play football in the dark at night with the blind children. The blind children always win but for the development of their mental and social health this is an amazing thing. The blind are put into a context where their disability is of no consequence.

These are some of the things we are trying to do and we are looking for other partners.

Dr. Tesfamicael Ghebrehiwet (Consultant, Nursing & Health Policy, International Council of Nurses)
Mobilizing Nurses for Health Promotion - Introduction
Founded in 1899, the International Council of Nurses (ICN) is a federation of national nurse associations in 118 countries and this number is constantly growing. ICN's mission is to develop nursing's special contribution to society with respect to health and quality of life. ICN's goals are to influence nursing, health and social policy, assist nurses to improve nursing standards and promote strong national nurses' associations. ICN achieves its goals by working with and through its member associations, UN agencies such as WHO and NGOs.

ICN Activities in Health promotion
The ICN Code for Nurses first adopted in 1953 identifies four fundamental responsibilities of the nurse one of which is health promotion. Think of the millions of nurses working in schools,

workplaces, health centres, and hospitals world wide. One of ICN's goals is to mobilise the millions of nurses for health promotion and disease prevention. Health promotion is central to the activities of ICN and much of the health promotion agenda is integrated or mainstreamed into the main programme areas. Often the health care delivery system gets distorted and tends to focus on cure and caring rather than on health promotion and disease prevention. ICN works with its member associations to align or balance that focus so that health promotion and primary health care become vital components of health care services.

Health promotion in ICN focuses on a number of areas:
Smoking and health aims to enable nurses become effective in reducing the demand for tobacco and promote tobacco free lifestyle especially in young people. Nurses working in schools are strategically located to promote healthy lifestyles and growing up tobacco free.

Women's health. The social and economic position of women puts them at increased health risks and ICN lobbies for promoting women's health, and putting women's health issues on the agenda.

Child health including the Girl Child. ICN has through its position statements and guidelines focused on promotion of child health, human rights of children and the role of nurses working with communities, in multidisciplinary health teams and other sectors.

Young peoples' health. This is an issue which is increasingly of concern to ICN. In 1997 ICN had a special issue for the International Nurses Day which focused on young peoples health. Under the theme of healthy young people = a brighter tomorrow, ICN disseminated a resource kit to its member associations.

Healthy Ageing. ICN promotes the notion of healthy ageing through its publications such as the International Nurses Day Resource Kit and other guidelines.

School Health. ICN promotes school health initiatives that focus on healthy environments and monitoring of children's health.

HIV/AIDS and STDs. Since the early years of HIV/AIDS coming into the picture, ICN has been working actively with member associations and WHO to mobilise nurses for HIV/AIDS prevention and care. ICN continues to lobby and advocate for quality of care for people living with HIV/AIDS (PWA) and to fight any discrimination against PWA or people considered to be at risk such as commercial sex workers, intravenous drug users, etc.

Mental Health. ICN promotes health in its holistic sense of which mental health is a vital aspect that is inseparably linked to physical, social and spiritual health.

Health of Special Populations. ICN is concerned with the health of migrants and refugees and the health of indigenous populations and has position statements and guidelines on promoting the health of these vulnerable groups.

More broadly ICN lobbies for healthy public policy to ensure that health becomes a vital agenda in the work of all the sectors not just the health sector. ICN working in partnership with its member associations, UN agencies such WHO and NGOs is in a strategic position to promote health. ICN also lobbies for elimination of harmful cultural practices such as female genital mutilation, nutritional taboos that discriminate the female child, boy preference and sex selection.

ICN Strategies for Health Promotion
ICN strategies for health promotion include:

- Advocacy
- Lobbying
- Enabling
- Training of Trainers
- Partnerships
- Networking/linkages

Jakarta and Beyond
Since the Fourth International Conference on Health Promotion and the Jakarta Declaration, ICN has:

- disseminated the Jakarta Declaration to its member associations in 118 countries and called on them to translate it into action;
- endorsed the Jakarta Declaration at the 101st WHO Executive Board in January 1998;
- selected health promotion as a theme for International Nurses' Day 2000;
- consolidated health promotion as a priority area for international nursing research;
- revisited PHC and community development concepts to integrate health promotion into nursing education and nursing practice.

ICN believes that health promotion is a unifying agenda for all health professionals and other sectors. ICN is committed to health ideals that promote "healthy futures" for all.

Mats Ahnlund, Secretary General (International Health Co-operative Organisation)
There is a "Call for Action" in the Jakarta Declaration and this Call for Action includes co-operatives. That is the first time Co-operatives were singled out in that way in a WHO document. One can ask why now?

One reason they are now mentioned could be that there are a lot of health co-operatives growing around the world. I was not aware of that when I started to work as Secretary-general of IHCO. I come from the Consumers Co-operative sector and I ended up learning about health co-operatives just recently. The United Nations published this year a big report on health co-operatives in the world and it turned out, which was a surprise for most of us, there are more than 100 million households in the world served by health co-operatives, in 53 countries. It is probably even more than that, but this is what is documented in the UN report. The report is available in the UN bookshop here, for 25 dollars.

What are we talking about ? Here are some examples:

It could be the clients who own their hospitals. Like the health co-operative movement in Japan, that, like in many other cases started the fact that the public sector could not satisfy the needs of the Japanese after the war. In Japan those health co-ops are still a growing part of the health sector.

But a co-operative could also be created and owned by doctors or other providers. For example in Brazil we have a huge doctor-co-operative with 70 thousand doctors that joined together in a co-operative serving especially the countryside. They run their own helicopters, planes etc... A

co-operative could also be run by *both* clients and doctors together in a multi-purpose or mixed co-operatives like the Espriu Foundation in Spain which is another large health co-operative.

There could also be small health co-operatives. I come from Sweden and I recently visited a very small health care centre owned by the staff there. It was the community, the public sector, that had found they could not afford to run this, so they decided to privatise it. The staff wanted to buy it and they did and they have now created a new co-operative. The chairman of the co-operative is an auxiliary nurse so she is bossing over the doctors now. That has by the way surprised several visitors from other countries.

What is a co-operative? Here is a basic definition:

- They are not for profit. People in there don't own them primarily to make money but because they are involved.

- Co-operatives are owned by the involved. It could be the consumers, the clients, or the providers.

- A real co-operative is always independent from state. There are some created and ruled by the state in some countries but we don't really recognise these as real co-operatives from the international co-operative movement.

- There is always concern for the community. This is written into the basic co-operative principles. Actually as late as 1995, even if it very often also previously been the concern of most co-ps.

There are other types of co-ops which are very appropriate for health promotion. If we talk about enabling people to create the essential conditions for health, which is a part of the Ottawa Charter, another WHO document, we can very well include ***housing co-operatives*** that are creating good housing or simply creating any housing at all in many countries. ***Food co-operatives*** concerned with nutritious food. ***Worker's co-operatives*** and the working conditions, always better in a co-operative owned by the people working there, than in most private companies. All these mentioned co-operatives are not in the health sector but could be a part of the health promotion.

Two years ago the health co-operatives created a new international NGO, the International Health Co-operative Organisation (IHCO). Our message is that we are prepared to be a partner in this "Jakarta Declaration Call for action" and we are also prepared to participate in this network that WHO will create with different partners.

We are part of the NGO sector and we want to go on with this WHO-NGO collaboration.

Dr Elaine Wolfson (President, Global Alliance for Women's Health)
Thank you very much for inviting me to speak. I am delighted to be able to talk about the Jakarta Declaration and our response to it. I was privileged to attend the July meeting in Jakarta last year and the energy was truly exciting.

The Global Alliance of Women's Health is focused on many issues as they relate to women's health throughout the life span. The organisation is four years old and is committed to advancing women's health through all phases and stages of life. The mission includes public policy formation as well as implementation and monitoring of services. We were very pleased that in the Jakarta Declaration there was a specific mention of the "empowerment of women". Indeed in the section on the determinants of health, the empowerment of women was listed. *We think that*

it is very critical to have recognised that this half of the population of the world is still not empowered equitably and does not receive parity in terms of health care services and research.

We have been working on a number of areas in health promotion. Since my academic field is public policy and I have been involved for the past 30 years on formation of public policy, we attempted to influence the action documents of the Beijing Conference and the Social Summit in Copenhagen. We developed partnerships with many NGOs in order to produce a compendium of women's health provisions. More than 70 international and national NGOs who had come to New York for various meetings joined in consultations providing suggestions that were incorporated into the more than 200 provisions of the Compendium. We distributed more than 20,000 copies of the Compendium through 1994 and 1995 to NGOs around the world.

In the past year, we have focused on promoting women's health through publications, mobilising NGOs through information and establishing linkages to governments through a resolution. Very briefly, I would like to draw your attention to one of our most popular publications, *Depression and the Mature Woman*. We invited social workers, geriatricians and NGOs to speak. What we tried to do in the edited proceedings was to capture the exchange between the audience and the experts talking about issues of women's health, comparing mature women's issues of mental health and depression across many cultures. In addition to African American women, the other women who were the subjects of these talks, were mainly immigrants to the United States, for example Latina women, Indian women, and women from Eastern Europe. We were fortunate to get funding from Pfizer to produce this book. We brought the *Depression* book to the NGO meeting in Dakar. The women at the meeting were very impressed with the book and asked whether it could be translated into French.

We have also worked on women's health issues and promotion with foundations. At the request of the Edna McConnel Clark Foundation, we were asked to place trachoma in the framework of women's health. In other words, we looked at an infectious eye disease from a women's health perspective in the context of the issues that were being addressed by the women's health movement nationally and internationally. With the assistance of graduate students from Colombia University School of Public Health, we reviewed the medical and social science literature and wrote a position paper for the Foundation. It was well received and we were granted additional support for publishing this work as a booklet.

In this publication, *Trachoma: A Women's Health Issue*, we make some recommendations on how the World Health Organisation's efforts on behalf of trachoma elimination could be linked with the Jakarta Declaration. The effort to promote SAFE strategies in communities where trachoma is endemic is fundamentally an educational and promotional undertaking.

Finally, we are promoting women's health through linkages with NGOs and governments. We have been circulating a proposed draft resolution on "Women's Health throughout the Lifespan", and have been holding briefings in New York and Geneva. We believe that, if this resolution is passed by the General Assembly at the United Nations, it will help WHO and NGOs who are promoting health in the regions and the countries of the world.

Discussion and comments from the floor

After the Panel Speakers, the floor was opened and a lively discussion took place with questions directed to the Panel and contributions made by those present.

One NGO showed how they introduced the care of the new born child into the Safe Motherhood Initiative, and had helped to bring about the much needed partnerships between obstetricians,

neonatologists, and nursing staff. They have a global partnership programme to prevent childhood blindness, bringing in the community, which is sometimes a neglected partner.

A Youth Organisation stressed the importance of involving the youth and young professionals and that they need to be supported and strengthened and helped to develop their professional abilities. Other NGOs underlined the importance of participation with the youth and young professionals, the need to promote young leadership, and in particular to include them in national or official delegations.

A question was raised about involvement with the private sector and the impact of alliances with transnationals. In reply Dr O'Byrne said that the private sector were present in Jakarta in their personal capacity. He said that all partners need to work openly and transparently, and that it is essential to protect the independence and good status of the UN and of WHO when working with different partners from the private sector.

Mats Ahnlund (IHCO) said that his organisation has no official standpoint as it is very decentralised and every cooperative has the right to discuss with any partner. We are all very different and this meeting is about how we as NGOs can contribute to partnerships.

Elaine Wolfson (GAWH) noted that some pharmaceutical companies had taken the lead in instituting research on women's life span health issues, particularly middle life and ageing and have thereby provided a service for women's health. They had donated resources and filled the gap to combat river blindness , trachoma and lymphatic filorisias, and other gender related diseases. She noted that it would be good to have more socially responsible corporations helping women's health.

A question was raised about the need for reform in legal issues and national laws. The hope was expressed that the Jakarta Declaration on Health Promotion should look at legal issues, property law, etc. which sometimes put women into a very marginalised situation. Elaine Wolfson recalled that CEDAW (the Convention on the Elimination of all Forms of Discrimination against Women) and the Beijing Platform of Action are two legal instruments for use by the international community. Unfortunately, ratification and monitoring of the conventions do not always take place. Tesfa Ghebrehiwet (ICN) said that it is important to go beyond legislation to implementation and action, and that the medical profession needs to be empowered and sensitised when treating victims of violence.

Two NGOs talked about the importance of involving human rights in health promotion, and that the application of human rights can achieve empowerment. Three NGOs supported the idea of establishing an NGO Human Values Caucus in Geneva which could focus on and reawaken human values to translate them into daily life.

The International Alliance of Women explained that their organisation had developed a family planning component through another established project, and had initiated education programmes for adults and youth, and then established a dispensary for delivering services. This had required additional funding and she explained that NGOs are sometimes able to facilitate funding resources from a third party.

The rapporteur for the briefing was Joanna Koch, representing Associated Country Women of the World (ACWW), the only international organisation of rural women and farming women. ACWW aims to promote international goodwill and to help raise the standard of living and education of rural women and their families. The organisation works through training

programmes and community development projects in health, HIV/AIDS, income generation, nutrition, water management, and other agricultural issues.

List of participants

Organisation	Name
former WHO Director-General	Dr. Halfdan Mahler
Aga Khan Foundation, Pakistan	Yasmin Amarsi
Argentinian Association Public Health	Carlos Ferreyra Nunjez, Petra F. de Antonio, Elsa Neiva Saleme, Edgard Eric Ferreyra
Art of Living Foundation	Werner Luedermann
Associated Country Women of the World	Joanna Koch
CAMHADD	R. Varma, V. Pandurangi
CIRAC / BASE	Maluza Wasiluadio, Berhane T. Medhin
Commonwealth Medical Association	John Havard, Marianne Haslegrave
GINA, Geneva	Astrid Stuckelberger
Global Alliance Women's Health	Elaine Wolfson, Rupali Chopra
IFMSA, Denmark	Jakob Krarup
IFMSA, WHO	Francesca Porta
IFMSA, Holland	Björg Forsteinsdottir
Inter-African Committee	Berhane Ras-Work
Int. Alliance of Women	Gudrun Haupter, Renate Kircheisen
Int. Baccalaureate Organisation	Ruth Bonner, Ian Hill
Int. Council Jewish Women	Rebecca Muhlethaler
Int. Council of Nurses	Tracy Terminsley, Louise Sanchez Seatman, Ursula Klein, T. Ride, Tesfa Ghebrehiwet
Int. Council Social Welfare	Nils Dahlquist, Michelle Greuter
Int. Federation of Red Cross and Red Crescent Societies	Maria Nonova, Juja Kim, Leila Passah, Brian Rawson
Int. Federation on Ageing	Grace Iijima
Int. Federation Medical Students Association	A. Hoffmann, Tigran Vilotijevic
Int. Peoples' Health Council	David Saunders
ILO	Herman Raus, Jacquier Christian
Int. Ass. Agriculture, Medicine & Rural Health	Ashok Patil
Int. Health Cooperative Organisation	Mats Ahnlund, Won-Sik Noh
ISRRT, Wales	P. Yule
ISRRT, Canada	D. Yule
La Leche League Int.	Giselle Laviolle
Medical Mission Sisters	Velasco Dulce Corazhon

Medical Womens International Association	Dorothy Ward, Vibeke Jorgensen
Ministry of Health, Health Promotion, Mexico	Javier Urbina Soria
Ministry of Health, Hesse, Germany	Christian Luetkens
Ministry of Health, Namibia	Maggie Nghatanga
Ministry of Health and Social Welfare, Swaziland	Shongwe
Ministry of Health, Burundi	Bakanibuna Renovat
Ministry of Health, South Africa	Rose Mazibuko
National Council for Int. Health	Debra Smith, Margaret Gwynne, Ron Wilson
NGO WG on Nutrition	Gilberte van Haelst
N.O.W.	Jean Harris
Pan Pacific and South East Asia Womens Ass.	Clarissa Starey
Rotary International	Gunter Hermann
SCORP, (IFMSA) Egypt	Hazem Wafa
SINAN, Swaziland	Dlamini Tyler
Swiss Nurses Association	Magali Bertholet
UNICEF, Pakistan	Maaike Arts
World Ass. of Societies of Pathology and Lab. Medicine	William Zeiler
World Federation of Poison Centre	J.F. Deng
World Fed. Methodist & Uniting Church Women	Renate Bloem
World Organisation Scout Movement	Mateo Jover
WHO	Yu Sen-Hai, Peter Iverson, Ursel Broesskamp-Stone, P. Nordet, Jack Jones, Merri Weinger, Desmond O'Byrne, Isolde Birdthistle, Petra Heitkamp, Irene Hoskins, Roberta Ritson, Gina Cheatham, André Chirondel, Marilyn Rice, Katharina Hauck
World Union of Catholic Women Org.	Ursula Barter-Hemmerich
Womens World Summit Foundation	Elly Pradervand
Zonta International	Danielle Bridel
"Die Tageszeitung", Berlin	Andreas Zarmach, Journalist

NGO Activities before and after

The Fourth International Conference on Health Promotion
"New Players for a New Era, Leading Health Promotion into the Twenty-first Century" Jakarta, Indonesia, 21-25 July 1997

NGOs based in Geneva which participated in the Fourth International Conference for Health Promotion held in Jakarta in July 1997, have been working closely with the Health Education and Health Promotion Unit (HEP) of WHO since before the Conference and in follow-up activities.

We have organised a number of informal briefings to sensitise Geneva based NGOs about the Conference and to become involved in the follow up, and we have shared the Jakarta Declaration, approved by the Conference participants. This Declaration has been translated into a number of languages and copies are available from the HEP Unit of WHO.

Following Jakarta, we have distributed Information Sheets, reported about the Conference at national and international fora, included articles in Newsletters for our membership, and incorporated health promotion ideas in ongoing work and future programmes. Statements made at the WHO Executive Board meetings in January 1998 pointed to the importance of NGO participation in health promotion in all aspects of life including healthy schools, healthy cities and countries, healthy workplaces, and so on.

Mindful of the dedicated members of the health profession who would be present for the World Health Assembly in May, we were keen to arrange an NGO briefing on the NGO Response to the Jakarta Declaration. This was done with the help of WHO. The purpose of the briefing was to show how Governments, WHO and NGOs can work together on health promotion. The aim was to encourage others to become involved, in as many different ways as possible, through their organisations, and through their different mandates and programmes. This report records the highlights of that briefing.

We invite NGOs and others to exchange information and ideas on how to translate the Jakarta Declaration into action, and to share with us their hopes as we move towards the Fifth Global Conference on Health Promotion which will take place in Mexico City in June 2000.