Summary overview and background to Health Promotion: Globalization, health challenges and the Bangkok 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. 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 inter-sectorality 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.

Health promotion was defined in the Charter as a ‘process of enabling people to increase control over, and to improve their health’. 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.

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.

Five key principles have guided health promotion strategies:

1. Health promotion is context driven:
   Focuses on health and its underlying social and economic determinants for analyzing socio-economic, gender and ethnic gaps in health and disease patterns in populations.

2. 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 (and often, spiritual health).

3. 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.

4. 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.

5. 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.

20 years of continuous development

Health promotion is now seen 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. 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 empowerment and inter-sectoral approaches to tackle wider health determinants.

Health promotion in action

The series of global conferences since Ottawa have led to regional, national and even local and community initiatives in health promotion:

- In Adelaide, Australia 1988, Healthy public policy
- In Sundsvall, Sweden 1991, Supportive environments for health
- In Jakarta, Indonesia 1997, New partners for a new era - leading health promotion into the 21st Century
- In Mexico City, Mexico 2000, Health promotion - bridging the equity gap

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.

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 Global Strategy on Diet, Physical Activity and Health.

Challenges and changing context in the 21st century

As the world changes rapidly, 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. 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.

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 additionally still faced with infectious diseases. Basically all countries are facing multiple, rather than a single type of health burden.
Inequity and health
Widening health gaps, within and between societies, are a global concern. WHO has appointed the Commission on Social Determinants and Health to take leadership for a process to increase equity in health.

The communication revolution
Communications for the promotion of health can be powerful and enhance health literacy. It also needs to respond to the marketing of unhealthy products and lifestyles.

Increasing and expanding democratization in countries around the globe
As many countries are moving towards more democratic development, health promotion focus should drive actions in creating healthy public policies and community empowerment.

Globalization
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
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.

Framework for action
A framework for future action in health promotion can be viewed through the following five dimensions:

Healthy public policies
Ministries of health have a special responsibility to initiate and orchestrate the multi-sectoral dimension of such policies.

Partners and actors for health promotion
Health promotion must be achieved not only by health promotion workers or health personnel, but increasingly through others sectors of society: communities, policymakers, private commercial sector, academic & research community and civic groups and NGO’s.

Mechanisms and infrastructures for health promotion
Various kinds of mechanisms and infrastructure have proved to be useful and crucial for health promotion. Among them are: re-oriented health systems, human resources for health promotion, mass media and health education.

Key processes for health promotion
In the increasingly complex environment with interrelated and interacting stakeholders, effective actions for health promotion can be better achieved through different processes such as research and applied knowledge production, communication and networking.

Strategies for health promotion
Experiences exist in various countries making use of legislation, Health Impact Assessment (HIA) and Strategic Environmental Assessment (SEA), social marketing.
Specific challenges for action

The role of the state and governments
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.

Participatory public policy processes
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
2. Between public sector and NGOs
3. Between health promotion and academia

Leadership and sustainable health promotion infrastructures
Political and administrative leadership is a vital component in implementing health promotion. Capacity building must be ensured to safeguard the access to well qualified professionals, networks and infrastructures for health promotion.

A global approach.
The links to the determinants expressed in the Millennium Development Goals are evident. Increased attention must be paid to the increasing numbers of older people worldwide, and to young people who are facing a rapidly changing labour market and shortages in employment opportunities, strongly affecting their health and well-being.

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. Evidence demonstrates 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.

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. From Bangkok, health promotion should aim at its next milestone, an intersectoral global summit on public health by 2009-10.

Note: this document in its entirety, entitled 'Conference Background Paper' is available online at: http://www.who.int/healthpromotion/conferences/6gchp/en/index.html