Shanghai Declaration on Health Promotion: zero draft

Comments from the International Union for Health Promotion and Education (IUHPE)

The International Union for Health Promotion and Education (IUHPE) is a unique worldwide, independent and professional association of individuals and organisations committed to improving the health and wellbeing of the people through education, community action and the development and implementation of healthy public policy. As such we are pleased to submit our response to the consultation process on the draft Shanghai Declaration, which is an expected outcome of the Ninth Global Conference on Health Promotion, co-organized by the World Health Organization (WHO) and the National Health and Family Planning Commission of the People’s Republic of China.

In drafting this response the IUHPE has consulted with its set of expert Global Working Groups and Interest Groups who have provided both overall comments and specific points reflecting their particular spheres of interest. Our response has been endorsed by the IUHPE’s Executive Board.

Our response takes the form of the following sections:

I. Context
   II. Comments on the Declaration
   III. An annotated version of the Declaration

I. Context

1. The proposed Shanghai Declaration is being produced as an outcome of the Ninth Global Health Promotion Conference to be held in November 2016. As such it should also be seen in the context of that event’s goals/objectives and related outputs. The Conference website establishes the principal goal as positioning health promotion as a key contributor to the achievement of the Sustainable Development Goals (SDGs). This is both important and highly appropriate. Much of the text associated with the SDGs refers to circumstances prevailing in developing countries. Many issues of poor health and inequity still pertain in more developed economies and it will be important that the presentation of the Declaration indicates clearly that it is of relevance globally, to be in keeping with the conference theme “health for all: all for health.”
2. We are concerned by the wording of the Conference objective (as at July): to ‘Renew the mission of health promotion for the coming decades.’ This could be interpreted as implying that during the past years health promotion has diminished in its importance and relevance. If this is the case then we should be asking the question why. Our members are acutely aware of the challenges health promotion services face in acquiring adequate funds and this may be both a cause and effect of this perception. In any case it would be preferable to replace the word ‘renew’ with ‘strengthen’ in the objective referred to.

3. We understand that in addition to the Declaration the WHO intends to produce a complementary ‘how-to’ report with a focus on practical ways in which governments and others can respond to the implementation challenge set out in the Declaration. On the basis that the Declaration will need to be a succinct document it may be that some of the comments we make below may be of greater relevance in the production of the ‘how-to’ report(s). The IUHPE offers its assistance in preparing the ‘how-to’ report initiative and its subsequent implementation.

II. Comments on the Declaration

4. We commend the (first) zero draft of the Declaration: there is much to support here.
5. To have impact the Declaration needs to be compelling, inspirational and clear to its prime audience. We would suggest that perhaps the document is too lengthy: some of the sections include an in-depth explanation or other information that may reduce the impact of the Declaration, and might be better placed in the ‘how-to’ report.
6. We agree that health promotion contributions to the implementation of the SDGs can be conceptualised at the national (good governance), local (setting approach) and individual (health literacy) levels. We are concerned however about the apparent imbalance between the number of possible actions that are recommended within each of these three areas. The emphasis on health literacy appears as if health promotion is better equipped to contribute to this area compared to the other two, or as if more work needs to be done in this area compared to the other two. We suggest that the comments and amendments we propose be adopted as a way of addressing this apparent imbalance.
7. Paragraph 3 of the document includes mention of ‘guidance by the People’s Republic of China.’ Whilst not calling into question the value of that guidance, for a global document it would be more appropriate to omit the specific country reference. In responding to the SDG agenda, from a health promotion perspective we would recommend adding a 6th ‘P’ – Participation (see the Kuching Statement; and the Anthropocene).
8. In paragraph 6, which talks about the effectiveness of health promotion, the phrase "new methods for measuring equity" should be clarified, possibly in the ‘how to’ report which the WHO intends to publish. It is suggested that the document should be specific by stating what these new methods measuring equity are, or at least give some examples.
9. Paragraph 9 b) refers to the SDGs call for improved living and working conditions. Within the Declaration there is however no explicit mention of the importance of the workplace as an important influence on health and an opportunity for effective health promotion action.
10. Within the section on ‘Responding to an unsustainable development path’ (paras 7-9) it would be helpful to introduce the idea of a welfare economy, which encompasses a vision of a society that offers the prerequisites of a good life for everyone. In this economic vision, good life is the goal, and the economy is one framework in which well-being and the prerequisites of a good life are produced together.

11. Progressive notions of governance tend to emphasise the important role that participation and civic engagement by the population play in policy development in matters affecting health (and other social goods). We would encourage inclusion of the crucial role to be played by social movements: they have demonstrated considerable success in major health promotion issues in the past, from tobacco control to control of pesticides, for example.

12. Paragraph 10 introduces the three themes that form the basis of the text on supporting implementation. We would recommend that II. be reworded to the following: “As part of WHO renewed commitment to work across and within many settings where people live, learn, work and play, improve urban health and support healthy cities and communities” A settings approach opens the door to involving several settings, such as the workplace, hospital, prisons, etc. Rather than strengthen we would suggest “Increase system and organizational capacity within settings to strengthen health literacy and monitor progress at the individual and systems levels” for theme III.

13. With regard to the section on governance, we would encourage the inclusion of reference to a systems-based change strategy. We would wish to emphasise the importance of working within those settings, sectors and systems to transform them. The ‘how-to’ report could helpfully include detailed information on the use of systems science in health promotion.

14. The Declaration highlights the need to focus on issues of political concern - issues directly related to health are mentioned, including tobacco and food policy. However the document could address more directly issues that may have an even greater affect on health, such as international labor, trade, and agriculture policy. It should include raising expectations that it is legitimate for health promoters to engage in these discussions, even if only as advocates for healthy public policy in these areas. This agenda should be further developed in the ‘how-to’ for health promoters report. In particular, this should refer to the need to provide increased financial/human resources, new skills/training and cross-ministry structures within governments and agencies for public health/health promotion so that they can work effectively within the core mandates and constraints of other systems to promote health in ways that benefit those systems. Further, this means re-positioning health promotion so that it is not subordinate to the other functions of public health such as disease prevention but is made equivalent in terms of organizational importance.

15. It is encouraging to see an entire section devoted to the need to "Improve urban health and support healthy cities and communities", where it is stated, "In an increasingly urban world the contribution of cities to health and wellbeing is critical.” Whenever referring to healthy cities and communities, we would encourage the inclusion of “and related sub-settings” since many of the settings in which health promotion action is required are located within cities.

16. We welcome the commitment statement to "strengthen and expand a strong worldwide movement for healthy cities in which the interactions and co-benefits between people’s health and action on built and natural environments and climate conditions become the
driving force of urban policies.” This could be further strengthened with more detail provided in the ‘how-to’ report.

17. We suggest introducing the notion of ‘place’ in the context of the ‘link between people, place and planet.’ Paragraph 14 suggests that urban areas be ‘challenged to take their impact on rural development into account.’ We question whether this is sufficient. Much of the interest in urban and city development relates to the migration of populations from rural areas for social and economic reasons, which has the double impact of affecting the recipient cities and the rural areas left behind. The Declaration and the conference itself need to include the peri-urban and rural dimensions more obviously.

18. In a statement that is focused on sustainable development and the ‘health’ of the planet, we would encourage the inclusion of terms like 'ecosystem', 'ecological', 'ecology', 'Anthropocene' and 'global change,' which may signal the intention to increase intersectoral cooperation. There is a concomitant need to outline how we aim to support environmental change efforts.

19. We support the current move to emphasise the importance of working within cities and to pick up on the current global interest in cities. We counsel against overstating the role of cities as a ‘platform’ or "entry point" to other sectors and settings. In many jurisdictions, the municipal sector/system does not have control of, or much influence on larger sectors such as economic development, post-secondary education, unemployment and training etc. We would advise that the Declaration and the WHO re-affirm the benefits of a settings-based approach as part of this reinvigoration of health promotion. The good work to be done via Healthy Cities strategies should be part of a multi-setting commitment in the WHO Statement. Further, in the how-to report it is suggested that "Healthy" Cities work needs to be aligned with similar city-community focused work done by other sectors such as Green Cities, Safe Cities, Community Economic Development, etc. The various programs, services and policies that are delivered by the various agencies and institutions in a given urban or any other type of community should be connected and coordinated, but it is important to recognize that this won't happen unless the governing systems for each of those agencies is permitted and supported by their respective ministries to do so and unless there are similar mechanisms, structures and processes at the state/national levels. It is important to link a coordinated/connected approach to healthy settings with a higher-level commitment to Health in All Policies and whole of government/whole of society approaches, and in turn to the SDGs.

20. In a manner similar to that shown above for cities, we recommend that there be a commitment to developing or strengthening the existing worldwide movements for healthy settings such as early child care settings, schools, post-secondary institutions, workplaces, prisons, places of recreation (sports clubs, as these recreational settings start to be internationally recognized and sport-related ones are in a front line) and others, including the virtual social environments emerging on the Internet. As with cities, health promotion should be aligned with other forms of human development, including sustainable economic development, safety from violence and crime, human rights, recovery after disasters and conflict and social inclusion. Further, we recognize that new, collaborative mechanisms, funding procedures and structures/assignments within government are needed to "join-up"
the various settings when they address these human and sustainable development challenges.

21. The case for strengthening (we would prefer ‘improving’) health literacy is well made, but will need to be supported by solid guidance in the ‘how-to’ report.

22. It will be important in monitoring improvements in health literacy to ensure that changes in policies, institutions, programmes and services are evaluated. This will be essential in preventing too much emphasis being placed on the individual.

23. Health promotion is still often confused with or truncated to disease-oriented prevention approaches. We think it is important to re-emphasize the primarily positive orientation of health promotion, as indicated in the 1986 WHO Ottawa Charter: “Health is a positive concept emphasizing social and personal resources, as well as physical capacities. We welcome the concept outlined in the Declaration that includes health literacy as a means to promote a healthy life, and advances the concept of health literate settings. Such a positive approach is consistent with the concept of salutogenesis as a core theory of health promotion, which has matured since 1986 as signified in the just published global “Handbook of Salutogenesis” developed by the Global Working Group on Salutogenesis of the IUHPE. Given recent experience of utilizing a salutogenesis approach we advocate its inclusion as a core component of the ‘how-to’ report.

24. Paragraph 16 recognises that the ‘empowerment of people is closely linked to their general levels of literacy.’ In the context of both the SDGs and the social determinants of health, and thus access to employment opportunities, there should be a stronger acknowledgement of the importance of basic literacy and numeracy programmes within the education sector as prerequisites for effective participation in society. The Declaration and/or the ‘how-to’ report could say more about achievement of health literacy among populations without access to technology (since technology seems to be emphasized in the policy brief as being crucial to health literacy).

25. In addition to promoting health literacy, there is also the case to flag up the need to promote ecological literacy.

26. Paragraphs 18 and 20 could be edited down considerably by transferring some of the explanatory text to the ‘how-to’ report.

27. Paragraphs 23-24 address the ‘New skills and capacities’ required to take forward this whole agenda. It is of course not just capacity in the form of new skills that are needed. Whilst endorsing the recommendation in 24 a) for enhancing the roles of authorities, ‘especially Ministries of Health,’ there is an absolute requirement to commit to adequate resourcing of health promotion organisations, services and structures at global, country and more regional levels. If we are serious about implementing what emerges from this ‘renewal’ of health promotion’s mission, then a commitment to a visible health promotion presence across the world is required.

28. The long-overdue reorientation of the health system, in actuality rather than rhetoric, will require both leadership from throughout the health system and adequate capacity within the public health and health promotion domains, a point that reinforces our comments in 24 above.
III. An annotated version of the Declaration

Comments respectfully submitted by the IUHPE

WHO DISCUSSION PAPER

Draft Shanghai Declaration on Health Promotion in the 2030 Agenda for Sustainable Development: Ensuring sustainable health and well-being for all

Draft declaration (under development) for consideration by the participants of the Ninth Global Conference on Health Promotion (Shanghai, 21-24 November 2016)

Zero draft (version dated 20 May 2016)

The Sustainable Development Goals: An agenda for transformation

1. We have come together from 21 to 24 November 2016 in Shanghai, China, at the Ninth Global Conference on Health Promotion, jointly organized by the Government of the People’s Republic of China and the World Health Organization, to shape the future of health promotion and resolutely position it as fundamental for the achievement of the United Nations 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs) 2016-2030. This Declaration expresses our firm commitment to health for all, based on the inextricable link between the health of the next generation and the health of the planet. We, the participants at this Conference, recognize health as a universal value, a shared social goal and a political objective for all countries. We are determined to leave no-one behind.

2. Health promotion concepts and approaches have been evolving over time. Thirty years after the adoption of the seminal Ottawa Charter for Health Promotion in 1986, our experience lets us state with confidence that enabling people to increase control over their health and its determinants will support the achievement of a more prosperous, just and sustainable future. To achieve this ambitious goal, health promotion needs to reach beyond pathogenesis towards salutogenesis – with its focus on positive health development and wellbeing embedded in everyday life. The stakes are high and require full commitment by the whole-of-government and the whole-of-society.

3. Our commitments reiterate the transformative nature of the five major development notions of innovation, coordination, greenness, openness and sharing, presented as guidance by the People’s Republic of China. Innovation aims to resolve the problem of development power, coordination is to
fulfill balanced development, greening aims to reach the harmony between man and nature, openness is meant to resolve the problem of internal and external connectivity of development, while sharing aims to achieve social equity and justice. They also build on the 5 Ps proposed as a framework for the SDGs: People, Planet, Prosperity, Partnerships and Peace, to which we would add Participation.

Health promotion: A transformative strategy

4. The adoption of the 2030 Agenda for Sustainable Development and its SDGs in 2015 has the potential to transform human development. It recognizes health and well-being as central to sustainable development: as a precondition, outcome, and an indicator of a sustainable society. Since 1986, a series of eight global health promotion conferences have contributed to transforming public health and strengthening innovative approaches based on cooperation and empowerment. This Shanghai Conference has made manifested the powerful contribution health promotion can make to ensure healthy lives and promote well-being for all at all ages, as called for by SDG3.

5. Health promotion compellingly contributes to the Sustainable Development Agenda by:

   a) addressing the interdependence between sustainable health and well-being and the health of the planet;

   b) empowering people to increase control over their own, their family’s, and their community’s health and wellbeing while and ensuring inclusiveness and voice to all;

   c) reducing health inequities caused by the unequal distribution of funds, power and resources;

   d) acting on the cross-cutting political, economic, social, cultural and environmental (both built and natural) determinants of health;

   e) ensuring societal co-benefits by working across and within sectors, at different levels of governance, and with a wide range of societal actors.

6. Health promotion works. It has delivered impressive results. Policy approaches range from rights-based approaches to a focus on the social determinants of health. Policy tools include health impact assessments, regulatory measures, fiscal measures, and new methods for measuring equity.
Evidence shows that health promotion strategies have been successfully applied to a broad spectrum of health challenges, ranging from condom use, breastfeeding, prevention of road traffic crashes, tobacco control, HIV/AIDS prevention, and working with disadvantaged populations. Impact can be shown not only in terms of health and well-being, but also in reduction of inequities and significant economic gains. Where we have not applied health promotion strategies, we have seen setbacks, such as in the emergency and outbreak agenda or in alcohol and drug control, at a great humanitarian and monetary cost to individuals, families and societies.

Responding to an unsustainable development path

7. Health and well-being contribute to the attainment of all other SDGs and benefit from their implementation. For example, the SDGs on education and gender contribute significantly to health. Based on multisectoral cooperation, health promotion provides a powerful platform for cooperation and increases the opportunities for the implementation of the SDGs. **Within a context of interdependence and global health challenges, the response to emerging and re-emerging infectious diseases and unhealthy lifestyles is by no means** simply a technical issue. It is a political issue, an economic issue and an issue for foreign affairs.

8. We recognize that the seminal changes under way have both negative and positive impacts on health and well-being. Millions of people have been lifted out of poverty and have access to goods and services not available to them at the turn of the century. But we remain concerned - as expressed in the SDGs - that global inequality, the increase of violence, the force of unsustainable production and consumption, and the negative impact of climate threats, migration and urbanization can stand in the way of a better life and health for all. For example, the obesity epidemic requires exactly the kind of transformative approach called for in SDG implementation by addressing the cross-cutting nature of an unsustainable global food system.

9. We conclude that the focus of the Ottawa Charter and subsequent declarations needs to be widened in scale and urgency to include determined collective responses on cross-cutting issues of particular political concern, all of which are dependent on good governance:

a) The relationship between health and wealth: The SDGs call for sharing the benefits of growth. But today uneven socioeconomic development creates conditions that favour the rise of non-communicable, mental health and environmental diseases, as well as malnutrition in **all its forms in countries at all levels of GDP, resulting in** human suffering, significant losses in terms of GDP and a decline in the quality of living conditions. **In particular, the social, economic and physical environments in most countries afford their populations much lower levels of protection from the risks and consequences of diseases than in some countries where people benefit from well-developed systems of Universal Health Coverage and universal welfare systems.**

b) The impact of globalization of marketing and trade: Many of the SDGs call for improved living and working conditions and for action on factors which can endanger both people’s health and the environment. This addresses the role of the private sector as partners in the...
development process and the policy response required to secure investments in areas
critical to sustainable development and to shift to more sustainable consumption and
production patterns. For health promotion, this includes action on the harmful health
impacts of tobacco and alcohol, as well as food products and sugary drinks not consistent
with a healthy diet. All of these impact significantly on health and life expectancy and
generate unsustainable increases in healthcare costs, especially in low- and middle- income
countries.

c) The increase of inequities in health: We live in a world of full of neglected people in both
rich and poor countries. Inequalities, between and within countries, in income levels,
opportunities, and health outcomes, are now greater than at any time in recent decades.
Rapid modernization and restructuring of societies can generate disorientation and
helplessness and new forms of marginalization. The biggest inequalities today are between
Those living in unstable political settings and those enduring dislocation, conflict and
violence within and between countries are particularly vulnerable. This requires resolute
action on the all social determinants of health - poverty, gender and ethnic inequalities and
vulnerabilities, as well as those caused by external or structural factors such as conflict,
migration and fragile states.

Supporting SDG implementation through health promotion

10. This Shanghai Conference has focused on the dynamics between health, its determinants and
the empowerment of people. Based on the strength of tested evidence-based health promotion
approaches, we commit to give priority to health promotion in the development and
implementation of the SDGs - at the national, global and local levels - during the next 15 years. We
will do this by prioritizing health promotion action in three areas:

I. Strengthen good governance for health

II. Using a settings-based approach improve urban health and support healthy cities and
communities

III. Strengthen/improve health literacy.

11. For us, these three areas reflect represent critical entry points to make a difference through
whole-of- government and whole-of-society approaches, addressing people’s living and working
environments, and the settings of everyday life and people’s capacity to increase control over their
own health and its determinants. Within each of these areas, we can develop innovative
approaches to coordination, greenness, equity and inclusiveness, transparency and accountability,
community participation and adapting to the potential of a global digital society.

I. Strengthen good governance for health
12. We recognize that health promotion action requires bold political choices in the face of other interests. Improving governance for health - especially action on wider health determinants - includes high-level political commitment and legislative action, as well as structures and mechanisms which work for equity.

13. We commit to:

   a) include health as one of the central lines of government policy and make health part of a government's multisectoral mechanism for engagement, policy coherence and mutual accountability to implement the SDGs at all levels. This means involving all levels of government to improving the awareness of the importance of health literacy of all sectors, involving all levels of government to capitalize on synergies and co-benefits that lead to increased effectiveness and efficiency and provide entry points to address the determinants of health. In particular, it means creating the fiscal space at the national level to build strong public health systems by progressive tax regimes and consider using specific taxation measures targeted at tobacco products and considering the taxation of other products which lead to non-communicable diseases and disability.

   b) take action to better align private sector incentives with public health goals, including strengthening legislation, regulation, taxation, pricing, ban or restriction of advertising, promotion and sponsorship of unhealth-damaging commodities as appropriate. It also requires incentives for the private sector to change consumption patterns that have a bearing on health and health equity and to foster long-term quality investment conducive to achieving national health goals. It also includes protecting public health policies from undue influence by any form of real, perceived or potential conflicts of interest, especially from private sector entities which are producing goods or services that may harm health. Equally important, this includes recognizing the fundamental conflict of interest between the tobacco industry and public health.

   c) support these national measures by strengthening coherence and consistency among bilateral and regional trade and investment agreements in support of all three dimensions of sustainable development. This also includes emphasizing the importance and consistency of the international financial and monetary and trading systems in support of development and strengthening global health institutions.

II. **Using a settings-based approach** to improve urban health and support healthy cities and communities

14. Addressing the link between people and planet has been one of the transformative factors of health promotion action. In an increasingly urban world the contribution of cities to health and wellbeing is critical. Healthy city programs can be transformative in not only responding to the impact of rapid urbanization, but also in ensuring the sustainable development of whole cities, including the development of healthy industries. Cities provide a vital platform to implement health
promotion strategies and many cities and their political leadership have already been contributing to health and sustainability through many networks and initiatives. Healthy cities link to regional development, and urban areas, national and regional governments are challenged to take their impact on rural development and sustainability into account.

15. We commit to:

a) strengthen and expand a strong worldwide movement for healthy cities in which the interactions and co-benefits between people’s health and action on built and natural environments and climate conditions become the driving force of urban policies. The cities joining this movement will prioritize health issues, highlight the strategy of ‘Health in all’, and improve their citizens’ health literacy. They commit to ensure that health considerations are part of urban decision making, policy implementation and monitoring success of cities’ development strategies; to develop targets and objectives and multisectoral action plans on health and environment, as well as on the social determinants of health, legislation, information systems; to ensure integrated accountability, such as combined health, social and environmental impact statements, action; to increase the health literacy of citizens, and to take special actions to address health inequalities and social exclusion.

b) support cities to harness knowledge, skills and mechanisms to build the synergies between public health and urban policies, including actions to solve critical issues urban development challenges like poor water and sanitation, informal settlements, air pollution, climate change, traffic congestion and vulnerable road users, as well as social, welfare and education policies.

c) empower citizens and strengthen the engagement with the community, so as to build healthy cities with strong involvement of civil society, including disadvantaged groups. New mobile and digital technologies and innovations can support greater citizen engagement.

III. Strengthen Improve health literacy

16. Health literacy is both a key vehicle in creating a culture for health and overall well-being. Citizens and all people have a right to be informed of potential risks and benefits to health. They have a right to be empowered to take action on their health and well-being. The empowerment of people and communities is closely linked to their education, their levels of general health literacy, and especially their levels of critical health literacy. Easy to understand health information, language, and health and social systems will support all people in taking effective action to promote their health. Implementing the SDGs also requires high levels of health literacy amongst decision makers and actors in sectors other than health, health and will also require the health sector to align its efforts on Health Literacy with similar efforts from other sectors to promote basic knowledge, skills and access related to
safety, critical life and coping skills and social inclusion. There is a need to counterbalance the increasing concentration of media outlets and their dependence on marketing. We must ensure that societal institutions value health and create enabling environments that support health literacy, and acknowledge that health literacy of systems and institutions matters equally as citizen’s health literacy. Governments must take a strong leadership role to promote health literacy in all policies and settings, and ensure that they also increase and sustain their own health literacy.

17. We commit to:

a) develop and implement an inter-sectoral national strategy and plan for strengthening health literacy, ensure funding and support its evidence base through regular health literacy surveys. This will also allow for global comparisons of health literacy levels and the policies/programs needed to support such literacy;

b) increase our efforts to ensure that consumer environments support healthy choices-through transparent, easy to understand, information and clear labeling and regulation of marketing and advertising, including social media strategies and education/advocacy to promote media/consumer awareness;

c) invest in making health care, as well as mental health care and social care, institutions more understandable, friendly and easy to navigate, and people-centred by setting policy and implementation standards for health literate organizations;

d) ensure that health literacy is included in the basic training and continuing education of health professionals and professionals from other relevant professions and occupations;

d) improve the health literacy of decision makers and investors as well as the health literacy of other sectors through training and capacity building and align efforts on health literacy with similar goals related to safety, critical life and coping skills and social participation/inclusion;

e) invest in increasing citizens’ access to knowledge and information which will support healthy choices and informed decisions on health, including strengthening of health/safety literacy, critical life-skills and social inclusion in homes, at workplaces, and in communities;

f) make full use of the digital revolution including improving media health literacy, ehealth literacy, and digital health literacy within all member of the society, and to ensure equal access to online resources;

g) strengthen health literacy in (early) education, schools and curricula design, in teacher training, and investing in children;

h) highlight health literacy as a tool to promote mental health and well-being.
i) develop an agenda to explore associations at the intersections of health equity, health inequalities, and health literacy.

k) to ensuring that adequate attention is paid to basic literacy and numeracy programmes within the education sector as prerequisites for effective participation in society.

Transformative strategic approaches to support the SDGs through health promotion

I. Whole of society engagement

18. The SDGs are built on whole-of-society partnerships. Equitable health outcomes require the engagement of the whole of government and the whole of society. No one should be left behind. No single actor will have sufficient impact on their own. In many countries, and also globally, social movements have gained momentum in advocating change. Social mobilization can lead to the demand by citizens for better health and wellbeing and provide them with a meaningful voice. Media, NGOs, academia and philanthropic organizations can contribute to health promotion. Mechanisms can be introduced to incentivize the private sector to contribute resources, expertise and technological innovation. At the same time, conflicts of interest that might arise must be managed.

19. We commit to: expand the space for all people to participate through community-centred approaches, in the marketplace as consumers and also politically: strengthen appropriate interaction between different sectors in order to support those health promotion actions which require engagement beyond the health sector, such as links between health and trade or agriculture in tobacco control.

II. Transparency and Accountability

20. Transparency and accountability are central to health promotion. Elected politicians and public servants need to make health and wellbeing their priority; preferred choice; private sector enterprises and CEOs must act and be held accountable for health impact by society as well as their shareholders; and consumers must act responsibly. This requires robust and accurate data on the impact of policies supportive or detrimental to health. A regulatory environment and mechanisms that support accountability, avoid perceived or real conflicts of interest with commercial interests are therefore critical for monitoring and evaluating the SDGs. Health should be a vital indicator in assessment of governance at all levels.

21. Averages will not be sufficient: disaggregated data and information will help track a wide range of inequalities and must leverage a variety of data sources and collection approaches beyond national surveys and include the increasing mobility of people.
As we engage in transformative implementation strategies we must give priority to measures of well-being in a context of sustainability.

22. We commit to:

a) integrate impact assessments that measure co-benefits of investment in health and other sectors;

b) provide sustainable financial mechanisms to promote health throughout the life course and settings;

c) protect public health from undue influence by any form of vested interest; real, perceived or potential conflicts of interest must be acknowledged and managed

d) investment in reliable and protected data systems that will support informed decisions related to health and wellbeing of the national SDG response and ensure monitoring and reporting, including new approaches to data collection through citizens.

III. New skills and capacities

23. All actors require new capacities and skills in facilitating and ensuring the development of policies and partnerships that support a whole-of-government and whole-of-society support for health. Engaging different actors to unite for health promotion action requires skills in health diplomacy, especially in negotiating and advocating for health in the face of other interests and for building relationships and alliances for health. These skills are required at all levels of government and administration and by many actors, but are especially required of health promotion professionals.

24. We commit to:

a) enhance the capacity, mechanisms and mandates of relevant authorities - especially Ministries of Health - to exercise strategic leadership, and to coordinate and facilitate action and investment by all stakeholders in health promotion.

b) ensuring the adequate resourcing of specialist health promotion services, providing the capacity to implement required programmes and activities.

Changing role of the health sector

25. We look to the health systems sector to be the key advocate for health promotion. But today, health systems across the world do not optimally contribute to the health of their communities.
Health systems remain dominated by disproportionate investments in medical solutions and hospital care and relatively limited investment in cost-effective primary health services, prevention and health promotion. Our health systems have not broken the deeply entrenched inequities in access to affordable, appropriate health services between and within countries. A trend towards the marketization of health care is currently reinforcing existing inequities. This is why SDG3 calls for Universal Health Coverage.

26. 

We commit to:

a) reorient health systems to respond to the need for health promotion and disease prevention at all levels. This will require substantial changes in financial investment by government and non-government health providers to strengthen primary health, prevention and health promotion services and systems. It will also require a change in working relationships within and across government to optimize health improvement and equity in the spirit of a system of Universal Health Coverage. This will require better communication among policy-makers of the evidence on the return on investment offered by health promotion on long and short term impact.

b) shift away from fragmented supply-oriented models and towards health services that put people and communities at their centre, irrespective of country setting and development status. Meaningful community engagement will allow people to make decisions about their own health and health care, and exercise control over decisions about their health and that of their families.

Call to action

2827. We commit to a 21st century approach to health promotion, as reflected in the SDG framework of leaving no one behind, and advancing the health of people without endangering the planet’s resources. Health is pivotal for the achievement of the SDGs and we must work to ensure that the best choices for health are also the best choices for the planet; and that the most ethical and environmental choices are also good for health. We recognize that health is a political choice – and we declare our willingness to act for health and well-being.

2928. With this Shanghai Declaration, we, the participants of the Conference, pledge to accelerate the implementation of the SDGs through increased political commitment and financial investment in health promotion. We will undertake to support the priority actions identified in this Declaration by engaging within the governing bodies of the World Health Organization to reinforce our commitments. As a first step, we propose that WHO deliver a global strategy and action plan on health promotion covering the period until 2030, with proposed policy options for Member States, and actions for international partners and the Secretariat, reflecting the work of policies and programmes throughout the Organization, at all levels.
We further propose that WHO bring these commitments to the attention of the thematic reviews of progress on the 2030 Agenda for Sustainable Development at the annual High-level Political Forum under the auspices of ECOSOC, and to the preparatory process leading to the third United Nations General Assembly High-level Meeting on NCDs in 2018.