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. 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 fulfil 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.

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 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 health and ensuring inclusiveness and voice;
   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 determinants of health;
   e) ensuring societal co-benefits by working across and with 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. This brings with it 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 stable political settings and those enduring dislocation, conflict and violence within and between countries. This requires resolute action on the 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. **Improve urban health and support healthy cities and communities**

   III. **Strengthen health literacy.**

11. For us, these three areas reflect critical entry points to make a difference through whole-of-government and whole-of-society approaches, people’s living environment 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 innovate 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 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 taxing tobacco products and considering the taxation of other products which lead to noncommunicable 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 unhealthy 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 conflict 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. 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 are challenged to take their impact on rural development 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 health literacy**

16. Health literacy is a critical determinant of health. Citizens have a right to be informed of potential risks and benefits to health. The empowerment of people is closely linked to their levels of general literacy and especially their levels of critical health literacy. Implementing the SDGs also requires high levels of health literacy amongst decision makers and actors in sectors other than health. 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.

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;

b) increase our efforts to ensure **that consumer environments support healthy choices** - through transparent information and clear labelling and regulation of marketing and advertising, including social media strategies;

c) invest in making health care institutions more understandable, friendly and people-centred by setting **standards for health literate organizations**;
d) improve the health literacy of decision makers and investors as well as the health literacy of other sectors;

e) invest in increasing citizens’ access to knowledge and information which will support healthy choices and informed decisions on health, including strengthening of health literacy in schools and making full use of the digital revolution.

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:

a) expand the space for all people to participate through community-centred approaches, in the marketplace as consumers and also politically:

b) 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 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 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.

Changing role of the health sector

25. We look to the health 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) reorienting health systems to respond to the need for health promotion and disease prevention. 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

28. 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.

29. 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.

30. 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.

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