

## Health Promotion

Desmond O'Byrne

**The Ottawa Conference and Charter (1986)** ushered in modern day health promotion: the process of enabling people to increase control over the determinants of health and thereby improve their health. The Charter provides the policy and strategic framework for health promotion development and sets out five interdependent action areas: (i) building healthy public policy; (ii) create supportive environments, (iii) strengthen community action, (iv) develop personal skills, and (v) reorient health services. Combinations of these five strategies is more effective than just a single-track approach. Health promotion stresses the importance of participation; its work is carried out by and with, and not on, or to people. Participation is essential to sustain effort. People have to be at the centre of health promotion action and decision-making processes for these to be effective.

It is not synonymous with health education and should not be confused with the transmission of health messages. Eclectic in nature, health promotion draws from many disciplines. Its basic strategies include advocacy, enabling and mediating. *Advocacy* to generate political commitment for healthy public policies, and to highlight interest and demand for health, with emphasis on equity and gender sensitivity. It *enables* people to achieve their full health potential, and helps equip individuals and groups with the knowledge, values and skills, to mobilize the social forces that encourage effective health action. It *mediates* between the different interests in society in support of health, building bridges between the public, civil society, NGOs and the private sector.

Promotion of health in places where people of any age live, work, learn and play, is a creative and cost-effective way of improving health and quality of life. The major challenge lies in achieving intersectoral action, for integrative comprehensive approaches, combining different strategies to promote health, particularly the health of poor and marginalized groups.

Health promotion seeks to respond to social change and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.

To be effective health promotion requires a comprehensive, integrated approach addressing both the relevant policy background and public health infrastructures. It helps to generate political commitment for health supportive policies and practices, and heighten public interest and demand for health. It promotes complimentary approaches and interventions throughout life, which reinforce each other to address questions of equity, and access to quality care at every stage in the life course.

Health promotion extends beyond the health care sector. It networks with all relevant stakeholders in society, and works on the policy agenda in all sectors, and at all levels of government. It distinguishes between those factors which are more within the control of individuals, such as individual health-related behaviours and the *use* of health services, and those factors which are outside the control of individuals, including social, economic and environmental, and the *provision* of health services. Health promotion addresses both areas. It

helps in providing individuals and groups with the knowledge, values and skills that encourage effective action for health. It also helps to generate political commitment for health supportive policies and practices, the provision of services and increased public interest, and demand for health.

The World Health Report 2002 documented the public health impact of several major risk factors related to diet, nutrition, tobacco, alcohol, physical activity, hygiene, and unsafe sex. Failure to address these risks has led to cardiovascular and chronic respiratory diseases, diabetes, injuries and violence, several mental disorders and causes of substance dependence, HIV/AIDS and sexually transmitted diseases becoming major constraints to health development. All of these are amenable to health promotion interventions.

Currently, increasing attention is given to strengthening the evidence-base for health promotion. The traditional biomedical approach with emphasis on outcome measures and on quantitative data, needs to be reviewed regarding its appropriateness for evaluating health promotion. It is argued that as health promotion takes place within the community or society, it is not possible, even if desirable, to control for all the variables that might affect health. There is also concern that traditionally trained evaluators might not be sufficiently skilled to carry out more pragmatic approaches to evaluating health promotion. *The Evidence of Health Promotion Effectiveness*, International Union for Health Promotion and Education (IUHPE, 1999) provides a valuable review of 20 years of health promotion including a special chapter on understanding the measures of health promotion effectiveness.

While most, if not all, sectors of society, individuals and institutions have roles to play in promoting health, there is a critical need for personnel qualified in health promotion.

A recent inter-country expert meeting on education for health promotion (Madurai, Tamil Nadu, India, Sep. 01) concluded that there is an urgent need for effective teaching for health promotion, to identify measures for institutional capacity building, benchmarking and indicators for health promotion education/training and evaluation. There is need to review existing training programmes and courses on health promotion, as well as related medical health training programmes to make them competency-based, so as to meet the needs and demands of health promotion. Furthermore, there is need to strengthen the health promotion components of other medical/health training programmes and courses to make them more relevant to their health promotion requirements. It is also necessary to strengthen the institutional capacity for health promotion training. While these conclusions referred specifically to the participating countries in the above-mentioned meeting, they have international relevance. Health promotion can make a difference. This will require more competency-trained personnel, greater involvement of the health systems in prevention and promotion, and the active participation of all sectors of society in building supportive environments for public health. Public health faculties have a vital role to play in promoting healthy public policies nationally and internationally. They have a major contribution to make through educating the policy- and decision-makers, the future educators and leaders in public health, in the rights of all sectors of society to have access to health care, and for conditions in society to be supportive of healthy living.