
A Call for Action

Promoting Health in Developing Countries

Summary Report of
Working Group on Health Promotion in Developing Countries
Geneva, 9-13 October 1989



Division of Health Education
World Health Organization
Geneva

A Call for Action is the summary statement of the Working Group on Health Promotion in Developing Countries convened by the World Health Organization in October 1989 to review health promotion concepts and principles and to recommend specific steps for translating them into action. The Working Group included 26 invited participants representing a wide range of countries and expertise. It included policy-makers, senior health administrators, communication and education experts and academic leaders.

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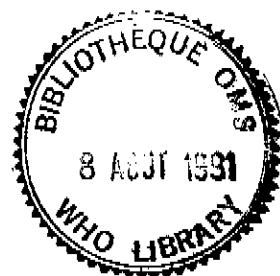
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"Society must make it possible for people to live healthy lives. A grand alliance of people, policy-makers and health professionals is necessary."

Hiroshi Nakajima, M.D., Ph.D.
Director-General
World Health Organization

XIII World Conference on Health Education,
Houston, USA
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A Call for Action

Promoting Health In Developing Countries

Preamble

Health for All is highly valued for the many benefits it conveys to individuals and to society. Healthy people are productive people, capable of living lives that are not only long in years but rich in quality.

The aim of *health promotion* is to foster health development: the attainment of the highest achievable levels of health. Health promotion incorporates both individual and societal action for health. It forms an integral part of the primary health care strategy for achieving Health for All, as stated in the historic Declaration of Alma-Ata and at the Forty-second World Health Assembly (see Annex).

The focus of health promotion is *social action* for health. It seeks to create and continually reinforce conditions that enable people to make wise health choices and encourage them to live healthy lives. Health education and communication for health and development are vital forces for ensuring positive public policies, institutional and legislative support and responsive systems necessary for healthy living. Environmental changes and technologies which are promoted must be acceptable, affordable and accessible to the people.

If conditions conducive to health are to be achieved in an equitable manner, all sectors of society must be involved and mobilized. Knowledge alone, without adequate supportive systems and facilities, is not enough to lead people to action. Environments and policies supportive of health are essential to make it feasible for people to live a healthy way of life.

Good health depends upon the enlightened involvement of individuals and communities. But there is much that the individual and the community cannot do alone. All societal forces, local communities and entire nations, must be mobilized and work together to solve common problems and achieve health goals. Indeed, a major challenge in health promotion will be to influence the thinking of those who are influential in shaping public policies. Messages must reach policy-makers, legislators and decision-makers that investment in health is not only a social imperative, but also a political asset and sound economics.

Health promotion strives to contribute to health development through three principal strategies:

- **Advocacy** of policies, both within and beyond the field of health as traditionally defined, which are responsive to health needs and conducive to positive action for health; advocacy that generates public interest in health, encourages allocation of appropriate resources for health and ensures that health is viewed as an economic and political asset; advocacy for health and related systems to be responsive to the needs and aspirations of the people; and advocacy for supportive environments and facilities that make health choices easier choices for people.
- Developing strong *alliances* and *social support systems* that ensure widespread and equitable attainment of health goals; systems that legitimize and encourage healthy life-styles as a social norm and foster individual and collective action for health.
- **Empowering** people with attitudes, knowledge and skills that enable them to act wisely and effectively in preventing and solving both personal and collective health problems.

The term *health promotion* entered public health literature as early as the 1920's. It has attracted growing attention in the past decade, broadened in scope and been subjected to a variety of interpretations. The changes were influenced by a variety of national and international actions including the two international conferences on health promotion held in Ottawa and in Adelaide in 1986 and 1988 respectively. However the definitions of closely related terms may evolve, it is clear that health education, health promotion and social mobilization are, in fact, inseparable and indispensable to fostering social, political and community action for health as emphasized in the Alma-Ata Declaration: creating and sustaining the necessary political will; acting across sectoral lines; fostering full community involvement; and ensuring continuous deployment of appropriate technology and resources for accomplishing health goals.

Health Promotion in Developing Countries

In October 1989, the World Health Organization (WHO) convened a Working Group for a two-fold purpose: to explore the application of health promotion concepts and strategies in developing countries, and to recommend specific action steps whereby these strategies and concepts can be translated into action.

Addressing each of these purposes represents an important step forward. Health promotion, as an evolving concept, has thus far gained acceptance chiefly in the industrialized countries, although its principles and strategies are viable and already being used in developing countries. Also, it is timely and necessary to accelerate activities promoting health, specifying what needs to be done, how, and by whom, to generate the needed social action for health.

Among the issues the Working Group was asked to consider were such questions as:

- What can be done, and by whom, to mobilize public attention and political commitment favourable to health, and to obtain an appropriate share of national resources?
- How can health systems, health planners and policy-makers be encouraged to allocate an appropriate share of limited health care resources for health promotion and disease prevention purposes?
- What can be done to accelerate and intensify health promotion and health education action in developing countries, underscoring intersectoral collaboration, infrastructure development and community action?
- What constraints can be anticipated, and how can these be overcome?

The 26 invited participants in the Working Group represented a wide range of nations, with emphasis on developing countries, and a wide diversity of responsibilities and expertise. They included policy-makers, senior health administrators, communication and education experts, and academic leaders. This *Call for Action* presents a few highlights gleaned from five days of vigorous and stimulating discussion focusing on four main themes.

I. Health promotion in developing countries: focus and issues

- Health promotion is both multisectoral and interdisciplinary; it must not be compartmentalized or function in isolation. Rather, it needs to operate

across the entire continuum of health and health services development and beyond the health sector as well. Agriculture, education, mass media, transportation and housing are among the many sectors sharing health concerns.

- Curative medicine has dramatic and immediate appeal. In order to compete for its appropriate share of resources within the health field, health promotion must define its benefits clearly and proclaim them widely. Greater emphasis must be placed within the health field on promoting health and preventing disease.
- Many groups need to be reached and mobilized as allies. Some of these allies include politicians, professionals, public, press, and private sector. Other allies include school teachers, students, women and youth groups, labour and trade associations, religious and social institutions, and private and public health care organizations.
- Decentralization of authority and accountability to local levels is a key to health promotion in both developing and developed countries. People must be involved as partners in the decision-making and management process for health at all levels. People must be entrusted with both responsibility and authority for actions for health.
- Success in health promotion programmes often requires both "bottom-up" and "top-down" planning and action with a cyclic process of feedback. The need is to find entry points where conditions are favourable for a desired action and areas in which health actions can build upon past successes.
- One major obstacle to health promotion is lack of appreciation on the part of many leaders and the public alike, of what health promotion is and what it can do. Effective action requires basic health literacy, which in turn depends upon effective health education. Widespread awareness and vigorous public support can, in turn, foster the necessary political will.
- Another major issue is the involvement of health care practitioners: doctors, nurses and other health professionals. They hold a major key to disease prevention and health promotive actions, and must be won over and actively engaged in actions for health promotion.
- Essential support by leaders at all levels can best be attained by appealing to them through enlightened self-interest. When health is clearly demonstrated to be a political asset and sound economics, policy-makers and

resource-allocators will provide support. Mass media can play a vital role in making the benefits of health promotion widely visible and attractive.

- Because most of its benefits are long-term, health promotion must be capable of surviving short-term changes in political climate and resource distribution. It needs to be institutionalized but not bureaucratized. Strong linkages and alliances are important for success in this survival process. Short-term impact evaluation should also be used to demonstrate the worthiness of health promotion efforts.

II. Health supportive public policies: generating social and political action

- Formulation of health policies is a complex process. Ultimate responsibility for policy generally rests with government. However, there are many channels through which the people can express their concerns and desires for policy change. These include elected representatives, political parties, consumer groups, professional associations and institutions, voluntary organizations, interest groups, and public hearings. Effective advocacy takes advantage of many such channels and activates the public. Mass media has an important role in increasing public awareness and building support for public action.
- Health advocates and leaders need to be more knowledgeable about the process of policy formulation and implementation in the broad social arena. "Paper policies" and laudable pronouncements favourable to health are of little value unless supported by appropriate resources and facilities, which produce concrete results. Advocacy in health promotion must address both substance and rhetoric.
- Successful advocacy requires that the message be relevant to the interests of policy-makers, presented in terms they understand, and delivered by channels they consider credible. The ideas presented must also be factually based and persuasive: for example, to argue for additional resources health programmes must use facts and figures which demonstrate that available resources have been efficiently managed and used.
- Alliances with influential forces in society offer one of the most promising avenues for effective advocacy. Health promotion must identify prospective partners, activate their interest in health, and join with them to generate effective social and political pressure on behalf of health.

- True intersectoral cooperation occurs on the basis of mutual benefit. If the health sector expects help from other sectors, it must also offer help to them in accomplishing *their* goals. Areas of mutual interest must be identified and complementarity of roles defined.
- Intersectoral action is most easily generated at the local level, where people and communities tend to view problems in holistic rather than segmented terms. Decentralization of authority and accountability to local levels is therefore a key to successful collaboration across sectoral lines.
- Intrasectoral collaboration within the health sector itself is essential to formulating and presenting unified health messages. To ensure the appropriateness of health policy, the expressed needs of people must be considered. To that end, readiness and skills to listen to people must be developed.

III. Enabling and empowering people for health action: grass-root strategies

- Education and information provide the base of knowledge and skills that equips individuals, families and communities to make positive health choices. Such individual and collective choices also require a supportive physical, social and economic environment, positive policies, and accessible services that are responsive to the needs of the people: health education and communication, with the public and policy-makers alike, are at the heart of this empowerment process.
- Active support of community groups is essential to success at the grass-root level. It can be achieved by involving people at every stage from planning through to assessing consumer satisfaction; by using all available and credible channels to stress the importance of health as a personal and social value; by marshalling both human and material resources from many different sectors and groups for health purposes; and by rewarding success and being sensitive to feedback from reliable local sources. These have long been recognized as key ingredients of effective health education programmes at the local level.
- Important contributions to health promotion can be made by a wide variety of individuals in the community, including traditional healers, informal leaders, teachers, religious leaders, women, the elderly, children and youth influencing their parents and peers, and many more.

Community organization, as a health education method, can facilitate the identification and involvement of the most influential individuals and groups.

- In preparing community workers for health, local culture must be considered and local vocabulary rather than health jargon must be employed. Learning from people, valuing their views, and listening rather than lecturing are essential for successful community work. Equally important are such attributes as empathy, compassion, and an ability to win the trust and confidence of the people. Health workers need to be oriented and reoriented to health promotion and disease prevention strategies. Intersectoral team training is also important.
- Appropriate learning materials are essential tools for community health promotion and health education, for training health and development workers, and for sensitizing local leaders to health development problems.
- Linkages with other sectors at the local level can often be achieved on the basis of income-generating activities, which offer excellent points of entry and mutual benefits. Working as a team on common projects furnishes a strong base for continuing cooperation.
- Evaluation is an essential tool for improving ongoing programmes, initiating new ones and enhancing professional development. It can also be useful as a political tool to justify resource requests or allocations. Immediate or short-term impact of health activities needs to be assessed to enhance credibility. It is important to assess performance and competence of health workers and to evaluate satisfaction of consumers and the relevance of programmes to their needs. In addition, good evaluation requires continuing surveillance to help ensure follow-up support and adjustment of the programme to changing conditions.
- Success or failure of grass-root strategies may depend upon a number of factors. For example, harmonious working relationships can be fostered between community health workers and traditional practitioners as well as other development workers, building on the strengths of each. Problems can arise when health is viewed only in its narrow sense of physical freedom from disease, shorn of its social, psychological, preventive and environmental dimensions.

IV. Strengthening national capability for health promotion: areas for action

- Political commitments to primary health care and to health promotion need to be strengthened so that actions match words. This will require resource allocation, not only from ministries of health but also from other sectors and influential forces in society. Credibility for health promotion must be established and effective use of resources demonstrated. Advocacy must be based on facts, figures and performance.
- The establishment of focal points responsible for health promotion and health education is imperative. The placement of such a focal point may vary from country to country, either within the health sector or as part of a consortium with other development sectors. Whatever its structural location, however, its responsibilities and accountability must be clearly defined. It is important that the focus of health promotion responsibility has ready access to and close working relationships with all technical services and programme areas in health, and the capacity to form alliances with other sectors.
- Major new or redirected efforts in health education and health personnel development will be required to strengthen national and local capability for health promotion.
- Primary health care and health promotion concepts need to be built into medical curricula and into the preparation of nurses and other health workers. At the same time, health education specialists and others in fields related to health promotion require continuing education and training to strengthen their performance as planners, advocates, negotiators and alliance builders as well as managers. Schools of public health have a vital role to play in this capacity-building process, both in preparing new health workers and in retraining those already in the field.
- Effective teaching and learning materials are urgently needed for orientation and preparation of health workers at all levels, for intersectoral training, and for use in the community to communicate core health messages.
- Understanding and research are needed on policy-making processes and resource-allocation procedures. By identifying groups that have influence with policy-makers, defining their values and determining what channels can be used to influence them, effective strategies and approaches can be developed and carried out.

- Those engaged in mass media must be actively involved as important partners in health promotion because health is a matter of widespread public concern among the audiences they reach. This potentially productive partnership must be actively sought and cultivated by all involved in health promotion.
- International agencies and nongovernmental agencies have important responsibilities for encouraging and supporting the development of national capabilities in health promotion. They can provide access to networks of expertise in health education and health promotion within countries, between regions, and on a global basis, thereby assisting each country's focal point for health promotion.

Challenge to Action

Health promotion is an integral element of the primary health care strategy for the attainment of health for all people, in developing as well as developed countries. It synthesizes education for health and social mobilization through strategies based on advocacy, development of support systems and empowerment of people for wise individual and collective health choices.

Immediate and sustained action is called for now in all nations, to move health promotion from concept to reality. While specific initiatives will necessarily differ from country to country, the following illustrate the range of high priority actions to be taken by nations to:

- Establish and strengthen *national focal points* for health promotion and health education responsibility, with clearly defined authority, resources and infrastructure necessary to implement programmes that include the three main strategies of health promotion: advocacy, alliance building, and enabling of people.
- Advocate the adoption and implementation of *health-supportive policies*, legislation and resource allocation.
- Ensure that programmes for health promotion and communication for health receive adequate and *appropriate resources* and *institutional support*.
- Build *strong alliances* and *networks* among many individuals, social groups, institutions, development sectors, and nongovernmental organizations in support of health promotion and health education agendas.

- Activate *intersectoral* working relationships to identify and act upon mutually beneficial initiatives. *Intrasectoral collaboration* is equally important to ensure coordinated action for health.
- Ensure appropriate emphasis for primary health care and health promotion in curricula for basic *training* as well as continuing education of doctors, nurses, other health professionals and community health workers.
- Pursue active *collaboration* with mass media, educators, and others with special abilities for reaching wide audiences on behalf of health promotion.
- Strengthen systematic *planning* and *evaluate* existing health promotion and health education efforts, foster *health behaviour research*, and plan and implement future efforts based on the findings.

In the words of Dr Hiroshi Nakajima, Director-General of WHO:

“The time has now come to galvanize our efforts. The knowledge and technology already exist. What we need now is determination, courage and foresight. Health is a product of social action . . . Active community participation and supportive social policies are necessary for progress in health. And herein lies our challenge.”

WHA42.44 FORTY-SECOND WORLD HEALTH ASSEMBLY

HEALTH PROMOTION, PUBLIC INFORMATION AND EDUCATION FOR HEALTH

The Forty-second World Health Assembly,

Recalling previous resolutions on public information and education for health, in particular resolutions WHA27.27, WHA27.28 and WHA31.42;

Stressing the importance of the proclamation in the Alma-Ata Declaration that "education concerning prevailing health problems and the methods of preventing and controlling them" is the first of the eight basic elements of primary health care;

Recognizing that the spirit of Alma-Ata was carried forward in the Ottawa Charter for Health Promotion developed at the First International Conference on Health Promotion (1986) in Ottawa, Canada, and in the strategies for Healthy Public Policy developed at the Second International Conference on Health Promotion (1988) in Adelaide, Australia;

Mindful that information and education on health matters are vital for social policies supportive of health promotion and public health development, for fostering intersectoral cooperation, and for ensuring people's participation in achieving health for all;

Having due regard to the increasing importance of health promotion, information and education for achieving health goals, especially with the emergence of new and serious health problems such as AIDS, as reflected in the London Declaration on the prevention of AIDS;

Bearing in mind the great potential of modern mass media, and the rapid development in communication technology, and taking into account the evident achievements resulting from their use;

Mindful of the relatively low priority so far given to health promotion and public information and education for health by the health sector in general and the potential for strengthening social marketing, educational technology, behavioural research and strategies and resources for health promotion, public information and education for health;

1. URGENTLY CALLS UPON Member States:

- (1) to develop, in the spirit of the Alma-Ata, Ottawa and Adelaide conferences, strategies for health promotion and health education as an essential element of primary health care, and to strengthen the required infrastructure and resources at all levels;
- (2) to take necessary action for the training of health and related manpower in health promotion and health education principles and practice, including the use of the mass media for social marketing, health advocacy and education for health;
- (3) to make wider use of mass media and actively involve the media sector in health promotion and education of the public in support of national health-for-all strategies;
- (4) to strengthen cooperation and encourage the exchange of experience in the development and application of health promotion strategies and communication and education technology, including technical cooperation among developing and developed countries;

2. CALLS UPON the Director-General:

- (1) to provide support to Member States in strengthening national capabilities in all aspects of health promotion, public information and education for health, particularly the training of manpower;
- (2) to pay particular attention to research and the development of new and more effective methodologies and strategies in the fields of health promotion, public information and education for health, and to the evaluation of their impact on individual life-styles, the health of families and communities, and the health status of the population;
- (3) to promote the documentation of significant experiences of Member States regarding health promotion and health education, and its dissemination through WHO publications;
- (4) to submit a progress report to the Forty-fifth World Health Assembly.

May 1989 WHA42/1989/REC/1.46

Forty-fourth World Health Assembly

"General health protection and health promotion enables individuals, families and communities to develop to their full health potential.. It is an evolving concept that encompasses fostering life-styles and other social, economic, environmental and personal factors conducive to health. Progress in health promotion does not depend solely on individual behaviour: the family and community also have a major role to play in influencing individual choice and action. So also do social and economic policies, many of which relate to sectors other than health... It can be seen that to protect and promote people's health, advocacy for health needs to be pursued vigorously..."



"Public information and education for health focuses essentially on: advocacy aimed at convincing policy-makers, administrators and professional groups that investment in health is sound economics, a political asset with popular appeal, and a social imperative; developing and strengthening organized community groups for their active involvement in health development; and informing the public and enlisting people's participation in specific health programmes while at the same time promoting healthy living. To do this requires intersectoral collaboration, particularly in strengthening health education of the school-age child, and in mobilizing all available community resources."